

**AGENDA
CONNECTICUT STATE DENTAL COMMISSION**

**Wednesday, October 13, 2021 at 1:00 PM
Department of Public Health
410 Capitol Avenue, Hartford Connecticut**

CALL TO ORDER

I. MINUTES

June 16, 2021 and July 20, 2021

II. NEW BUSINESS

A. Provisional License Applications

Presented by Judith Bailey, License and Applications Analyst, DPH

- Maria Alvarado, DDS
- Niloufar Azami, DDS
- Basama Essawy, DDS
- Rosa Pelaez-Shelton, DDS
- Shivani Suvarna, BDS

B. License Reinstatement Application – Roxanne Demoizi, DMD

Presented by Judith Bailey, License and Applications Analyst, DPH

C. Schedule Hearing

Stephen Wolpo, DDS – Petition No. 2019-83

D. Michael Greene, DDS – Petition No. 2021-577

DPH Motion for Order for Permanent Restriction and Inclusion of Tolling Language
Joelle Newton, Staff Attorney, DPH

III. OFFICE OF LEGAL COMPLIANCE

A. Dennis Flanagan, DDS; Petition No. 2018-1193

Presentation of Consent Order – Diane Wilan, Staff Attorney, DPH

IV. OLD BUSINESS

Mandatory Continuing Education

ADJOURN

This meeting will be held by video conference.

State Dental Commission via Microsoft Teams

Join on your computer or mobile app

[Click here to join the meeting](#)

Or call in (audio only)

[+1 860-840-2075](#) - Phone Conference ID: 127 740 447#

The following minutes are draft minutes which are subject to revision and which have not yet been adopted by the Board.

**CONNECTICUT STATE DENTAL COMMISSION
MINUTES OF MEETING
June 16, 2021**

The Connecticut State Dental Commission held a meeting by video conference on June 16, 2021.

COMMISSION MEMBERS PRESENT: Peter Katz, DMD, Chairman
Sarita Arteaga, DMD
Monica Cipes, DMD
Deborah Dodenhoff, RN
Craig Fontaine, Esq.
Mark Longobardi, DMD
Anatoliy Ravin, DDS
Steven Reiss, DDS
Barbara Ulrich

COMMISSION MEMBERS ABSENT: None

Dr. Katz called the meeting to order at 1:04 p.m. All participants were present via the Microsoft TEAMS application.

Dr. Katz welcomed Mr. Fontaine to his first meeting as a member of the Commission.

Dr. Katz reported that the Commission on Dental Competency Assessment and the Western Regional Examining Board will be merging.

Ms. Ulrich made a motion seconded by Ms. Dodenhoff to add a provisional application review for Esther Ordonez Fernandez, DDS to the agenda. The motion passed unanimously.

I. MINUTES

The minutes from the April 28, 2021 meeting were reviewed approved on a motion by Dr. Reiss seconded by Dr. Longobardi. The motion passed with all in favor except Mr. Fontaine who abstained.

II. NEW BUSINESS

A. Provisional License Application – Po-Jung Chen, DDS

Deborah Brown, Health Program Associate, Department of Public Health presented a provisional license application for Po-Jung Chen, DDS to allow for practice at the University of Connecticut, School of Dental Medicine.

Steven Lepowsky, DDS, Dean, University of Connecticut, School of Dental Medicine addressed the Commission in support of Dr. Chen's application

Dr. Reiss made a motion, seconded by Ms. Dodenhoff, recommending approval the Dr. Chen's application for a provisional. The motion passed unanimously.

B. Provisional License Application – Esther Ordonez Fernandez, DDS

Deborah Brown, Health Program Associate, Department of Public Health presented a provisional license application for Esther Ordonez Fernandez, DDS to allow for practice at the University of Connecticut, School of Dental Medicine.

Steven Lepowsky, DDS, Dean, University of Connecticut, School of Dental Medicine addressed the Commission in support of Dr. Fernandez's application

Mr. Fontaine made a motion, seconded by Dr. Reiss, recommending approval the Dr. Fernandez's application for a provisional license. The motion passed unanimously

C. License Reinstatement Application – Mary Hamill, DDS

Deborah Brown, Health Program Associate, Department of Public Health presented a license reinstatement application for Mary Hamill, DDS.

Mr. Longobardi made a motion, seconded by Ms. Ulrich, recommending reinstatement of Dr. Hamill's license. Stephen Carragher, Public Health Services Manager, Department of Public Health addressed the Commission regarding this application.

Following discussion, Dr. Longobardi rescinded his motion.

Dr. Katz made a motion, seconded by Dr. Reiss to deny, without prejudice, making a recommendation regarding Dr. Hamill's reinstatement application. The motion passed unanimously.

D. Mandatory Continuing Education

The Commission reviewed the current mandatory continuing education courses which include Prescribing controlled substances and pain management; Record keeping/risk management; Infection control; Access to care; HIPAA compliance; Medical emergencies in the dental office (including current training in CPR); Sexual assault and domestic abuse; Cultural competence; Mental health conditions common to veterans; and Diagnostic technology.

Dr. Kat, Dr. Arteaga, and Dr. Cipes will meet to review these topics for a recommendation to the full Commission. Further discussion by the Commission will be at the October 13, 2021 meeting.

III. ADJOURN

As there was no further business the meeting was adjourned at 1:58 p.m.

Respectfully submitted,
Peter Katz, DMD - Chairman
Connecticut State Dental Commission

The following minutes are draft minutes which are subject to revision and which have not yet been adopted by the Board.

**CONNECTICUT STATE DENTAL COMMISSION
MINUTES OF MEETING
July 20, 2021**

The Connecticut State Dental Commission held a meeting by video conference on July 20, 2021.

COMMISSION MEMBERS PRESENT: Peter Katz, DMD, Chairman
Sarita Arteaga, DMD
Monica Cipes, DMD
Deborah Dodenhoff, RN
Craig Fontaine, Esq.
Mark Longobardi, DMD
Anatoliy Ravin, DDS
Steven Reiss, DDS
Barbara Ulrich

COMMISSION MEMBERS ABSENT: Steven Reiss, DDS

Dr. Katz called the meeting to order at 1:30 p.m. All participants were present via the Microsoft TEAMS application.

I. OFFICE OF LEGAL COMPLIANCE

Frank Podrasky, DDS – Petition No. 2021-390- Department of Public Health Motion for Summary Suspension

Assistant Attorney General Daniel Shapiro was present via phone, to provide counsel to the Commission.

Joelle Newton, Staff Attorney was present for the Department of Public Health.

Respondent was present but was not represented by counsel.

The Commission reviewed the Department of Public Health's Motion for Summary Suspension and allowed comments from Dr. Podrasky.

Dr. Arteaga made a motion, seconded by Dr. Ravin, to grant the Summary Suspension motion in that respondent's continued practice represents an immediate danger to public health and safety. The motion passed unanimously.

A hearing in this matter will be scheduled for August 2, 2021 at 9:00 a.m. The hearing panelists will be Dr. Katz, Dr. Arteaga, and Mr. Fontaine.

II. ADJOURN

The meeting was adjourned at 2:15 p.m.

Respectfully submitted,
Peter Katz, DMD, Chairman
Connecticut State Dental Commission



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

APPLICATION FOR DENTAL PROVISIONAL LICENSURE

First Name: Maria Claudia Last Name: Alvarado MI: Maiden Name:
Social Security No.: E-mail: mayialvaradom@gmail.com

Name and Mailing Address: This will be how your name and address will appear on your official license, your address of record for all mailings from this office and releasable pursuant to Freedom of Information requests.

Name on License: Maria Claudia Alvarado DDS

Address:

City, State, Zip:

Daytime Phone Number: Date of Birth: Gender: Female

PROFESSIONAL EDUCATION:

INSTITUTION: University of Connecticut

ADDRESS: 263 Farmington Ave, Farmington, CT, 06030
NO. & STREET CITY STATE ZIP CODE

DATES ATTENDED FROM: July 1, 2018 TO: June 30, 2021

DEGREE/DIPLOMA RECEIVED: AEGD 2 year residency and 1 year fellowship DATE RECEIVED: June 30, 2021

Have you taken or do you plan to take the National Board Examination? Yes [X] No []. If yes, indicate the date of the examination: 11/12/2020

Have you taken, or do you plan to take a Regional Board Examination? Yes [X] No []. If yes, indicate the date and name of the examination: 02/21/2020 Adex Dental Licensing Examination

Please indicate specialty area of practice, if applicable General Dentistry

List all states/territories/Canadian provinces in which you are now or have ever been licensed:

Table with 5 columns: STATE, LICENSE NO., EXPIRATION DATE, EXAM, ENDORSEMENT. Row 1: CT, 0401417414, 07/31/2022, X,

PROFESSIONAL HISTORY: Answer 1-7 by checking YES or NO. If you answer YES, follow directions below.

1. Have you ever been censured, disciplined, dismissed or expelled from, had admissions monitored or restricted, had privileges limited, suspended or terminated, been put on probation, or been requested to resign or withdraw from any of the following: YES NO [] [X]

- Any hospital, nursing home, clinic, or similar institution;
-Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public;
-Any professional school, clinical clerkship, internship, externship, preceptorship or postgraduate training program;
-Any third party reimbursement program, whether governmental or private?

2. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice? [] [X]

- 3. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you?
- 4. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?
- 5. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit.
- 6. Have you ever been denied or surrendered a state or federal controlled substance registration, had it revoked or restricted in any way, or been warned, reprimanded, or fined by the responsible agency?

If your answer is "yes" to any of the above questions (1-6), please give full details, names, addresses, etc. on a separate NOTARIZED statement.

- 7. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction?

If "yes", give full details, names, addresses, etc. on a separate, NOTARIZED statement. Also submit a NOTARIZED copy of the agreement.

- 8. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state?

If "yes", give full details, dates, etc. on a separate NOTARIZED statement and furnish a Certified Court Copy (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition.

PHOTOGRAPH:

NOTARIZATION:

On this 31 day of August, 2021,

Maia Claudia Alvarado (applicant's name) personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.



 SIGNATURE OF APPLICANT



Sworn to before me this 31ST day of AUGUST, 2021.

Christine Alvarado Judd My commission expires 3-31-2023

 SIGNATURE OF NOTARY PUBLIC

PLEASE RETURN THIS APPLICATION AND THE FEE FOR \$565.00 (CERTIFIED CHECK OR MONEY ORDER) MADE PAYABLE TO, "TREASURER, STATE OF CONNECTICUT" TO: X

DEPARTMENT OF PUBLIC HEALTH • DENTAL LICENSURE • 410 CAPITOL AVE., MS# 12MQA • P.O. BOX 340308 • HARTFORD, CT 06134-0308 • www.ct.gov/dph

Exam Results



Information searched: (* = Scores are for your jurisdiction ONLY)

Type of Candidate: Dental

Total Candidate(s): 1

[◀ BACK TO MENU](#)

SSN	Candidate	Exam Date	ADEX Exam	DSE	SIM PAT	PROS	ENDO	RESTOR	ANT RESTOR	POST RESTOR	PERIO
874-86-0811	Alvarado, Maria Claudia	2019-09-13	Yes				Pass: 75 or greater				
		2019-09-13	Yes			Pass: 75 or greater					
		2020-02-21	Yes								Pass: 75 or greater (Patient)
		2020-02-21	Yes							Pass: 75 or greater (Patient)	
		2020-02-21	Yes						Pass: 75 or greater (Patient)		
		2020-06-27	Yes	Pass: 75 or greater							

Previous Next

Wednesday, September 22, 2021

UConn HEALTH

UConn School of Dental Medicine
Steven M. Lepowsky, DDS
Dean

September 13, 2021

Connecticut State Dental Commission
c/o State of Connecticut
Department of Public Health
410 Capitol Avenue, MS #12 MQA
P.O. Box 340309
Hartford, CT 06134

Re: Dr. Maria Claudia Alvarado
Application for Provisional Faculty Licensure

Dear Colleagues,

Dr. Maria Claudia Alvarado will be joining the faculty of the University of Connecticut School of Dental Medicine on a full time basis effective October 8, 2021. Dr. Alvarado has been offered a non-tenure track position as Clinical Instructor in the Division of General Dentistry. Her appointment is contingent upon the granting of a provisional dental faculty license by the Connecticut State Dental Commission.

Dr. Alvarado received her DDS degree from the Cayetano Heredia University in Lima, Peru in 2016. After a brief period of practicing general dentistry in her native Peru, Dr. Alvarado entered the Advanced Program for International Dentists in Esthetic Dentistry at New York University College of Dentistry, which she completed in June 2018.

In July 2018, Dr. Alvarado entered the Advanced Education in General Dentistry residency program at UConn. She completed the PGY1 program year in June of 2019 and the PGY2 year in June of 2020. Upon completion of the two year accredited residency program, Dr. Alvarado was asked to remain and complete the General Dentistry fellowship program. She completed the fellowship program, including teaching in didactic and preclinical settings, in June of 2021.

Dr. Alvarado completed the INBDE exam in November 2020 and successfully completed the CDCA/ADEX examination in February of 2020. She has presented at meetings of the American Academy of Cosmetic Dentistry and has extensive volunteer service. Dr. Alvarado possesses an unrestricted dental license in the State of Virginia.

Dr. Alvarado was selected to join the faculty at UConn based upon her outstanding performance as a resident and fellow and because of her teaching experience during her fellowship year. It is the opinion of the School of Dental Medicine that Dr. Alvarado possesses the requisite qualifications for provisional licensure in CT and I am respectfully requesting that the Commission act favorably upon Dr. Alvarado's application. If I can offer any additional information or support for Dr. Alvarado, please do not hesitate to contact me.

Sincerely,



Steven M. Lepowsky, D.D.S.
Dean



COMMONWEALTH of VIRGINIA

David E. Brown, D.C.
Director

Department of Health Professions

Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, Virginia 23233-1463

www.dhp.virginia.gov
TEL (804) 367- 4400
FAX (804) 527- 4475

Virginia Board of Dentistry
Sandra K. Reen, Executive Director

Board of Dentistry telephone: (804) 367-4538
<https://www.dhp.virginia.gov/Boards/Dentistry/>

VERIFICATION

Re: **Maria Claudia Alvarado, DDS**
To: Department of Public Health Dental Provisional Licensure
From: Virginia Board of Dentistry
Subj: Licensure Verification
Date: September 14, 2021

This is to certify that the above named individual was issued a license to practice the profession of: **Dentist**

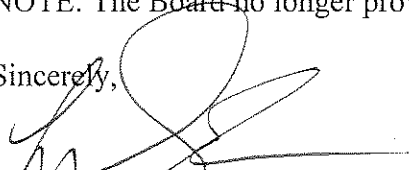
License #: **0401417414**
Current Status: **Current Active**
Issued on: **05/07/2021**
Issued on the basis of: **Examination**
Expires: **07/31/2022**
Disciplinary Action: None

The information above is the only verification provided by this board. To expedite the verification process, the above format is the standard format prepared for all professions regulated by this board. If other information is needed, please do not hesitate to contact this office.

Verifications may also be obtained from the License Lookup section on our website (www.dhp.virginia.gov).

NOTE: The Board no longer provides a raised seal on this document.

Sincerely,


Tracey Arrington-Edmonds,
Licensing Manager
Virginia Board of Dentistry



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

DHP - MAIL ROOM

FOR OFFICE USE ONLY
PROVISIONAL

VERIFICATION OF DENTAL LICENSURE

SEP 07 2021

TO BE COMPLETED BY APPLICANT

Applicant- Complete the top portion of this form and forward it to each state where you have been licensed, certified or registered as a dentist (make copies as necessary).

Name: Alvarado Mania Claudia
Last First Middle Maiden

Address: [Redacted]
No. & Street City State Zip Code

Original License number 0401417414 Date Issued 05/07/2021
(in the state to which the form is being forwarded)

I hereby authorize the Virginia Board of Dentistry to furnish the Connecticut Department of Public Health the information requested below.

Signature [Signature] Date 08/26/2021

TO BE COMPLETED BY LICENSING AGENCY ONLY

This is to certify that the above named individual was issued license number _____ to practice dentistry effective _____

Basis for licensure in your state: Endorsement Examination

Current Status: Active Inactive Lapsed

Date license expires: _____

Has this individual ever been subjected to disciplinary action of any type or is this individual currently the subject of a pending disciplinary action or unresolved complaint? YES NO . If yes, please forward all publicly disclosable information regarding the individual's status and the basis for same.

SEAL Signed: _____ Title: _____
State: _____ Date: _____
Telephone Number: _____

PLEASE COMPLETE AND RETURN DIRECTLY TO:

DEPARTMENT OF PUBLIC HEALTH
DENTAL PROVISIONAL LICENSURE
410 CAPITOL AVE., MS# 12APP
P.O. BOX 340308
HARTFORD, CT 06134-0308
www.ct.gov/dph

RECEIVED
SEP 09 2021
Virginia Board of Dentistry

CHAPTER 379



**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
APPLICATION FOR DENTAL PROVISIONAL LICENSURE**

First Name: Niloufar Last Name: Azami MI: _____ Maiden Name: _____

Social Security No.: _____ E-mail: [REDACTED]

Name and Mailing Address: This will be how your name and address will appear on your official license, your address of record for all mailings from this office and releasable pursuant to Freedom of Information requests.

Name on License: Niloufar Azami

Address: _____

City, State, Zip: [REDACTED]

Daytime Phone Number: [REDACTED] Date of Birth: _____ / _____ / _____ Gender: Female

PROFESSIONAL EDUCATION:

INSTITUTION: University of Connecticut Health Center

ADDRESS: 263 Farmington Ave Farmington CT 06030
NO. & STREET CITY STATE ZIP CODE

DATES ATTENDED FROM: 07/01/2016 **TO:** 06/30/2019

DEGREE/DIPLOMA RECEIVED: Master of Dental Science **DATE RECEIVED:** 06/30/2019
Certification Of Advanced Education in Orthodontics

Have you taken or do you plan to take the National Board Examination? Yes No . If yes, indicate the date of the examination: Part I on Feb 2014 and Part II on July 2014

Have you taken, or do you plan to take a Regional Board Examination? Yes No . If yes, indicate the date and name of the examination: Western Regional Examination Board (WREB) 03/09/2019-03/10/2019

Please indicate specialty area of practice, if applicable Orthodontics

List all states/territories/Canadian provinces in which you are now or have ever been licensed:

STATE	LICENSE NO.	EXPIRATION DATE	LICENSED BY:	
			EXAM	ENDORSEMENT
Texas	35048	10/31/2021	x	

PROFESSIONAL HISTORY: Answer 1-7 by checking YES or NO. If you answer YES, follow directions below.

1. Have you ever been censured, disciplined, dismissed or expelled from, had admissions monitored or restricted, had privileges limited, suspended or terminated, been put on probation, or been requested to resign or withdraw from any of the following: YES NO

- Any hospital, nursing home, clinic, or similar institution;
- Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public;
- Any professional school, clinical clerkship, internship, externship, preceptorship or postgraduate training program;
- Any third party reimbursement program, whether governmental or private?

2. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice?

3. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you?

4. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?

5. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit.

6. Have you ever been denied or surrendered a state or federal controlled substance registration, had it revoked or restricted in any way, or been warned, reprimanded, or fined by the responsible agency?

If your answer is "yes" to any of the above questions (1-6), please give full details, names, addresses, etc. on a separate NOTARIZED statement.

7. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction?

If "yes", give full details, names, addresses, etc. on a separate, NOTARIZED statement. Also submit a NOTARIZED copy of the agreement.

8. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state?

If "yes", give full details, dates, etc. on a separate NOTARIZED statement and furnish a Certified Court Copy (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition.

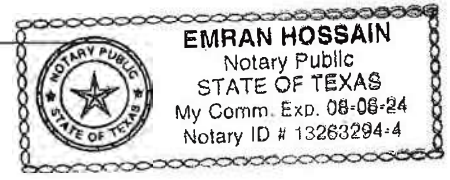
PHOTOGRAPH:

NOTARIZATION:

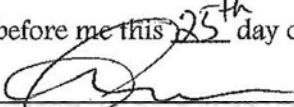
On this 25 day of August 2021,

Niloufar Azami (applicant's name) personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.


SIGNATURE OF APPLICANT



Sworn to before me this 25th day of August 2021.


SIGNATURE OF NOTARY PUBLIC My commission expires 08-06-2024

PLEASE RETURN THIS APPLICATION AND THE FEE FOR \$565.00 (CERTIFIED CHECK OR MONEY ORDER) MADE PAYABLE TO, "TREASURER, STATE OF CONNECTICUT" TO:

DEPARTMENT OF PUBLIC HEALTH • DENTAL LICENSURE • 410 CAPITOL AVE., MS# 12MQA • P.O. BOX 340308 • HARTFORD, CT 06134-0308 • www.ct.gov/dph

September 20, 2021

Connecticut State Dental Commission
c/o State of Connecticut
Department of Public Health
410 Capitol Avenue, MS #12 MQA
P.O. Box 340309
Hartford, CT 06134

Re: Dr. Niloufar Azami
Application for Provisional Faculty Licensure

Dear Colleagues,

Dr. Niloufar Azami will be joining the faculty of the University of Connecticut School of Dental Medicine on a full time basis effective November 5, 2021. Dr. Azami has been offered a non-tenure track position as Assistant Professor in the Division of Orthodontics. Her appointment is contingent upon the granting of a provisional dental faculty license by the Connecticut State Dental Commission.

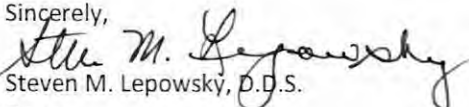
Dr. Azami received her DDS degree from the Esfahan University of Medical Sciences in Iran in June, 2006. She subsequently completed specialty training in Orthodontics at the Shahid Beheshti University of Medical Sciences in Iran and received the MS degree (in Orthodontics) in June, 2009. After completion of her specialty training, Dr. Azami was a member of the faculty at a number of dental schools in Iran while also practicing Orthodontics.

Dr. Azami entered the Orthodontic fellowship program at the University of Connecticut School of Dental Medicine in July 2015; the fellowship program is designed to offer individuals who have completed orthodontic training outside of the US or Canada additional training in both clinical practice and research. Upon completion of the fellowship, Dr. Azami entered the CODA accredited residency program in Orthodontics at UConn and completed both the certificate program and the Master of Dental Science degree program in June of 2019. Dr. Azami entered private practice limited to Orthodontics in Houston, TX upon her graduation from UConn. We were indeed pleased when Dr. Azami expressed interest in returning to an academic career and believe that she will be an outstanding addition to our faculty.

Dr. Azami has over ten publications in peer reviewed journals and has given more than five presentations at national meetings, including at the American Association of Dental Research annual meetings. She completed Part I of the NBDE on April 2014 and Part II in July 2014. She completed the WREB clinical examination in March 2019. She has held an unrestricted license in Texas since May 2019.

It is the opinion of the School of Dental Medicine that Dr. Azami possesses the requisite qualifications for provisional licensure in CT and I am respectfully requesting that the Commission act favorably upon her application.

Sincerely,



Steven M. Lepowsky, D.D.S.

Dean



Azami, Niloufar (A102)
 52 Colonial Ct
 Palinville, Connecticut 06062
 United States

OPERATIVE

Tufts University * - Mar 8 - Mar 11 2019

Prep Procedure #1 Posterior Composite	Median Score	Weight Factor	Score	Finish Procedure #1 Posterior Composite	Median Score	Weight Factor	Score
Outline and Extension	4.00	46.0%	1.840	Anatomical Form	4.00	36.5%	1.460
Internal Form	4.00	39.0%	1.560	Margins	4.00	36.5%	1.460
Operative Environment	5.00	15.0%	0.750	Finish	4.00	27.0%	1.080
Posterior Composite Prep Score:			4.150	Posterior Composite Finish Score:			4.000

Prep Procedure #2 Anterior Composite	Median Score	Weight Factor	Score	Finish Procedure #2 Anterior Composite	Median Score	Weight Factor	Score
Outline and Extension	4.00	46.0%	1.840	Anatomical Form	4.00	36.5%	1.460
Internal Form	3.00	39.0%	1.170	Margins	4.00	36.5%	1.460
Operative Environment	4.00	15.0%	0.600	Finish	5.00	27.0%	1.350
Anterior Composite Prep Score:			3.610	Anterior Composite Finish Score:			4.270

Operative Section Score:	4.01	Pass
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ENDODONTIC

Tufts University * - Mar 8 - Mar 11 2019

Anterior	Median Score	Weight Factor	Score	Posterior	Median Score	Weight Factor	Score
Access	4.00	27.0%	1.080	Access	4.00	27.0%	1.080
Condensation	3.00	46.0%	1.380				
Anterior:			2.460	Posterior:			1.080

Endodontic Section Score:	3.54	Pass
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COMPREHENSIVE TREATMENT PLANNING (CTP)

CTP Section Score:	3.29	Pass
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PERIODONTICS

Tufts University * - Mar 8 - Mar 11 2019

Treatment:	Score
Treatment:	100.00%

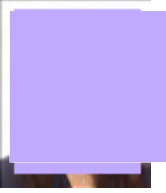
Periodontics Point Deductions	Score
Rejection	-10.00%

Periodontics Section Score:	90.00%	Pass
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PROSTHODONTIC

Tufts University * - Mar 8 - Mar 11 2019

Anterior Crown	Median Score	Weight Factor	Score
Occlusal Reduction	5.00	30.0%	1.500
Axial Reduction	3.00	25.0%	0.750
Margins & Finish Line	3.00	35.0%	1.050
Operative Environment	5.00	10.0%	0.500
Anterior Crown Prep Score:			3.800



Azami, Niloufar (A102)
52 Colonial Ct
Palinville, Connecticut 06062
United States

Anterior Bridge Abutment	Median Score	Weight Factor	Score
Occlusal Reduction	4.00	30.0%	1.200
Axial Reduction	4.00	25.0%	1.000
Margins & Finish Line	4.00	35.0%	1.400
Operative Environment	5.00	10.0%	0.500
Anterior Bridge Abutment Prep Score:			4.100

Posterior Bridge Abutment	Median Score	Weight Factor	Score
Occlusal Reduction	4.00	30.0%	1.200
Axial Reduction	3.00	25.0%	0.750
Margins & Finish Line	3.00	35.0%	1.050
Operative Environment	5.00	10.0%	0.500
Posterior Bridge Abutment Prep Score:			3.500

Prosthodontic Section Score:	3.80	Pass
-------------------------------------	-------------	-------------

Completion of the core exam requires passing the three sections, Operative, Endodontics and CTP, within twelve (12) months. If any of the three core sections is failed, the WREB Exam is failed until the failed section(s) is/are passed within the required twelve (12) month period. If the failed sections(s) is/are not passed within twelve (12) months, all three core sections must be taken again. Many individual state licensing bodies also require passing performance on the Periodontal or Prosthodontics sections, in addition to the WREB Core Sections (Operative, Endodontics and Comprehensive Treatment Planning).

You should review the Dental Candidate Guide for detailed scoring information and requirements.

Additional details regarding performance are provided for your information. Please note that performance within each section is likely to vary more than overall clinical or written score across subsequent examination performances. Candidates retaking sections are encouraged to consider all content categories in preparation.

Important Document - Maintain for your records



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

APPLICATION FOR DENTAL PROVISIONAL LICENSURE

First Name: Basma Last Name: Essawy MI: T Maiden Name: _____

Social Security No.: _____ E-mail: besso81@hotmail.com

Name and Mailing Address: This will be how your name and address will appear on your official license, your address of record for all mailings from this office and releasable pursuant to Freedom of Information requests.

Name on License: Basma T. Essawy

Address: _____

City, State, Zip: _____

Daytime Phone Number: _____ Date of Birth: _____ Gender: Female

PROFESSIONAL EDUCATION:

INSTITUTION: Faculty of Dentistry, Cairo University

ADDRESS: 11 Al Saraya, Old Cairo, Cairo Governorate, Egypt
NO. & STREET CITY STATE ZIP CODE

DATES ATTENDED FROM: 09/1999 TO: 05/2004

DEGREE/DIPLOMA RECEIVED: Bachelor's Degree DATE RECEIVED: May/2004

Have you taken or do you plan to take the National Board Examination? Yes No . If yes, indicate the date of the examination: NBOE I 09/24/2015 PASS, NBOE II 07/13/2016 PASS

Have you taken, or do you plan to take a Regional Board Examination? Yes No . If yes, indicate the date and name of the examination: 12/2/2021, 12/3/2021 COCA/ADEX

Please indicate specialty area of practice, if applicable _____

List all states/territories/Canadian provinces in which you are now or have ever been licensed:

STATE	LICENSE NO.	EXPIRATION DATE	LICENSED BY:	
			EXAM	ENDORSEMENT
Massachusetts	DL13352	07/24/2018		
Massachusetts	DL13711	07/24/2019		
Massachusetts	DL14174	09/02/2020		
Massachusetts	DL14560	12/18/2020		

PROFESSIONAL HISTORY: Answer 1-7 by checking YES or NO. If you answer YES, follow directions below.

1. Have you ever been censured, disciplined, dismissed or expelled from, had admissions monitored or restricted, had privileges limited, suspended or terminated, been put on probation, or been requested to resign or withdraw from any of the following: YES NO

- Any hospital, nursing home, clinic, or similar institution;
- Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public;
- Any professional school, clinical clerkship, internship, externship, preceptorship or postgraduate training program;
- Any third party reimbursement program, whether governmental or private?

2. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice?

...as any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you?

4. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?

5. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit.

6. Have you ever been denied or surrendered a state or federal controlled substance registration, had it revoked or restricted in any way, or been warned, reprimanded, or fined by the responsible agency?

If your answer is "yes" to any of the above questions (1-6), please give full details, names, addresses, etc. on a separate NOTARIZED statement.

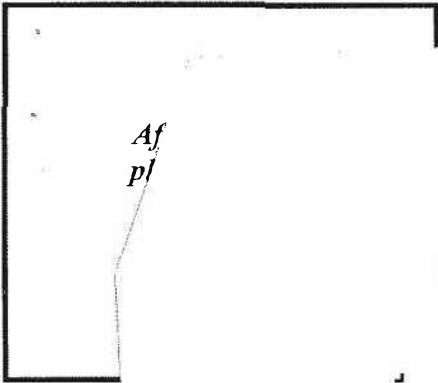
7. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction?

If "yes", give full details, names, addresses, etc. on a separate, NOTARIZED statement. Also submit a NOTARIZED copy of the agreement.

8. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state?

If "yes", give full details, dates, etc. on a separate NOTARIZED statement and furnish a Certified Court Copy (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition.

PHOTOGRAPH:

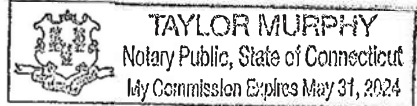


NOTARIZATION:

On this 24 day of August, 2021,

Basma Essawy (applicant's name) personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.

[Signature]
SIGNATURE OF APPLICANT



..... day of August, 2021.

[Signature]
SIGNATURE OF NOTARY PUBLIC

My commission expires 05/31/2024

PLEASE RETURN THIS APPLICATION AND THE FEE FOR \$565.00 (CERTIFIED CHECK OR MONEY ORDER) MADE PAYABLE TO, "TREASURER, STATE OF CONNECTICUT" TO:

DEPARTMENT OF PUBLIC HEALTH • DENTAL LICENSURE • 410 CAPITOL AVE., MS# 12MQA • P.O. BOX 340308 • HARTFORD, CT 06134-0308 • www.ct.gov/dph

Report Date: 09/02/2021

DENTPIN : 25001958

National Board Dental Examinations (NBDE)

Name	DENTPIN®	Graduation†	School
ESSAWY, BASMA	25001958	2004	

Integrated National Board Dental Examination**National Board Dental Examination Part II**

Test Date	Exam Type	Score ‡	Status
07/13/2016	NBDE II		Pass

National Board Dental Examination Part I

Test Date	Exam Type	Score ‡	Status
09/29/2015	NBDE I		Pass

† The year listed is the candidate's self reported year of graduation.

‡ A numerical score is reported only for candidates who tested prior to January 1, 2012.

From: [basma essayy](#)
To: [DPH.DentalTeam](#)
Subject: Urgent (Basma Essayy CDCA/ ADEX confirmation)
Date: Tuesday, September 28, 2021 3:26:18 PM

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Greetings

Hope this e mail reaches you in good health. I am Basma Essayy the applicant for Faculty provisional dental license. Please review attached document below it is a confirmation for my CDCA / ADEX exam in December .Please if possible attach document with my application as I have an outstanding document in my profile and there is an upcoming board meeting. Appreciate your help and please let me know there is anything needed from my side.

Thank you so much and have a wonderful day.

With Regards

Basma Essayy

T-Mobile LTE 2:57 PM 41%

AA cdcaexams.brighttrac.com

CDCA
THE COMMISSION ON
DENTAL COMPETENCY
ASSESSMENTS

CDCA Online Application

NERB is now The Commission on Dental Competency Assessments (CDCA)
Welcome Basma! ([logout](#))

Dashboard Profile Registration Exam Forms Results

My Exams
(In order to withdraw from an examination, you must contact the CDCA office)

You have registered for the following:

Diagnostic Skills Examination OSCE
Eligibility Number: [REDACTED]
Please schedule with Prometric
Online: <http://www.prometric.com>
Phone: 1-800-797-1813
(Please see your authorization email for more detailed instructions)

Tentative: Anterior Restorative
Facility Requested: Howard University College of Dentistry (D)
Date Range: 12/02/2021 to 12/03/2021

Tentative: Periodontal
Facility Requested: Howard University College of Dentistry

Facility Requested: Howard University College of Dentistry
(D)

Date Range: 12/02/2021 to 12/03/2021

Tentative: Posterior Restorative

Facility Requested: Howard University College of Dentistry
(D)

Date Range: 12/02/2021 to 12/03/2021

Tentative: Prosthodontic

Facility Requested: Howard University College of Dentistry
(D)

Date Range: 12/02/2021 to 12/03/2021

Tentative: Endodontic

Facility Requested: Howard University College of Dentistry
(D)

Date Range: 12/02/2021 to 12/03/2021

Once your facility is finalized [click here to print this page](#) and bring your printout to your registration session. You may also show this page electronically.



Sent from my iPhone



UConn School of Dental Medicine
Steven M. Lepowsky, DDS
Dean

September 13, 2021

Connecticut State Dental Commission
c/o State of Connecticut
Department of Public Health
410 Capitol Avenue, MS #12 MQA
P.O. Box 340309
Hartford, CT 06134

Re: Dr. Basma T. Essawy
Application for Provisional Faculty Licensure

Dear Colleagues,

Dr. Basma Essawy will be joining the faculty of the University of Connecticut School of Dental Medicine on a full time basis effective October 8, 2021. Dr. Essawy has been offered a non-tenure track position as Clinical Instructor in the Division of General Dentistry. Her appointment is contingent upon the granting of a provisional dental faculty license by the Connecticut State Dental Commission.

Dr. Essawy received her BDS degree from the Cairo University Faculty of Oral and Dental Medicine in 2004. She completed a one year rotating internship in general dentistry, equivalent to a general practice residency program, at the same institution in 2005. Dr. Essawy then practiced general dentistry in her native Egypt until 2015. While practicing, she pursued specialty training in Endodontics at the Cairo University and received the Master of Dental Science degree (in Endodontics) in 2014.

In July 2017, Dr. Essawy started the CODA-accredited Advanced Education in General Dentistry residency program offered by NYU Langone Health Center at the Holyoke and Chicopee Health Centers in Massachusetts. She completed the PGY1 program in June of 2018 and the PGY2 program in June of 2019.

Upon completion of the two year residency sequence, Dr. Essawy was appointed to the faculty of the NYU Langone residency program in July of 2019. As a faculty member, she was responsible for didactic and clinical teaching and supervision of AEGD residents and predoctoral dental students on rotation to the community sites, while also providing direct patient care in the associated community health centers. Dr. Essawy successfully completed Part I of the NBDE in 2015 and Part II in 2016. She held a limited license in MA while she was on the faculty of NYU Langone and she is scheduled to take the CDCA/ADEX examination in December 2021.

Dr. Essawy was selected to join the faculty at UConn based upon her past teaching experience within the NYU Langone system. It is the opinion of the School of Dental Medicine that Dr. Essawy possesses the requisite qualifications for provisional licensure in CT and I am respectfully requesting that the Commission act favorably upon Dr. Essawy's application. If I can offer any additional information or support for Dr. Essawy's application, please do not hesitate to contact me.

Sincerely,

Steven M. Lepowsky, D.D.S.

Dean

263 FARMINGTON AVENUE, AG009
FARMINGTON, CT 06030-3915
PHONE 860.679.2808
dentalmedicine.uconn.edu



**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH**

APPLICATION FOR DENTAL PROVISIONAL LICENSURE

First Name: Rosa Last Name: Pelaez-Shelton MI: E Maiden Name: Pelaez Pinelo

Social Security No.: _____ E-mail: _____@gmail.com

Name and Mailing Address: This will be how your name and address will appear on your official license, your address of record for all mailings from this office and releasable pursuant to Freedom of Information requests.

Name on License: Rosa Elena Pelaez-Shelton

Address: _____

City, State, Zip: _____

Daytime Phone Number: (_____) _____ Date of Birth: _____ Gender: Female

PROFESSIONAL EDUCATION:

INSTITUTION: Universidad Francisco Marroquin

ADDRESS: 69 Calle Final Guatemala Guatemala 01010
NO. & STREET CITY STATE ZIP CODE

DATES ATTENDED FROM: January 1999 TO: December 2004

DEGREE/DIPLOMA RECEIVED: Doctor in Dental Surgery DATE RECEIVED: April 2006

Have you taken or do you plan to take the National Board Examination? Yes No . If yes, indicate the date of the examination: August 2021 INBDE

Have you taken, or do you plan to take a Regional Board Examination? Yes No . If yes, indicate the date and name of the examination: April 2018 CDCA Exam. All areas.

Please indicate specialty area of practice, if applicable Pediatric Dentistry

List all states/territories/Canadian provinces in which you are now or have ever been licensed:

STATE	LICENSE NO.	EXPIRATION DATE	LICENSED BY:	
			EXAM	ENDORSEMENT
Massachusetts	DL 14226	12/2020	CDCA	
Massachusetts	DL 14001	12/2020	CDCA	

PROFESSIONAL HISTORY: Answer 1-7 by checking YES or NO. If you answer YES, follow directions below.

1. Have you ever been censured, disciplined, dismissed or expelled from, had admissions monitored or restricted, had privileges limited, suspended or terminated, been put on probation, or been requested to resign or withdraw from any of the following: YES NO

- Any hospital, nursing home, clinic, or similar institution;
- Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public;
- Any professional school, clinical clerkship, internship, externship, preceptorship or postgraduate training program;
- Any third party reimbursement program, whether governmental or private?

2. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice?

- 3. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you?
- 4. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?
- 5. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit.
- 6. Have you ever been denied or surrendered a state or federal controlled substance registration, had it revoked or restricted in any way, or been warned, reprimanded, or fined by the responsible agency?

If your answer is "yes" to any of the above questions (1-6), please give full details, names, addresses, etc. on a separate NOTARIZED statement.

- 7. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction?

If "yes", give full details, names, addresses, etc. on a separate, NOTARIZED statement. Also submit a NOTARIZED copy of the agreement.

- 8. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state?

If "yes", give full details, dates, etc. on a separate NOTARIZED statement and furnish a Certified Court Copy (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition.

PHOTOGRAPH:

NOTARIZATION:

On this 11th day of August 2021,
Rosa E. Pelaez-Shelton (applicant's name)
 personally appeared before me, who being duly sworn says that she/he is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.

Rosa E. Pelaez-Shelton
 SIGNATURE OF APPLICANT

Sworn to before me this 11th day of August 2021.

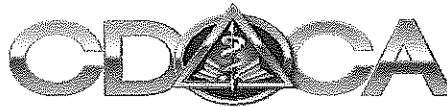
Diane H. McKeegan
 SIGNATURE OF NOTARY PUBLIC

My commission expires _____

<p>Diane H. McKeegan NOTARY PUBLIC State of Connecticut My Commission Expires April 30, 2022</p>

PLEASE RETURN THIS APPLICATION AND THE FEE FOR \$565.00 (CERTIFIED CHECK OR MONEY ORDER) MADE PAYABLE TO, "TREASURER, STATE OF CONNECTICUT" TO:

DEPARTMENT OF PUBLIC HEALTH • DENTAL LICENSURE • 410 CAPITOL AVE., MS# 12MQA • P.O. BOX 340308 • HARTFORD, CT 06134-0308 • www.ct.gov/dph



THE COMMISSION ON DENTAL COMPETENCY ASSESSMENTS

1304 CONCOURSE DRIVE, SUITE 100 | LINTHICUM, MD 21090
 TEL: 301-563-3300 | FAX: 301-563-3307
 cdcaexams.org

ALASKA | ARIZONA | ARKANSAS | CONNECTICUT | DISTRICT OF COLUMBIA | FLORIDA | HAWAII | ILLINOIS | INDIANA | IOWA | KANSAS | KENTUCKY | MAINE
 MARYLAND | MASSACHUSETTS | MICHIGAN | MINNESOTA | MISSISSIPPI | MISSOURI | NEVADA | NEW HAMPSHIRE | NEW JERSEY | NEW MEXICO | NEW YORK
 OHIO | OKLAHOMA | OREGON | PENNSYLVANIA | RHODE ISLAND | TEXAS | UTAH | VERMONT | WASHINGTON | WEST VIRGINIA | WISCONSIN | WYOMING
 COMMONWEALTH OF JAMAICA

Cumulative Score Report August 12, 2021

This is to certify that the following candidate participated in the **Massachusetts** Examination(s) listed below that were administered by the North East Regional Board of Dental Examiners, Inc. (NERB). Please note, while we have adopted The Commission on Dental Competency Assessments (CDCA) as our trade name, NERB remains our official corporate name.

Candidate Name: PELAEZ-SHELTON, ROSA ELENA **Candidate SS#:** 402-65-9800 **Candidate Type:** Dental

Date	DSE OSCE	DSE			ANT RESTOR	POST RESTOR	PERIO* SCALING
		PROS	ENDO	RESTOR			
4/21/2018			Fail: Less than 75				
4/21/2018		Pass: 75 or greater					
4/22/2018							Pass: 75 or greater (Patient)
4/22/2018						Pass: 75 or greater (Patient)	
4/22/2018					Pass: 75 or greater (Patient)		
10/13/2018	Pass: 75 or greater						
8/2/2019			Pass: 75 or greater				

Mary F. Johnston, RDH, Secretary

* Beginning in 2013, the Periodontal/Scaling examination became an optional portion of the ADEX Examination. No score or a low score does not affect ADEX status. The Periodontal Scaling examination is only required in certain states. Each state determines whether this portion of the examination is required for licensure in their state.

Pass = 75 or greater Fail = Less than 75

DSE OSCE = Diagnostic Skills Examination OSCE
 PERIO = Periodontal Scaling Examination
 SIM PAT = Simulated Patient Clinical Examination (Manikin) - replaced by the Endodontic and Prosthodontic Examinations for the 2006 and later examination formats
 ENDO = Endodontic Examination - 2006 and later examination formats
 PROS = Prosthodontic Examination - 2006 and later examination formats
 RESTOR = Restorative Examination - replaced by the Anterior and Posterior Restorative Examinations for the 2014 and later examination formats
 ANT RESTOR = Anterior Restorative Examination - 2014 and later examination formats
 POST RESTOR = Posterior Restorative Examination - 2014 and later examination formats
 INC = Incomplete, Application and/or testing obligations not fulfilled
 NS = No Show and is not a failure
 NT = Taken (or available) - Candidate has registered for the indicated examination, but has not taken it yet or scores for that examination are not currently available for release.
 Non-Patient = Procedure completed on a typodont (Manikin)
 Patient = Procedure completed on a patient



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

FOR OFFICE USE ONLY
PROVISIONAL

VERIFICATION OF DENTAL LICENSURE

TO BE COMPLETED BY APPLICANT

Applicant- Complete the top portion of this form and forward it to each state where you have been licensed, certified or registered as a dentist (make copies as necessary).

Name: Pelaez-Sheiton Rosa Elena Rebez Pinelo
Last First Middle Maiden

Address: _____ Connecticut _____
No. & Street City State zip code

Original License number DL 11997 First license: DL 14661 Last license: _____ Date Issued First: August 2013 / Last December 2020
(in the state to which the form is being forwarded)

I hereby authorize the Massachusetts Board of Registration in Dentistry to furnish the Connecticut Department of Public Health the information requested below.

Signature [Signature] Date June 17th 2021

TO BE COMPLETED BY LICENSING AGENCY ONLY

This is to certify that the above named individual was issued license number ~~DL 11997~~ ^{DL 14226} to practice dentistry effective ~~9/9/2019~~ 9/9/2019 Previously held other limited licenses; first one was issued 8/5/2013

Basis for licensure in your state: Endorsement Examination Foreign Dental School Degree

Current Status: Active Inactive Lapsed

Date license expired ~~9/18/2020~~ 9/18/2020

Has this individual ever been subjected to disciplinary action of any type or is this individual currently the subject of a pending disciplinary action or unresolved complaint? YES NO . If yes, please forward all publicly disclosable information regarding the individual's status and the basis for same.

SEAL Signed: [Signature] Title: Asst. Exec. Director
State: Massachusetts Date: 8/17/2021
Telephone Number: (617) 973-0971

PLEASE COMPLETE AND RETURN DIRECTLY TO:

DEPARTMENT OF PUBLIC HEALTH
DENTAL PROVISIONAL LICENSURE
410 CAPITOL AVE., MS# 12APP
P.O. BOX 340308
HARTFORD, CT 06134-0308
www.ct.gov/dph

CHAPTER 379

Report Date: 09/22/2021

DENTPIN : 51197594

National Board Dental Examinations (NBDE)

Name	DENTPIN®	Graduation†	School
PELAEZ-SHELTON, ROSA	51197594	2006	School Not Listed

Integrated National Board Dental Examination

Test Date	Exam Type	Score ‡	Status
08/31/2021	INBDE		Pass

National Board Dental Examination Part II**National Board Dental Examination Part I**

Test Date	Exam Type	Score ‡	Status
09/24/2014	NBDE I		Fail
05/22/2013	NBDE I		Fail
02/11/2013	NBDE I		Fail
09/24/2012	NBDE I		Fail
10/13/2010	NBDE I	67	Fail

† The year listed is the candidate's self reported year of graduation.

‡ A numerical score is reported only for candidates who tested prior to January 1, 2012.



UConn School of Dental Medicine
Steven M. Lepowsky, DDS
Dean

September 13, 2021

Connecticut State Dental Commission
c/o State of Connecticut
Department of Public Health
410 Capitol Avenue, MS #12 MQA
P.O. Box 340309
Hartford, CT 06134

Re: Dr. Rosa Pelaez-Shelton
Application for Provisional Faculty Licensure

Dear Colleagues,

Dr. Rose Pelaez-Shelton will be joining the faculty of the University of Connecticut School of Dental Medicine on a full time basis effective October 8, 2021. Dr. Pelaez-Shelton has been offered a non-tenure track position as an Assistant Professor in-Residence in the Divisions of General Dentistry and Pediatric Dentistry (joint appointment). Her appointment is contingent upon the granting of a provisional dental faculty license by the Connecticut State Dental Commission.

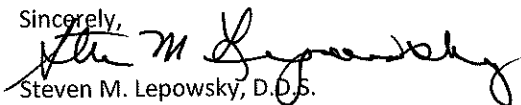
Dr. Pelaez-Shelton received her DDS from the Francisco Marroquin University in Guatemala in 2006. She practiced general dentistry in Guatemala until 2009 when she entered the Advanced Education in General Dentistry residency program at the University of Connecticut School of Dental Medicine. She completed both the accredited PGY1 and PGY2 program years, in 2010 and 2011 respectively. She then entered the Pediatric Dentistry residency program at Rutgers/UMDNJ. She completed her pediatric dentistry residency program in 2013 and received the Master of Dental Science degree from Rutgers at the same time.

After completion of her pediatric dentistry residency program, Dr. Pelaez-Shelton practiced at the Whittier Street Health Center in Boston, MA and then the Family Health Center of Worcester, MA. In 2017, she joined the Holyoke Health Center in Holyoke, MA as Director of the Pediatric Dentistry Department and as the Associate Director of the Advanced Education Residency Program in Pediatric Dentistry for NYU Langone Health, located at the Holyoke Health Center. Dr. Pelaez-Shelton continued at the NYU Langone program until December 2020, during which time she taught and supervised residents in both general dentistry and pediatric dentistry, students on rotation to the community site, and delivered patient care to both children and adults with acquired and developmental disabilities.

Dr. Pelaez-Shelton has completed the INBDE and completed the CDCA/ADEX examination in April 2018. She achieved board certification with the American Board of Pediatric Dentistry in 2016. Dr. Pelaez-Shelton has published and presented at national meetings, including at the American Academy of Pediatric Dentistry and the National Network for Oral Health Access. Dr. Pelaez-Shelton is currently pursuing a MBA degree with a concentration in healthcare.

Dr. Pelaez-Shelton was selected to join the faculty at UConn based upon her outstanding performance as a resident at both UConn and Rutgers, her extensive experience in dental education, and her affinity to advancing care for both underserved populations and individuals with special healthcare needs. She will hold an appointment in both the Division of General Dentistry and the Division of Pediatric Dentistry and will further our collaborative work with the CT Department of Developmental Services. It is the opinion of the School of Dental Medicine that Dr. Pelaez-Shelton possesses the requisite qualifications for provisional licensure in CT and I am respectfully requesting that the Commission act favorably upon her application. If I can offer any additional information or support for Dr. Pelaez-Shelton's application, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven M. Lepowsky". The signature is fluid and cursive, written over the printed name.

Steven M. Lepowsky, D.D.S.

Dean



**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH**

APPLICATION FOR DENTAL PROVISIONAL LICENSURE

First Name: SHIVANI Last Name: SUVARNA MI: C Maiden Name: _____

Social Security No.: _____ E-mail: shivani.suvarna.24@gmail.com

Name and Mailing Address: This will be how your name and address will appear on your official license, your address of record for all mailings from this office and releasable pursuant to Freedom of Information requests.

Name on License: SHIVANI C SUVARNA

Address: _____

City, State, Zip: _____

Daytime Phone Number: (_____) _____ Date of Birth: _____ Gender: F

PROFESSIONAL EDUCATION:

INSTITUTION: NAIR HOSPITAL DENTAL COLLEGE (MAHARASHTRA UNIVERSITY OF HEALTH SCIENCES)

ADDRESS: 55, DR. AN. MARG MUMBAI MUMBAI MAHARASHTRA, INDIA 400008
 NO. & STREET CENTRAL CITY STATE ZIP CODE

DATES ATTENDED FROM: 09/2011 **TO:** 09/2016

DEGREE/DIPLOMA RECEIVED: BDS **DATE RECEIVED:** 12/20/2016

Have you taken or do you plan to take the National Board Examination? Yes No . If yes, indicate the date of the examination: NBDE-I - 04/03/2017 ; NBDE-II - 11/16/2017

Have you taken, or do you plan to take a Regional Board Examination? Yes No . If yes, indicate the date and name of the examination: WREB - JUNE 17-20, 2020

Please indicate specialty area of practice, if applicable PROSTHODONTICS

List all states/territories/Canadian provinces in which you are now or have ever been licensed:

STATE	LICENSE NO.	EXPIRATION DATE	LICENSED BY:	
			EXAM	ENDORSEMENT
WASHINGTON	DE 61086406	04/24/2022	WREB	

PROFESSIONAL HISTORY: Answer 1-7 by checking YES or NO. If you answer YES, follow directions below.

1. Have you ever been censured, disciplined, dismissed or expelled from, had admissions monitored or restricted, had privileges limited, suspended or terminated, been put on probation, or been requested to resign or withdraw from any of the following: YES NO

- Any hospital, nursing home, clinic, or similar institution;
- Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public;
- Any professional school, clinical clerkship, internship, externship, preceptorship or postgraduate training program;
- Any third party reimbursement program, whether governmental or private?

2. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice? YES NO

3. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you?

4. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?

5. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit.

6. Have you ever been denied or surrendered a state or federal controlled substance registration, had it revoked or restricted in any way, or been warned, reprimanded, or fined by the responsible agency?

If your answer is "yes" to any of the above questions (1-6), please give full details, names, addresses, etc. on a separate NOTARIZED statement.

7. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction?

If "yes", give full details, names, addresses, etc. on a separate, NOTARIZED statement. Also submit a NOTARIZED copy of the agreement.

8. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state?

If "yes", give full details, dates, etc. on a separate NOTARIZED statement and furnish a Certified Court Copy (with court seal affixed) of the original complaint, the answer, the judgment, the settlement, and/or the disposition.

PHOTOGRAPH:

NOTARIZATION:

On this 22nd day of JUNE 2021,

Shivani C. Sevarna (applicant's name) personally appeared before me, who being duly sworn says that she/~~he~~ is the person referred to in the foregoing application and that the photograph attached hereto is a true picture of self and that the statements made herein are true in every respect.

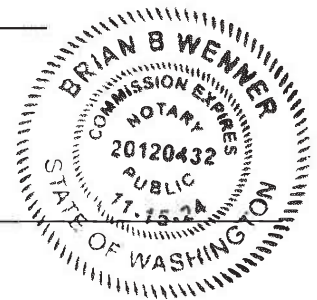
[Handwritten Signature]

SIGNATURE OF APPLICANT

Sworn to before me this 22nd day of June 2021.

Brian B. Wenner
SIGNATURE OF NOTARY PUBLIC

My commission expires 4/15/2024



PLEASE RETURN THIS APPLICATION AND THE FEE FOR \$565.00 (CERTIFIED CHECK OR MONEY ORDER) MADE PAYABLE TO, "TREASURER, STATE OF CONNECTICUT" TO:

DEPARTMENT OF PUBLIC HEALTH • DENTAL LICENSURE • 410 CAPITOL AVE., MS# 12MQA • P.O. BOX 340308 • HARTFORD, CT 06134-0308 • www.ct.gov/dph

Report Date: 07/25/2021

DENTPIN : 88705486

**Dental Licensure Objective Structured Clinical Examination
(DLOSCE)**

Name	DENTPIN®	Graduation†	School	Status
SUVARNA, SHIVANI CHANDRASHEKAR	██████████	2021	University of Washington	Pass

Test Date	Status
06/25/2020	Pass

† The number listed is the candidate's self reported year of graduation.

[Print this page](#)[Close](#)

June 22, 2021

Connecticut State Dental Commission
c/o State of Connecticut
Department of Public Health
410 Capitol Avenue, MS#12 MQA
P.O. Box 340309
Hartford, CT 06134

Re: Dr. Shivani Suvarna
Application for Provisional Faculty Licensure

Dear Colleagues,

Dr. Shivani Suvarna will be joining the faculty of the University of Connecticut School of Dental Medicine on a full time basis effective October 8, 2021. Dr. Suvarna has been offered a non-tenure, in-residence track position as Assistant Professor in the Division of Prosthodontics. Her appointment is contingent upon the granting of a provisional dental faculty license by the Connecticut State Dental Commission.

Dr. Suvarna received her BDS degree from the Nair Hospital Dental College in Mumbai, India in 2016 and completed a one year rotating internship in general dentistry, equivalent to a general practice residency program, at the same institution. Dr. Suvarna then practiced general dentistry in her native India until 2018. In June 2018, Dr. Suvarna entered the CODA-accredited Graduate Prosthodontics residency program at the University of Washington School of Dentistry. Dr. Suvarna is scheduled to complete both the Prosthodontics certificate program and the Master of Dental Science degree this summer.


Dr. Suvarna has three publications in peer reviewed journals and has given four presentations at national dental conferences. She was the recipient of a number of awards and scholarships for academic achievement and her research has been funded by the American Academy of Fixed Prosthodontics.

Dr. Suvarna successfully completed Part I of the NBDE in April 2017 and Part II in November 2017. She completed the WREB examination in June 2020, as well as the DL-OSCE from the Joint Commission on National Dental Examinations. She currently possesses an unrestricted dental license in the State of Washington.

Dr. Suvarna's primary faculty responsibilities will be didactic, preclinical and clinical teaching at both the predoctoral (DMD) and postdoctoral resident level. The rigorous training in prosthodontics offered at the University of Washington has prepared Dr. Suvarna well to enter dental academia and the School of Dental Medicine is very fortunate to be able to recruit someone of Dr. Suvarna's caliber.

It is the sincere opinion of the School of Dental Medicine that Dr. Shivani Suvarna possesses the requisite qualifications for provisional licensure in CT and I am respectfully requesting that the Commission act favorably upon Dr. Suvarna's application. If I can offer any additional information of support for Dr. Suvarna's application, please do not hesitate to contact me at 860-679-2808 or at lepowsky@uchc.edu.

Sincerely,

Handwritten signature of Steven M. Lepowsky in blue ink.

Steven M. Lepowsky, D.D.S.

Dean



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

July 14, 2021

Connecticut Department of Public Health
Dental Provisional Licensure
410 Capitol Ave. MS# 12APP
PO Box 340308
Hartford, CT 06134-0308

Subject: Credential Verification

To Whom It May Concern:

This verifies the status of the Dentist License for Shivani Suvarna.

You may see blank sections because we do not have the information in our database or it is not applicable for this credential type. This information is valid from the date of this letter.

Year of Birth:	
Credential Number:	DENT.DE.61086406
Credential Type:	Dentist License
Current Credential Status:	ACTIVE
First Credential Date:	01/08/2021
Current Expiration Date:	04/24/2022
Last Renewal Date:	05/12/2021
Method of Licensure:	EXAMINATION
Disciplinary Action:	No

Please call 360-236-4700 if you have questions or check our Online Provider Credential Search at:
<https://fortress.wa.gov/doh/providercredentialsearch>. Information on current profession-specific rules and laws is at
www.doh.wa.gov/licensing/default.htm.



Lillybridge S.
Stacy C Lillybridge, Health Services Consultant I

Suvarna, Shivani C (D258)

United States

OPERATIVE (SIMULATION)

University of Washington - Jun 17 - Jun 20 2020

Prep Procedure #1 Anterior Composite	Median Score	Weight Factor	Score	Finish Procedure #1 Anterior Composite	Median Score	Weight Factor	Score
Outline and Extension	5.00	46.0%	2.300	Anatomical Form	4.00	36.5%	1.460
Internal Form	4.00	39.0%	1.560	Margins	4.00	36.5%	1.460
Operative Environment	5.00	15.0%	0.750	Finish	4.00	27.0%	1.080
Anterior Composite Prep Score:			4.610	Anterior Composite Finish Score:			4.000

Procedure #1 Score: 4.310

Prep Procedure #2 Posterior Composite	Median Score	Weight Factor	Score	Finish Procedure #2 Posterior Composite	Median Score	Weight Factor	Score
Outline and Extension	4.00	46.0%	1.840	Anatomical Form	4.00	36.5%	1.460
Internal Form	4.00	39.0%	1.560	Margins	4.00	36.5%	1.460
Operative Environment	5.00	15.0%	0.750	Finish	3.00	27.0%	0.810
Posterior Composite Prep Score:			4.150	Posterior Composite Finish Score:			3.730

Procedure #2 Score: 3.940
Operative Section Score: 4.12 Pass
ENDODONTIC (SIMULATION)

University of Washington - Jun 17 - Jun 20 2020

Anterior	Median Score	Weight Factor	Score	Posterior	Median Score	Weight Factor	Score
Access	5.00	27.0%	1.350	Access	4.00	27.0%	1.080
Condensation	3.00	46.0%	1.380				
Anterior:			2.730	Posterior:			1.080

Endodontic Section Score: 3.81 Pass
COMPREHENSIVE TREATMENT PLANNING (SIMULATION)
CTP Section Score: 3.33 Pass
PERIODONTICS (PATIENT)

Not Attempted

Suvarna, Shivani C (D258)

United States

PROSTHODONTIC (SIMULATION)

University of Washington - Jun 17 - Jun 20 2020

Anterior Crown	Median Score	Weight Factor	Score
Occlusal Reduction	5.00	30.0%	1.500
Axial Reduction	5.00	25.0%	1.250
Margins & Finish Line	4.00	35.0%	1.400
Operative Environment	5.00	10.0%	0.500
Anterior Crown Prep Score:			4.650

Anterior Bridge Abutment	Median Score	Weight Factor	Score
Occlusal Reduction	5.00	30.0%	1.500
Axial Reduction	4.00	25.0%	1.000
Margins & Finish Line	3.00	35.0%	1.050
Operative Environment	5.00	10.0%	0.500
Anterior Bridge Abutment Prep Score:			4.050

Posterior Bridge Abutment	Median Score	Weight Factor	Score
Occlusal Reduction	3.00	30.0%	0.900
Axial Reduction	3.00	25.0%	0.750
Margins & Finish Line	4.00	35.0%	1.400
Operative Environment	5.00	10.0%	0.500
Posterior Bridge Abutment Prep Score:			3.550

Prosthodontic Section Score:	4.08	Pass
-------------------------------------	-------------	-------------

A score of 3.00 (or 75% or higher on Periodontics) reflects the standard for demonstrating competence. Completion of the core exam requires passing the three sections, Operative, Endodontics and CTP, within twelve (12) months. If any of the three core sections is failed, the WREB Exam is failed until the failed section(s) is/are passed within the required twelve (12) month period. If the failed section(s) is/are not passed within twelve (12) months, all three core sections must be taken again. Many individual state licensing bodies also require passing performance on the Periodontal or Prosthodontics sections, in addition to the WREB Core Sections (Operative, Endodontics and Comprehensive Treatment Planning).

You should review the Dental Candidate Guide for detailed scoring information and requirements.

Additional details regarding performance are provided for your information. Please note that performance within each section is likely to vary more than overall clinical or written score across subsequent examination performances. Candidates retaking sections are encouraged to consider all content categories in preparation.

Important Document - Maintain for your records

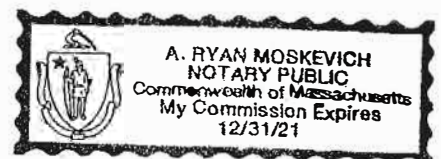
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
 Email: dph.dentaliean@ct.gov
 Web Site: www.ct.gov/dph/license

Dentist License Application

Please complete this application and submit it along with a two (2) checks: One in the amount of **\$565.00** and the other in the amount of **\$4.75**, made payable to "Treasurer, State of Connecticut." Return your completed application and fees to:

CT DPH, Application Processing, 410 Capitol Ave., MS# 12MQA, PO Box 340308, Hartford, CT 06134

First Name Roxanne		MI V.	Last Name Demorizi		Maiden	Social Security Number	
Email Address [REDACTED]		Street		City Boston	State MA	Postal Code 02111	
Telephone Number		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Date of Birth		Ethnicity: check (✓) <input checked="" type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
Race: Please check (✓) all that apply <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input checked="" type="checkbox"/> White							
Are you now, or have you ever been, licensed as a dentist in any other state? If yes, please list all (Please abbreviate. Attach additional sheets as necessary): N Y							<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Have you held a Connecticut dental license in the past?						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Lic. No. 10909
Dental School Name Tufts Univ. School of Dental Medicine		City Boston	State MA	Country U.S.A.	Degree Earned D.M.D.		Degree Date 5/23/2010
Have you successfully completed the National Board Examination?						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Exam Date <small>2008 and 2009 see attached</small>
Have you successfully completed the Northeast Regional Board Examination (NERB)?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Exam Date
Have you completed a Regional Examination other than the NERB? (Applicants completing an exam other than the NERB are required to take the DSCE component of the NERB examination or residency.)				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Please List Board		Exam Date
Are you applying for waiver of the regional board examination requirement based on completion of 1 year of residency training?							Yes <input checked="" type="checkbox"/> No
Have you ever been censured, disciplined, dismissed or expelled from, had admissions monitored or restricted, had privileges limited, suspended or terminated, been put on probation, or been requested to resign or withdraw from any of the following: Any hospital, nursing home, clinic, or similar institution; Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public; Any professional school, clinical clerkship, internship, externship, preceptorship; or postgraduate training program; Any third party reimbursement program, whether governmental or private?							Yes <input checked="" type="checkbox"/> No
Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice?							Yes <input checked="" type="checkbox"/> No
Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, denied your eligibility limited, restricted, suspended or revoked any professional license, certificate, registration or permit granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you?							Yes <input checked="" type="checkbox"/> No
Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?							Yes <input checked="" type="checkbox"/> No
Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit?							Yes <input checked="" type="checkbox"/> No
Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction?							Yes <input checked="" type="checkbox"/> No
Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state?							Yes <input checked="" type="checkbox"/> No
If you answered yes to any of the above questions regarding your professional history, please provide details in your own words in a separate notarized statement and provide supporting documentation (e.g. certified court copy with court seal affixed, complaint, answer, judgment, settlement or disposition) that will assist this office's review.							
NOTARIZATION: On this <u>8th</u> day of <u>July</u> , 20 <u>21</u> , the above referenced individual personally appeared before me, who being duly sworn says that he/she is the person referred to in the foregoing application, the photograph attached hereto is a true picture of self and that the statements made herein or on any document attached hereto are true in every respect.							
Sworn to before me this <u>8th</u> day of <u>July</u> , 20 <u>21</u>		Signature of Applicant <i>Roxanne Demorizi</i>		Signature of Notary Public <i>A. Ryan Moskevich</i>		My Commission Expires: <u>12/31/21</u>	



Reinstatement of Lapsed Dentist application

A dentist who has been out of the clinical practice of dentistry for longer than six (6) months is referred to the Connecticut State Dental Commission for the that body's recommendation regarding the applicant's eligibility for reinstatement.

ROXANNE V DEMORIZI, DMD

Issued: 01/10/2013

Lapsed: 04/30/2013

Last worked: 03/30/2018

Residency: Advance Education Program in Pediatric Dentistry, Tuft
university Scholl of Dental Medicine Start date: 07/01/2018
End date: June 30, 2020

The following documents have been submitted:

- Reinstatement application
- CEU's certificate
- New York verification
- Letter from last employer
- Letter verifying Advanced Education Program in Pediatrics

Seeking the Dental Commission recommendation in the reinstatement of Roxanne Demorizi dental license.

Thank you.

Connecticut Department of Public Health
Dental Licensing
410 Capitol Ave., MS #12 APP
P.O. Box 340308
Hartford, CT 06134

Date: July 26th, 2021

To whom it may concern:

Residency Verification for Dr. Roxanne Demorizi

This is to certify that Dr. Demorizi completed a two-year, full-time pediatric dentistry residency program. The completed residency program is accredited by the Commission on Dental Accreditation of the American Dental Association.

Residency Name: Advanced Education Program in Pediatric Dentistry, Tufts University School of Dental Medicine

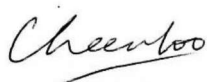
Start date: July 1, 2018

End date: June 30, 2020

Dr. Demorizi is an excellent clinician. She consistently provided safe, high-quality care to her patients and demonstrated utmost professionalism. This evaluation is based on close personal observation during the two-year program.

Please let me know if additional information is needed. Thank you.

Sincerely,



Cheen Y. Loo, BDS, PhD, MPH, DMD, FAAPD
Professor, Chair and Postdoctoral Program Director
Department of Pediatric Dentistry
Tufts University School of Dental Medicine

Course Title: Opioid Prescriber Training Program - Part I

Subject Code: 588 - Part I

Date: 2021-02-05

Credit hours : 2 hour

Accr editing Institution(s):

Sponsor Code: 161

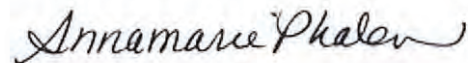
This continuing education activity has been planned and implemented in accordance with the standards of the ADA Continuing Education Recognition Program (ADA CERP) through the University at Buffalo, School of Pharmacy & Pharmaceutical Sciences, School of Medicine and Biomedical Sciences and the School of Dental Medicine.

University at Buffalo, Continuing Dental Education is an ADA CERP Recognized Provider.

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

Concerns or complaints about CE provider may be directed to the provider or to ADA CERP at www.ada.org/goto/cerp.

UB/CDE verifies at least one full-time employee and the facilities, equipment, and financial and physical resources to provide such programs as required by NYS Education law.



Annamarie Phalen, Associate Director

METROPOLITAN DENTAL ASSOCIATES
225 BROADWAY, MEZZANINE LEVEL
NEW YORK, NEW YORK 10007
PHONE: 212 732-7400
FAX: 212 732-0267

June 15, 2021

To whom it may concern:

This letter is to inform you that Dr. Roxanne Demorizi was employed by Metropolitan Dental from 02.07.17 through 03.30.18.

If you have any questions, please do not hesitate to call me.

Very truly yours,


Rose D'Angelo
Payroll Manager

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES
89 WASHINGTON AVENUE
ALBANY, NEW YORK 12234

This is to certify that according to the records of the Division of Professional Licensing Services, New York State Education Department Albany, New York, DEMORIZI ROXANNE was issued license/certificate number 055603 for the practice of DENTISTRY on 07/28/2011.

Our records also indicate the following information:

Date of birth: [REDACTED]
School attended: TUFTS UNIVERSITY
Date of graduation: 05/23/10
Degree earned: DMD

Program was acceptable in accordance with the NYS Regulations of the Commissioner of Education. Requirements met at the time of licensure.

Basis of licensure:

ACCEPT - NATIONAL BOARD SCORES PT1 05/08
NATIONAL BOARD SCORES PT2 06/09
COMPLETION OF A POSTDOCTORAL DENTAL RESIDENCY PROGRAM IN LIEU OF THE CLINICAL EXAMINATION (NERB)

A license is valid during the life of the holder unless revoked, annulled or suspended by the Board of Regents. A licensee must register periodically with this Department to practice in this state.

Currently Registered: YES Reg period ends: 03/31/23

Address: [REDACTED] MA 02111-0000

Disciplinary information: No charges have been preferred against this licensee

Comments:

I, Sandra Barsallo, Education Credentials Specialist, Division of Professional Licensing Services of the New York State Education Department, do hereby state that as Education Credentials Specialist of said Division, I have legal custody of the official records of the Division of Professional Licensing Services and to the best of my knowledge, the aforesaid information is true and correct.

SEAL



Sandra Barsallo
Sandra Beth Barsallo 07/27/21
Education Credentials Specialist

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Stephen Wolpo, D.D.S..

Petition No. 2019-83

STATEMENT OF CHARGES

Pursuant to the General Statutes of Connecticut, §§19a-10 and 19a-14, the Department of Public Health (hereinafter "the Department") brings the following charges against Stephen Wolpo, D.D.S.:

1. Stephen Wolpo, D.D.S., of Stamford, Connecticut (hereinafter "respondent") is, and has been at all times referenced in this Statement of Charges, the holder of Connecticut dentist license number 006952.
2. Respondent provided dental care to Patient 1 on various occasions from on or about September 1, 2017 through on or about November 9, 2018. During the course of his care for Patient 1, he made examinations and radiographic images; prepared and extracted various teeth; and constructed, placed, and adjusted dentures.
3. Respondent's care for Patient 1 failed to meet the standard of care in one or more of the following ways:
 - a. His clinical notes are inadequate and/or inconsistent;
 - b. He made no periodontal examination, or an incomplete periodontal examination, to support his diagnosis of "advanced gum disease";
 - c. He failed to make adequate preparation for a cast metal mandibular partial denture;
 - d. He failed to make adequate preparation for a maxillary complete denture;
 - e. He fabricated a final partial denture using technique for an interim partial denture
 - f. He fabricated a maxillary complete denture using technique for a maxillary immediate denture) and/or
 - g. He failed to provide Patient 1 with adequate information for informed consent.
4. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-114(a)(2).

THEREFORE, the Department prays that:

The State Dental Commission, as authorized in §§19a-17 and 20-114, revoke or order other disciplinary action against the dentist license of Stephen Wolpo, D.D.S., as it deems appropriate and consistent with law.

Dated at Hartford, Connecticut this 10th day of August 2021.



Christian D. Andresen, M.P.H., Section Chief
Practitioner Licensing & Investigations Section
Healthcare Quality and Safety Branch

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Michael Greene, DDS

Petition No. 2021-577

August 12, 2021

**MOTION FOR ORDER FOR PERMANENT RESTRICTION AND INCLUSION OF
TOLLING LANGUAGE**

The Department of Public Health moves the Connecticut State Dental Commission ("the Commission") for an order permanently restricting respondent from performing root canal/endodontics.

In support of this motion, the Department states as follows:

1. On January 11, 2021, the Connecticut State Dental Commission ordered a Memorandum of Decision in Petition Number 2020-715 ("the Order") based, in part, on respondent's multiple violations of the standard of care for patient 1 (Exhibit A).
2. The Order placed respondent's dental license number 007029 on probation for one (1) year and included the following:

Within the first four (4) months of the probationary period, Respondent shall attend and successfully complete each of the following coursework, pre-approved by the

Department: i. Six (6) hours of in-person coursework in multi root endodontics; ii. Six (6) hours of in-person or online coursework in Informed Consent; iii. Six (6) hours of in-person or online coursework in Patient Records; iv. Six (6) hours of in-person or online coursework in Treatment Planning; v. Six (6) hours of in-person or online coursework in

Standard of Care; 6 v. Six (6) hours of an in-person coursework on imaging (“coursework”).

Respondent’s license number 007029 is restricted from performing root canal/endodontics until he has completed the above-referenced coursework.

3. To date, respondent failed to complete the coursework within the first four months of probation (Exhibit B).
4. The Department respectfully requests including the following language in the Order, effective immediately and applied retroactively:
 - a. Respondent’s license is permanently restricted from performing root canal/endodontics.
 - b. If respondent does not practice dentistry for periods of thirty (30) consecutive days or longer, respondent shall notify the Department in writing. Such periods of times shall not be counted in reducing the probationary period required by the Memorandum of Decision and such terms shall be held in abeyance, and respondent shall not be responsible for complying with the terms of probation. If respondent resumes the practice of dentistry, respondent shall provide the Department with thirty (30) days prior written notice. Respondent shall not return to the practice of dentistry without written pre-approval from the Department. Respondent agrees that the Department may require additional documentation and/or require respondent to satisfy other conditions or terms as a condition precedent to respondent’s return to practice. Any return to the practice of dentistry without written pre-approval from the Department shall constitute a

violation of the Memorandum of Decision and subject respondent to further disciplinary action.

- c. If, during the period of probation, respondent practices dentistry outside Connecticut, respondent shall provide written notice to the Department. During such time, respondent shall not be responsible for complying with the terms of probation required by the Memorandum of Decision, and such time shall not be counted in reducing the probationary period. Respondent may comply with the terms of probation while practicing outside Connecticut if pre-approved in writing by the Department. If respondent intends to return to the practice of dentistry in Connecticut, respondent shall provide the Department with thirty (30) days prior written notice and agrees to comply with all other terms and conditions of the Memorandum of Decision.

Respectfully submitted,

THE DEPARTMENT OF PUBLIC HEALTH

Joelle C. Newton

Joelle C. Newton, Staff Attorney
Office of Legal Compliance

ORDER

The foregoing motion having been duly considered by the Connecticut State Dental Commission, it is hereby GRANTED/DENIED.

Dated at Hartford, Connecticut this _____ day of _____, 2021.

Connecticut State Dental Commission

CERTIFICATION

This certifies that on 8/19/2021 this motion was emailed to the Department of Public Health, Public Health Hearing Office and to respondent, mlgreenedds@gmail.com.

Joelle C. Newton

Joelle C. Newton, Staff Attorney

A

STATE OF CONNECTICUT CONNECTICUT STATE DENTAL COMMISSION

Michael Green, D.D.S.
License no. 0070209

Petition No.: 2017-1126

MEMORANDUM OF DECISION

Procedural Background

The Department of Public Health (“Department”) presented the Connecticut State Dental Commission (“Commission”) with a Statement of Charges brought against Michael Green, D.D.S. (“Respondent”) dated May 16, 2019. Board Exhibit (“Bd. Ex.”) 1. The Statement of Charges and the Notice of Hearing were sent to Respondent by certified mail, return receipt requested, and first class mail on October 10, 2019. The Notice of Hearing directed Respondent to appear on December 11, 2019, before a duly authorized panel (“panel”) of the Commission for a hearing on the allegations contained in the Charges.¹ The panel included Steven Reiss, DDS, Anatoliy Ravin, DDS, and Robert Zager, Public Member. Bd Ex. 1.

The hearing convened on January 8, 2020. The hearing was conducted before the panel in accordance with *Conn. Gen. Stat.* (“Statutes”) Chapter 54, and §19a-9a-1 *et seq.* of the Regulations of Connecticut State Agencies (“the Regulations”). Respondent appeared *pro se*; Attorney David Tilles represented the Department. Both the Department and Respondent had the opportunity to present evidence, conduct cross-examination, and provide argument on all issues.

Respondent Answered the Charges on the record during the hearing on January 8, 2020. Transcript pages (“Tr., pp.”) 5-6, 21-23.

All panel members involved in this decision attest that they have either heard the case or read the record in its entirety. The Commission reviewed the panel’s proposed final decision in accordance with the provisions of § 4-179 of the Statutes. This decision is based entirely on the record and the specialized professional knowledge of the Commission in evaluating the evidence. *See Conn. Gen. Stat. § 4-178; Pet v. Department of Health Services*, 228 Conn. 651, 666 (1994). To the extent the findings of fact actually represent conclusions of law, they should be so considered, and vice versa. *SAS Inst., Inc., v. S & H Computer Systems, Inc.*, 605 F. Supp. 816 (Md. Tenn. 1985).

¹ Due to inclement weather, the hearing was rescheduled to January 8, 2020. Bd. Ex. 3.

Allegations²

1. In paragraph 1 of the Charges, the Department alleges that Respondent is, and has been at all times referenced in the Charges, the holder of Connecticut dentist license number 007029.
2. In paragraph 2 of the Charges, the Department alleges that Respondent provided care to Patient 1 at various times between on or about December 4, 2012 and on or about September 23, 2016. On or about September 13, 2016, Respondent began, but did not complete root canal treatment on tooth #30 and/or #18. In the course of that work, a file, or part of a file, broke off and was retained in the canal. Respondent's care for Patient 1 failed to meet the standard of care in one or more of the following ways:
 - a. he failed to take pre-operative x-rays of tooth 30 and/or 31; and/or tooth 18 and/or 19;
 - b. he failed to obtain and/or document informed consent and consent to treat the root canal at tooth 30 and/or 18 and/or failed to document treatment planning for tooth 30 and/or 18;
 - d. he failed to recognize and/or remove the retained file and/or treat the tooth with the retained file.
3. In paragraph 3 of the Charges, the Department alleges that the above-described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, § 20-114(a)(2).

Findings of Fact

1. Respondent is the holder of Connecticut dentist license number 007029. Tr., p. 5.
2. Respondent provided care to Patient 1 at various times between on or about December 4, 2012 and on or about September 23, 2016. Tr., p. 6.
3. On or after November 18, 2014, Respondent performed a root canal on tooth 30 and/or 18 on Patient 1 in which a file broke off and was retained in the canal. Department Exhibits ("Dept. Exs.") 2, 5; Tr., pp. 23, 31, 32, 45, 46.

² During the hearing, the Department moved to amend the Statement of Charges by:

- adding "and/or tooth 18 and/or 19" to allegation 2 a. Tr., pp. 9
- adding "and/or 18" to allegation 2 and 2b.
- withdrawing allegation 2c.

Respondent did not object the Department's motion. The Board granted the Department's motion to amend. Tr., pp. 18-24.

4. Prior to the root canal, Respondent failed to take pre-operative x-rays of tooth 30 and/or 31, and/or 18 and/or 19. Dept. Exs. 2, 5; Tr., pp. 21, 22, 45.
5. Prior to the root canal, Respondent failed to obtain and/or document informed consent and consent to treat the root canal at tooth 30 and/or 18. Dept. Exs. 2, 5; Tr., pp. 22, 23.
6. Prior to the root canal, Respondent failed to document treatment planning for tooth 30 and/or 18. Dept. Ex. 2, 5; Tr., pp. 22, 23.
7. Following the root canal, Respondent recognized a retained file in the tooth. Tr., pp. 23, 31, 32.
8. After the root canal, Respondent provided care to Patient 1 on February 19, 2015, December 3, 2015, September 13, 2016, and September 29, 2016. Dept. Exs. 2, 5; Tr., p. 46.
9. On September 13, 2016, Respondent took an x-ray of the treated area and gave Patient 1 an antibiotic. Dept. Ex. 2; Tr., p. 46.
10. After the root canal, Respondent failed to remove the retained file and/or treat the tooth with the retained file. Dept. Exs. 2, 5; Tr., pp. 23, 46, 47.
11. The testimony of Stephen Charles DiBenedetto, DDS is reliable and credible. Tr., pp. 24-48.

Discussion and Conclusions of Law

The Department bears the burden of proof by a preponderance of the evidence in this matter. *Jones v. Connecticut Medical Examining Board*, 309 Conn. 727, 739-40 (2013).

In accordance with Conn. Gen. Stat. § 20-114(a)(2):

The Dental Commission may take any of the actions set forth in section 19a-17 for any of the following causes: . . . (2) proof that a practitioner has become unfit or incompetent or has been guilty of cruelty, incompetence, negligence or indecent conduct toward patients. . .

The Commission finds that the Department met its burden of proof with respect to allegations 1, 2a, 2b, and 2d.

With regard to allegation 1 of the Charges, Respondent admits that he is, and has been at all times referenced in the Charges, the holder of Connecticut dental license number 007029. Tr., p. 5. As such, the Department sustained its burden of proof.

With regard to the allegations in paragraph 2 of the Charges, Respondent admits that he provided care for Patient 1 between December 4, 2012 and September 23, 2016, that he began, but did not complete, root canal treatment on tooth 30 and/or 18, and in the course of that work, a

file, or part of a file, broke off and was retained in the canal. Tr., p. 6. As such, the Department sustained its burden of proof.

With regard to allegation 2a of the Charges, although Respondent denies that he failed to take pre-operative x-rays of tooth 30 and/or 31; and/or tooth 18 and/or 19; the Department met its burden of proof with respect to this allegation. Respondent claims that his records show that he took x-rays for Patient 1 on October 24, 2013, for the root canal he performed on Patient 1 on November 18, 2014. Tr., pp. 42-44. The Commission finds Respondent's claim is not credible. Dept. Ex. 2, 4. The Department's witness, Stephen Charles DiBenedetto, DDS, testified that a pre-operative x-ray taken a year or three years prior to a root canal does not meet the standard of care. A pre-operative x-ray should be taken prior to the procedure. Tr., pp. 43-45. He testified that Respondent's records are devoid of any pre-operative x-rays or any reference in the patient's chart to a pre-operative x-ray, and that the failure to do a pre-operative x-ray before a root canal is a violation of the standard of care. Tr., pp. 29-31. Dr. DiBenedetto's testimony is corroborated by his consultation report and Respondent's patient record. Dept. Exs. 2, 5. Therefore, a preponderance of the evidence establishes that Respondent failed to take pre-operative x-rays in violation of Conn. Gen. Stat. § 20-114(a)(2).

With regard to allegation 2b of the Charges, Respondent admits that he failed to obtain and/or document informed consent and consent to treat the root canal at tooth 30 and/or 18, and/or failed to document treatment planning for tooth 30 and/or 18. Tr., pp. 22, 23. Dr. DiBenedetto testified that the standard of care requires documentation of informed consent for root canal treatment and documentation of treatment planning with a patient. Dept. Ex. 5; Tr., p. 31. Therefore, Respondent's failure to obtain and/or document informed consent and consent to treat the root canal and his failure to document treatment planning constitutes a violation of Conn. Gen. Stat. § 20-114(a)(2).

With regard to allegation 2d of the Charges, Respondent denies that he failed to recognize the retained file, but admits that he failed to remove the retained file and/or treat the tooth with the retained file. Tr., p. 23. Respondent claims Patient 1 would show up to his office when she was in pain, but she did not have time for treatment. He claims she did not return until after his practice was closed.³ Dept. Ex. 4; Tr., pp. 52, 53. Dr. DiBenedetto testified that the Respondent's patient chart indicates that Respondent recognized there was a piece of file in the tooth, and that even in the exercise of due care, it can occur and does not qualify as a deviation

³ Respondent testified that he now works three days a week in a dental practice. Tr., p. 56.

from the standard of care. Dept. Exs. 3, 5; Tr., pp. 31, 32. However, he added that the standard of care requires the dentist to immediately contact the patient and devise a plan of treatment; there was nothing, however, in Respondent's records to indicate that he took these steps. Tr., pp. 32, 33. Dr. DiBenedetto testified that regardless of the dates offered by Respondent to explain his failure to remove the file, Respondent failed to document in his chart any communication with the Patient or entries that the Patient refused treatment, failed to show up, or didn't return. Tr., p. 47. Therefore, a preponderance of the evidence establishes that Respondent failed to meet the standard of care by failing to remove the retained file or treat the tooth with the file in violation of violation of Conn. Gen. Stat. § 20-114(a)(2).

Order

Based upon the record in this case, the above findings of fact and the conclusions of law, and pursuant to the authority vested in it by Conn. Gen. Stat. §§ 19a-17 and 20-114(a), the Commission hereby issues the following order:

1. Respondent shall pay a civil penalty of two thousand dollars (\$2,000.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check, and shall be payable within thirty (30) days of the effective date of this Decision.
2. Respondent's license number 007029 is hereby restricted from performing root canal/endodontics until he has completed the course required in paragraph 3a below to the satisfaction of the Department and in compliance with this Decision.
3. Respondent's license number 007029 to practice dentistry in the State of Connecticut is hereby placed on probation for a period of one (1) year during which time Respondent shall comply with the following terms and conditions:
 - a. Within the first four (4) months of the probationary period, Respondent shall attend and successfully complete each of the following coursework, pre-approved by the Department:
 - i. Six (6) hours of in-person coursework in multi root endodontics;
 - ii. Six (6) hours of in-person or online coursework in Informed Consent;
 - iii. Six (6) hours of in-person or online coursework in Patient Records;
 - iv. Six (6) hours of in-person or online coursework in Treatment Planning;
 - v. Six (6) hours of in-person or online coursework in Standard of Care;

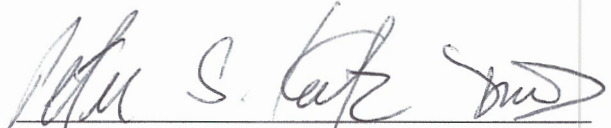
- v. Six (6) hours of an in person coursework on imaging; and,
Within thirty (30) days of the completion of such coursework, Respondent shall provide the Department with proof of certification for each course, to the Department's satisfaction, indicating the successful completion of such courses.
- b. No later than fifteen (15) days from the effective date of this Decision, Respondent shall submit to the Department for its pre-approval, the name of a dentist licensed in Connecticut ("practice monitor") who, at Respondent's expense, will review all of Respondent's patient records, created or updated during the probationary period. Within ten (10) days of the Department's approval, Respondent shall provide the monitor with a copy of this Decision. Respondent shall cause the monitor to confirm receipt of this Decision within ten (10) days after he has received the Decision.
 - i. Respondent's monitor shall meet the Respondent not less than once a week for the entire probationary period.
 - ii. The monitor shall have the right to monitor Respondent's practice by any other reasonable means which he or she deems appropriate. Respondent shall fully cooperate with the monitor in providing such monitoring.
 - iii. Respondent shall be responsible for providing written monitor reports directly to the Department monthly for the entire probationary period. Such monitor reports shall include documentation of dates and durations of meetings with Respondent, number and a general description of the patient records and patient medication orders and prescriptions reviewed, additional monitoring techniques utilized, and statement that Respondent is practicing with reasonable skill and safety.
- 4. All correspondence and/or other communication with the Department and/or Commission required pursuant to this Order shall be sent to:

Lavita Sookram, Nurse Consultant
Department of Public Health
Division of Health Systems Regulation
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134-0308

Ms. Sookram may also be contacted at the following e-mail address:
Lavita.Sookram@ct.gov.

5. Respondent shall be responsible for all costs associated with satisfaction of the terms of this Memorandum of Decision.
6. This Memorandum of Decision shall become effective upon signature of the Commission Chairperson.

Connecticut State Dental Commission



By: Peter Katz, DMD, Chairperson

January 11, 2021

B

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
PRACTITIONER LICENSING AND INVESTIGATIONS SECTION

AFFIDAVIT OF LAVITA D. SOOKRAM, RN

Re: Michael Greene, DDS

Petition No.: 2021-577

Lavita D. Sookram, RN, being duly sworn, deposes and says:

1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit based on personal knowledge and a review of the monitoring file.
3. I am employed by the Practitioner Licensing and Investigations Section within the Department of Public Health (hereinafter "the Department") as a Nurse Consultant.
4. As part of my professional duties, I have responsibility for monitoring Michael Greene, DDS, ("respondent") under the terms of the Memorandum of Decision (MOD), Petition No. 2017-1126, dated January 11, 2021.
5. Paragraph 3a of the MOD stated that within the first four (4) months of the probationary period, Respondent shall attend and successfully completed six (6) hours for each course, pre-approved by the Department:
 - a. Respondent was required to complete coursework in multi root endodontics, informed consent, patient records, treatment planning, standard of care and imaging by May 11, 2021.
 - b. Respondent was aware of the terms of his MOD through emails, letters and/or telephone calls. The Department suggested that Respondent contact monitoring services, his professional organization and Dr. Steven Lepowsky regarding coursework and/monitoring services. Although, Respondent stated he contacted Dr. Lepowsky regarding his coursework. There is no documented evidence that Respondent sought approval or completed the coursework
6. In a letter and email dated May 25, 2021, Respondent was issued a Notice of Non-Compliance for violation of paragraph 3a of the MOD. Respondent did contact the Department regarding the notification.

The attached documents are true and accurate copies of documents either created or acquired by me during my activities in this case.

- A. Investigation Report
- B. Memorandum of Decision
- C. Correspondence

7/20/21
Date

Lavita D. Sookram
Lavita D. Sookram, RN, BSN

Subscribed and sworn to before me this 20 day of July 2021.

Horah G. Wieland
Notary Public

My Commission Expires 03/31/2024

CONSENT ORDER COVER SHEET

Dennis Flanagan, D.D.S.

Petition No.: 2018-1193

1. Dennis Flanagan of Willimantic, Connecticut (hereinafter “respondent”) was issued license number 004378 on July 17, 1971 to practice as a dentist.
2. The Department alleges that on July 2, 2018, respondent provided care to Patient #1, who sought to obtain pre-surgical clearance for open-heart surgery which was scheduled for July 17, 2018. Respondent’s care for Patient #1 failed to meet the standard of care in one or more of the following ways:
 - a. Respondent unnecessarily required root canal treatment for teeth #21 and #28 prior to clearing Patient #1 for surgery, in that the teeth had no signs of apical pathology, or current active disease or infection;
 - b. Respondent failed to obtain further testing/studies including Cone Beam Computed Tomography, and/or the opinion of an endodontist to support either treatment or non-treatment of teeth #21 and/or #28;
 - c. Respondent did not obtain informed consent from Patient #1 regarding the potential risks of treating or not treating teeth #21 and/or #28, or of complications of endodontic treatment or extraction;
 - d. Respondent mesially perforated the root of tooth #28 while attempting to perform endodontic treatment, was unable to complete the root canal and immediately extracted the tooth; and/or
 - e. While performing endodontic treatment of tooth #28, respondent failed to properly place a rubber dam clamp; failed to document the mesial perforation complication and/or failed to document the magnification used in the attempted treatment.
3. The proposed Consent Order requires 1) a reprimand; and 2) a probation which will terminate upon completion of coursework in informed consent; assessing patients’ dental health prior to cardiac surgery; treatment planning; and diagnosing and decision-making in medically compromised patients. Respondent and the Department respectfully request that the Connecticut State Dental Commission approve and accept this Consent Order.

Wilan, Diane

From: Cherie Luther <cherieluther@aol.com>
Sent: Wednesday, September 22, 2021 3:40 PM
To: Wilan, Diane
Subject: Re: DPH Petition 2018-1193

EXTERNAL EMAIL: This email originated from outside of the organization. Do not click any links or open any attachments unless you trust the sender and know the content is safe.

Thank you Diane. I am satisfied with the outcome as has been stated in the Consent Order, and will take no further action.

Again, I thank you and your department for your tenacious pursuit in this matter. It is so satisfying to know there are avenues to turn to in situations such as this. I am very pleased.

Sincerely,
Cherie Luther

Sent from my iPhone

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Dennis Flanagan, D.D.S.

Petition No. 2018-1193

CONSENT ORDER

WHEREAS, Dennis Flanagan of Willimantic (hereinafter "respondent") has been issued license number 004378 to practice dentistry by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 379 of the General Statutes of Connecticut, as amended; and,

WHEREAS, the Department alleges that:

1. On or about July 2, 2018, respondent provided care to Patient #1, who sought to obtain pre-surgical clearance for open-heart surgery which was scheduled for July 17, 2018. Respondent's care for Patient #1 failed to meet the standard of care in one or more of the following ways:
 - a. Respondent unnecessarily required root canal treatment for teeth #21 and #28 prior to clearing Patient#1 for surgery, in that the teeth had no signs of apical pathology, or current active disease or infection;
 - b. Respondent failed to obtain further testing/studies including Cone Beam Computed Tomography, and/or the opinion of an endodontist to support either treatment or non-treatment of teeth #21 and/or #28;
 - c. Respondent did not obtain informed consent from Patient #1 regarding the potential risks of treating or not treating teeth #21 and/or #28, or of complications of endodontic treatment or extraction;

- d. Respondent mesially perforated the root of tooth #28 while attempting to perform endodontic treatment, was unable to complete the root canal and immediately extracted the tooth; and/or
 - e. While performing endodontic treatment of tooth #28, respondent failed to properly place a rubber dam clamp; failed to document the mesial perforation complication and/or failed to document the magnification used in the attempted treatment.
2. The above-described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-114, including, but not limited to §20-114(2).

WHEREAS, respondent, in consideration of this Consent Order, while admitting no guilt or wrongdoing, has chosen not to contest this matter and agrees that for purposes of this or any future proceedings before the State Dental Commission (hereinafter "the Commission"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§19a-10, 19a-14 and 20-114(2) of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-14, 19a-17 and 20-114(2) of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives respondent's right to a hearing on the merits of this matter.
2. Respondent's license number 004378 to practice as a dentist in the State of Connecticut is hereby reprimanded.
3. Respondent's license shall be placed on probation under the following terms and conditions:
 - a. Within six months of the effective date of this Consent Order, respondent shall attend and successfully complete coursework in informed consent; assessing patients' dental

health prior to cardiac surgery; treatment planning; and diagnosing and decision-making in medically compromised patients.

- b. The probationary period shall be deemed terminated upon proof of respondent's successful completion of such coursework to the Department's satisfaction.
4. All correspondence and reports are to be addressed to:

Lavita Sookram, R.N., Nurse Consultant
Practitioner Compliance and Monitoring Unit
Department of Public Health
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134-0308
 5. All reports required by the terms of this Consent Order shall be due according to a schedule to be established by the Department of Public Health.
 6. Respondent shall comply with all state and federal statutes and regulations applicable to respondent's licensure.
 7. Respondent shall pay all costs necessary to comply with this Consent Order.
 8. Any alleged violation of any provision of this Consent Order may result in the following procedures at the discretion of the Department:
 - a. The Department shall notify respondent in writing by first-class mail that the term(s) of this Consent Order have been violated, provided that no prior written consent for deviation from said term(s) has been granted.
 - b. Said notification shall include the acts or omission(s) which violate the term(s) of this Consent Order.
 - c. Respondent shall be allowed fifteen (15) days from the date of the mailing of notification required in paragraph 8.a above to demonstrate to the satisfaction of the Department that respondent has complied with the terms of this Consent Order or, in the alternative, that respondent has cured the violation in question.

- d. If respondent does not demonstrate compliance or cure the violation within the fifteen (15) days specified in the notification of violation to the satisfaction of the Department, respondent shall be entitled to a hearing before the Commission which shall make a final determination of the disciplinary action to be taken.
 - e. Evidence presented to the Commission by either the Department or respondent in any such hearing shall be limited to the alleged violation(s) of the term(s) of this Consent Order.
9. In the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of respondent's license before the Commission.
 10. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Practitioner Licensing and Investigations Section of the Healthcare Quality and Safety Branch of the Department.
 11. This Consent Order is effective on the first day of the month immediately following the date this Consent Order is accepted and ordered by the Commission.
 12. Respondent understands and agrees that this Consent Order shall be deemed a public document, and the Department's allegations as contained in this Consent Order shall be deemed true in any subsequent proceeding before the Commission in which respondent's compliance with this Consent Order or with §20-114 of the General Statutes of Connecticut, as amended, is at issue. Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank maintained by the United States Department of Health and Human Services.
 13. In the event respondent violates a term of this Consent Order, respondent agrees immediately to refrain from practicing as a dentist, upon request by the Department, with notice to the Commission, for a period not to exceed 45 days. During that time period,

respondent further agrees to cooperate with the Department in its investigation of the violation. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45-day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that failure to cooperate with the Department's investigation shall be considered by the Commission and shall, as a matter of law, constitute a clear and immediate danger as required pursuant to Connecticut General Statutes, sections 4-182(c) and 19a-17(c).

The Department and respondent understand that the Commission has complete and final discretion as to whether a summary suspension is ordered.

14. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department from taking action at a later time. The Department shall not be required to grant future extensions of time or grace periods.
15. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Respondent agrees that this Consent Order shall not be subject to modification as a result of any claim that the terms contained herein may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards and respondent waives any right to seek reconsideration or modification of this Consent Order pursuant to §4-181a of the General Statutes of Connecticut without the express consent and agreement of the Department. Respondent assumes all responsibility for assessing such actions prior to the execution of this document. Further, this Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any rights that respondent may have under the laws of the State of Connecticut or of the United States.

16. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
17. Respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Commission. Respondent understands that the Commission has complete and final discretion as to whether this executed Consent Order is approved or accepted. Respondent hereby waives any claim of error that could be raised that is related to or arises during the course of the Commission's discussions regarding whether to approve or reject this Consent Order and/or a Commission member's participation during this process, through the Commission member's review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a hearing on a statement of charges resulting in a proposed decision by the Commission and/or a panel of the Commission and a final decision by the Commission.
18. Respondent understands and agrees that respondent is responsible for satisfying all of the terms of this Consent Order during vacations and other periods in which respondent is away from respondent's residence.
19. Respondent has the right to consult with an attorney prior to signing this document.
20. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the State's Attorney's Office where the allegation occurred or Bureau Chief of the applicable unit in the Chief State's Attorney's Office. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only, and is not intended to affect any civil or criminal liability or defense.

21. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this consent order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

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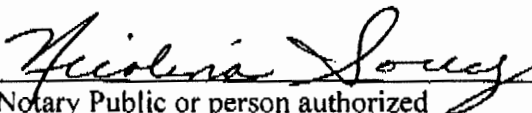
I, Dennis Flanagan, have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.



Dennis Flanagan, D.D.S.

Subscribed and sworn to before me this 23rd day of September 2021.

NICOLINA SOUCY
NOTARY PUBLIC
MY COMMISSION EXPIRES OCT. 31, 2022



Notary Public or person authorized
by law to administer an oath or affirmation

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 27th day of September 2021, it is hereby accepted.



Christian D. Andresen, MPH, CPH, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

The above Consent Order having been presented to the duly appointed agent of the State Dental Commission on the _____ day of _____ 2021, it is hereby ordered and accepted.

State Dental Commission

DENTIST CONTINUING EDUCATION INFORMATION
IMPORTANT

Governor Lamont issued Executive Order [7DD](#) suspending for six (6) months the continuing education requirements for dentists. Licensees with expiration dates between April 30, 2020 and October 31, 2020 are not required to complete the continuing education required for license renewal.

Connecticut licensed dentists are required to participate in continuing education (CE) activities. Please note the following:

Number of Hours

Licensed dentists shall earn a minimum of twenty-five contact hours of qualifying continuing education every two years. One contact hour is a minimum of fifty minutes of continuing education activity.

Qualifying CE

The continuing education shall (1) be in an area of the licensee's practice; (2) reflect the professional needs of the licensee in order to meet the health care needs of the public; and (3) include not less than one contact hour of training or education in (A) any three of the ten mandatory topics for continuing education activities prescribed by the Commissioner, (B) for registration periods beginning on and after October 1, 2016, infection control in a dental setting, and (C) prescribing controlled substances and pain management.

The ten (10) mandatory topics for continuing education activities prescribed by the Commissioner are: Prescribing controlled substances and pain management; Record keeping/risk management; Infection control; Access to care; HIPAA compliance; Medical emergencies in the dental office (including current training in CPR); Sexual assault and domestic abuse; Cultural competence; Mental health conditions common to veterans; and Diagnostic technology.

Eight hours of volunteer dental practice at a public health facility, as defined in section 20-126l may be substituted for one contact hour of continuing education, up to a maximum of ten contact hours in one twenty-four-month period.

Qualifying continuing education activities include, but are not limited to, courses offered or approved by: the American Dental Association (ADA) or state, district or local dental associations and societies affiliated with the American Dental Association; national, state, district or local dental specialty organizations or the Academy of General Dentistry ([AGD](#)); a hospital or other health care institution; dental schools or other schools of higher education accredited or recognized by the Council on Dental Accreditation ([CODA](#)) or a regional accrediting organization; agencies or businesses whose programs are accredited or recognized by the Council on Dental Accreditation ([CODA](#)); local, [state](#) or national medical associations; a state or local health department; or the Accreditation Council for Graduate Medical Education ([ACGME](#)).

Approval of Courses

The Department does not approve continuing education courses or pre-approve specific coursework for individual licensees, nor does the Department maintain a list of continuing education courses. It is incumbent on the licensee and the provider to ensure that the CE activity meets the requirements as outlined on this page and in the Connecticut General Statutes ([CGS](#)).

Internet-based, on-line and other distance learning opportunities are acceptable.

Documentation Requirements

Each licensee must obtain a certificate of completion from the provider of the continuing education or retain records of attendance for all continuing education hours that demonstrate compliance with the continuing education requirements and shall retain such documentation for a minimum of three years from the date of completion. Upon request by the Department, the licensee shall submit such certificates to the Department within forty-five days.

A licensee, who fails to comply with the continuing education requirements, including failure to maintain proof of course completion, is subject to disciplinary action.

Each licensee applying for license renewal will be asked to attest that the licensee satisfies the continuing education requirements. Certificates of completion should not be mailed to the Department at the time of license renewal unless a licensee is specifically asked to do so.

Exemptions/Waivers

A licensee whose license is due to expire on or before September 30, 2007, is exempt from documenting completion of continuing education requirements until such licensee's next registration period.

A licensee who is applying for license renewal for the first time is exempt from continuing education requirements until such licensee's next registration period. The Department may, for a licensee who is not engaged in active practice or who has a medical disability or illness, grant a waiver of the continuing education requirements for a specified period of time or may grant the licensee an extension of time in which to fulfill the requirements. Waivers must be requested at the time of license renewal by submitting an [affidavit](#).

Individuals who have received an exemption or waiver may not return to active practice until the licensee has met the continuing education requirements as outlined above.

[Reinstatement](#) of a Lapsed License

A licensee whose license has lapsed and who applies for reinstatement shall submit evidence of having completed twelve contact hours of continuing education within the one year period immediately preceding application for reinstatement.