

**AGENDA**  
**CONNECTICUT STATE DENTAL COMMISSION**

**Wednesday, June 16, 2021 at 1:00 PM**  
**Department of Public Health**  
**410 Capitol Avenue, Hartford Connecticut**

**CALL TO ORDER**

**I. MINUTES**

April 28, 2021

**II. NEW BUSINESS**

- A. Provisional License Applications – Po-Jung Chen, DDS  
*Presented by Deborah Brown, Health Program Associate, DPH*
  
- B. License Reinstatement Application – Mary Hamill, DDS  
*Presented by Deborah Brown, Health Program Associate, DPH*
  
- C. Mandatory Continuing Education

**ADJOURN**

This meeting will be held by video conference.

**Connecticut 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](tel:+18608402075) - Phone Conference ID: 875 917 166#

*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  
April 28, 2021**

The Connecticut State Dental Commission held a meeting by video conference on April 28, 2021.

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

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COMMISSION MEMBERS ABSENT: None

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Dr. Katz called the meeting to order at 1:00 p.m. All participants were present via the Microsoft TEAMS application.

**I. MINUTES**

The minutes from the January 14, 2021 meeting were reviewed and unanimously approved on a motion by Dr. Reiss seconded by Ms. Ulrich.

**II. NEW BUSINESS**

**A. Provisional License Application – Reju P. Joy, DDS**

Judith Bailey, License and Applications Analyst, Department of Public Health presented a provisional license application for Reju P. Joy, 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. Joy's application

Dr. Reiss made a motion, seconded by Dr. Longobardi, recommending approval the Dr. Joy's application license reinstatement without the need for any specific requirements to be completed . The motion passed with all in favor except Ms. Dodenhoff who was opposed.

**B. Respondent Motion for Hearing - Anthony Colandrea, DMD - Petition No. 2014-811**

The Commission reviewed granted respondent's motion for a hearing regarding a claim of an ex-parte communication between Commission member Deborah Dodenhoff, RN and Department of Public Health Staff Attorney David Tilles.

A hearing commenced with Assistant Attorney General Kerry Colson was present to provide counsel to the Board. Staff Attorney Brittany Petano was present for the Department of Public Health. Attorney A. Paul Spinella was present on behalf of respondent.

Dr Katz, Dodenhoff, Dr, Reiss and Dr, Ravin were questioned during the hearing.

*Ms. Dodenhoff left the meeting at 2:18 p.m.*

C. Oral Argument Proposed Memorandum of Decision  
Anthony Colandrea, DMD - Petition No. 2014-811

Assistant Attorney General Kerry Colson was present to provide counsel to the Board. Staff Attorney Brittany Petano was present for the Department of Public Health. Attorney A. Paul Spinella was present on behalf of respondent.

Attorney Spinella and Attorney Tilles were provided the opportunity to address the Commission regarding the Proposed Memorandum of Decision.

Dr. Katz made a motion, seconded by Dr. Reiss, to adopt the decision which revokes the dental license of Dr. Colandrea and imposes a civil penalty of \$10,000.00. The motion passed with all in favor except Dr. Longobardi who was opposed and Dr. Cipes who abstained. Ms. Dodenhoff was recused and was not present for this vote.

**III. ADJOURN**

As there was no further business the meeting was adjourned at 3:03 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: Po-Jung Last Name: Chen MI:      Maiden Name:     

Social Security No.:      E-mail @uchc.edu

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: Po-Jung Chen

Address:     

City, State, Zip: Farmington, CT, 06032

Daytime Phone Number: (860)      Date of Birth:      /      /      Gender: Male

**PROFESSIONAL EDUCATION:**

**INSTITUTION:** Kaohsiung Medical University

**ADDRESS:** 100 Shih-Chuan 1st Road Kaohsiung Taiwan 80708  
NO. & STREET CITY STATE ZIP CODE

**DATES ATTENDED FROM:** 09/01/2000 **TO:** 06/01/2006

**DEGREE/DIPLOMA RECEIVED:** DDS **DATE RECEIVED:** 06/01/2006

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 : 11/18/2015 ; NBDE II : 08/26/2020

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: CDCA ADEX : 2020

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

**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 11<sup>th</sup> day of May 2021,

Po-Jung Chen (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.

*Po-Jung Chen*  
 SIGNATURE OF APPLICANT

**Jennifer L. Lindquist**  
 Notary Public - Connecticut  
 My Commission Expires  
 November 30, 2021

Sworn to before me this 11<sup>th</sup> day of May 2021.

*Jennifer L. Lindquist* My commission expires \_\_\_\_\_  
 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:**

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

May 12, 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. Po-Jung Chen  
Application for Provisional Faculty Licensure

Dear Colleagues,

Dr. Po-Jung Chen will be joining the faculty of the University of Connecticut School of Dental Medicine on a full time basis effective July 2, 2021. Dr. Chen has been offered a non-tenure, in-residence track position as Research Instructor in the Division of Orthodontics. His appointment is contingent upon the granting of a provisional dental faculty license by the Connecticut State Dental Commission.

Dr. Chen originally received his DDS degree from the Kaohsiung Medical University School of Dentistry in Taiwan in 2006. Upon receipt of his dental degree, Dr. Chen completed a one-year internship in general dentistry at the Taichung Veterans General Hospital. He subsequently completed specialty training in Orthodontics at the Taipei Veterans General Hospital in Taiwan and concurrently completed the Master of Dental Science in Orthodontics offered by the National Yang-Ming University School of Dentistry in 2010. Dr. Chen practiced Orthodontics in his native Taiwan until 2016 when he entered the Clinical Fellowship program in the Division of Orthodontics at the UConn School of Dental Medicine. He completed the one year research-intensive training program in June of 2017 and was subsequently hired as a postdoctoral researcher in the Division of Orthodontics.

As a result of his performance within both the fellowship program and as a postdoctoral researcher, Dr. Chen was admitted to the CODA accredited advanced education program in Orthodontics at UConn and to the Graduate School for the Master of Dental Science degree program. Dr. Chen is scheduled to complete both the Orthodontics certificate program and the MDentSci degree in June of 2021.

Dr. Chen has an impressive record of academic and research scholarship, which is particularly strong for an early career individual. He has co-authored a book chapter, and is the primary or co-author on twenty-two (22) peer reviewed publications. He has given twenty-one (21) invited presentations at national and international meetings, including at the International/American Association of Dental Research, the American Association of Orthodontists, and the American Society for Bone and Mineral Research. He has successfully obtained research grant funding from the American Association of Orthodontists and the National Science Foundation and has two patents pending.

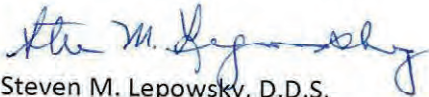
Dr. Chen has successfully completed Part I and Part II of the NBDE (in 2015 and 2020 respectively) and completed the ADEX examination from the CDCA in 2020.

Dr. Chen's primary faculty responsibilities will be within the domain of research. However, as an Orthodontist, he will be engaged in clinical research trials and studies and therefore will have patient contact. As a result, his position requires that he hold a valid provisional faculty license to practice dental medicine.

The School of Dental Medicine is very fortunate to be able to recruit someone with Dr. Chen's training and background as a faculty member in Orthodontics. We believe he has an exceptionally bright and promising future as a clinician-scientist who will continue to make meaningful contributions to the science and literature in dental medicine.

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

Sincerely,

A handwritten signature in blue ink that reads "Steven M. Lepowsky". The signature is fluid and cursive, with the first name "Steven" and last name "Lepowsky" clearly legible.

Steven M. Lepowsky, D.D.S.

Dean

# 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
	CHEN, PO-JUNG	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)		
		2020-06-17	Yes	Pass: 75 or greater							
Previous Next											

Thursday, May 20, 2021



Report Date: 05/20/2021

DENTPIN :

**National Board Dental Examinations (NBDE)**

Name	DENTPIN®	Graduation†	School
CHEN, PO-JUNG		2006	

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

Test Date	Exam Type	Score ‡	Status
08/26/2020	NBDE II		Pass
07/31/2016	NBDE II		Fail

**National Board Dental Examination Part I**

Test Date	Exam Type	Score ‡	Status
11/16/2015	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.

Print this page

Close

TO: Connecticut State Dental Commission

FROM: Deborah M. Brown  
Health Program Associate  
Practitioner Licensing and Investigations Section

RE: **Mary F. Hamill, D.D.S., License # 006923, Reinstatement of a Lapsed License**

Pursuant to the Regulations of Connecticut State Agencies, the Department shall refer applicants for reinstatement to the Commission and seek its recommendation regarding the suitability of the applicant for reinstatement.

Please accept this as a summary of the documentation submitted in support of Dr. Hamill's reinstatement application.

**History:**

1. Dr. Hamill graduated from the Georgetown University School of Dentistry in 1986.
2. Dr. Hamill was issued Connecticut dental license September 13, 1986. Her dental license lapsed due to nonrenewal on August 31, 2018. She does not hold a dental license in any other state. There is no disciplinary action against her Connecticut license.
3. Per Dr. Hamill, her last date of practice as a dentist was in December 2017.

Attached please find a copy of Dr. Hamill's reinstatement application, a letter from Dr. Hamill, her resume, certificates verifying completion of continuing education, and a letter from James Diette, D.D.S.

Dr. Hamill completed more than the required 12 hours of continuing education to meet the requirement for reinstatement.

Upon reinstatement of her license, Dr. Hamill would like to practice in academia.

The Department is seeking the Commission's recommendation regarding the lapse in active clinical practice as a dentist and any additional requirements the Board would recommend regarding refresher training or continuing education.

Based on the above information, does the Commission recommend reinstatement of Dr. Hamill's license to practice dentistry?

Mary Frances Hamill, D.D.S.

Trumbull, Connecticut 06611

203-

[@gmail.com](#)

Connecticut Department of Public Health

Dental Licensing

410 Capitol Avenue, MS #12 APP

P.O. Box 340308

Hartford, CT 06134

March 25<sup>th</sup>, 2021

Dear Connecticut State Dental Commissioners,

I am applying for a renewal of my dental license [# 006923 ] that I let lapse in 2018.

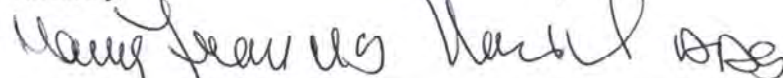
I was diagnosed with Myasthenia Gravis in 2014. I was fortunate to receive an early diagnosis and was able to continue practicing in my private practice, Mary Frances Hamill, D.D.S. at 5 Eversley Ave., Norwalk, CT 06851.

My failure to renew my dental license occurred, because of a Myasthenic crisis due to complications after a surgery. It has been a long and successful recovery. Learning to walk, sit, and building up the strength to use my arms has been a wild experience. It was during this period that I somehow missed my opportunity to renew my dental license.

I sincerely apologize for this. I decided to be a dentist in the 3<sup>rd</sup> grade and never wavered. I have always considered myself fortunate to love what I do, love my staff and my patients. I miss all of this more than you can imagine. I am hoping that you will renew my license so that I can once again fulfill my dreams.

Thank you for your consideration and time.

Sincerely,



Mary Frances Hamill, D.D.S.

Enc. application

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH**

Email: [dph.dentalteam@ct.gov](mailto:dph.dentalteam@ct.gov)  
Web Site: [www.ct.gov/dph/license](http://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 <b>Mary</b>		MI <b>F</b>	Last Name <b>Hamill</b>		Maiden <b>Hamill</b>	Social Security Number	
Email Address <b>@gmail.com</b>		Street Address		City <b>Trumbull</b>	State <b>CT</b>	Postal Code <b>06611</b>	
Telephone Number <b>(203)</b>		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		Date of Birth <b>05/11/1986</b>	Ethnicity: check (✓) <input type="checkbox"/> Hispanic or Latino <input checked="" 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):							Yes <input checked="" type="checkbox"/> No
Have you held a Connecticut dental license in the past?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Lic. No. <b>006923</b>	
Dental School Name <b>Georgetown University School of Dentistry</b>		City <b>Washington</b>	State <b>DC</b>	Country <b>USA</b>	Degree Earned <b>D.D.S.</b>		Degree Date <b>05-1986</b>
Have you successfully completed the National Board Examination?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Exam Date <b>1986</b>	
Have you successfully completed the Northeast Regional Board Examination (NERB)?					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Exam Date <b>1986</b>	
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
<b>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.</b>							
NOTARIZATION: On this <u>26<sup>th</sup></u> day of <u>March</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>26<sup>th</sup></u> day of <u>March</u> 20 <u>21</u>				Signature of Applicant: <u>[Signature]</u>			
Signature of Notary Public: <u>[Signature]</u>				My Commission Expires: <u>10/31/2023</u>			



# Mary Frances Hamill, D.D.S., F.A.C.D., F.P.F.A.

Trumbull, Connecticut, 06611  
(203) .....@gmail.com

## Curriculum Vitae

### Birthdate:

- August 24, 1956

### Education:

- Elon College – Bachelor of Arts in Chemistry, 1979
- Georgetown University School of Dentistry – Doctor of Dental Surgery, 1986

### Dental License:

- State of Connecticut, 1986-2018

### Professional Experience:

- Dental Group of Norwalk, Dentist, 1986-1987
- Mary Frances Hamill, D.D.S., L.L.C., Dentist & Owner, 1988-2018
- UConn School of Dental Medicine
  - Associate Professor, 1999-2015
  - Guest Lecturer, 1990-1992

### Professional Affiliations:

- American College of Dentist – Fellowship
- Pierre Fauchard Academy – Fellowship
- American Dental Association
- Connecticut State Dental Association
- Greater Norwalk Dental Society
- National Dental PRBN
- Omicron Delta Kappa
- Beta Beta Beta

### Professional Commitments:

- ADA House of Delegates
  - Alternate Delegate, 1996-1999
- Connecticut State Dental Foundation
  - President, 1997-1999
  - Secretary, 1996-1997
  - Board Member, 1994-2001

# Mary Frances Hamill, D.D.S., F.A.C.D., F.P.F.A.

## Professional Commitments (continued):

- CSDA House of Delegates
  - Delegate, 1993-1998
  - Alternate Delegate, 1991-1993
- CSDA
  - Committee for the Young Professional – Chairperson, 1989-1994
  - Membership Committee – Chairperson, 1989-1990
  - Ad-Hoc Sunset Review Committee – Member, 1988-1989
  - Council on Legislation – Member, 1988-1992
- Greater Norwalk Dental Society
  - Consultant to Executive Board, 1996-2003
  - Past President, 1996-1997
  - President, 1995-1996
  - Vice President, 1994-1995
  - Secretary, 1993-1994
  - Treasurer, 1992-1993
  - Program Chairperson, 1991-1992
  - Senior Screening Programs Chairperson, 1990-1991

## Personal Commitments:

- Norwalk Seaport Association
  - Annual Gala – Co-Chairperson
  - Member and Volunteer
- Wilton High School
  - Athletic Booster Board Member
  - Department of Theatre – Costumes
- Wilton Department of Recreation – Assistant Soccer Coach
- Our Lady of Fatima, Wilton
  - Youth Group – Adult Leader and Co-Chairperson
  - CCD Instructor
  - Senior High School Retreats – Co-Director and Volunteer
- Fund Raising Committee
  - Cidermill School, Wilton
  - Middlebrook Middle School, Wilton
  - Wilton High School, Wilton
  - All Saints Catholic School, Norwalk
  - Our Lady Of Fatima, Wilton

## Personal Interests:

Family; Research; Golf; Skiing; Boating; Reading; Entertaining; Dance;  
Landscape Design



letter of Recommendation from  
Dr. Lawrence (Larry) DeLibero

Mary Frances Hamill DDS <

@gmail.com>

115 Technology Dr Trumbull, CT 06611  
903 459-1210

**CT Dental Commission Recommendation**

2 messages

Reply-To: '@yahoo.com' <@yahoo.com>  
To: Mary Frances Hamill DDS <@gmail.com>

Mon, Mar 15, 2021 at 8:32 AM

To Connecticut State Dental Commission

To Whom It May Concern,

I am writing this letter to recommend reinstatement of Dr Mary Hamill to the Connecticut Sate Dental Commission . I am a practicing Periodontist in Norwalk and Trumbull CT. I have worked with Dr. Hamill for over 20 years and I can tell you that we have had a great working relationship . In the time I have worked with Mary, she has demonstrated a high degree of skill and compassion toward her patients. Dr. Hamill understands the importance of early diagnosis and treatment of periodontal disease , as well having a high degree of clinical and cognitive skill. I would highly recommend you reinstate her so that she can continue to contribute to our great profession.

Sincerely,

Dr Lawrence DeLibero

mhamilldds <n...s@gmail.com>  
To: "i...@yahoo.com" <c...@yahoo.com>

Mon, Mar 15, 2021 at 9:34 AM

Thank you so much Larry. I'm crossing my fingers. I would love to stop by and say Hi, if you have any down time and you feel comfortable. I'm good with sitting outside with masks if that is better for you.

I can't tell you how much I appreciate all of your help.

I miss you guys,

Mary

Sent from my Sprint Samsung Galaxy S10+.  
[Quoted text hidden]

# Verification of Participation

This is to certify that on February 2, 2021  
Mary Frances Hamill DDS FACD FPFA CT006923  
completed the 3 CE credit hour  
distance education course, #51602  
Prescribing Opioids, Providing Naloxone, and Preventing  
Drug Diversion: The West Virginia Requirement.

*Freda S. O'Brien*      *Erin K. Meinyer*

Freda S. O'Brien  
Director of Academic Affairs

Erin K. Meinyer  
Executive Director



NetCE  
Nationally Approved PACE Program  
Provider for FAGD/MAGD credit.  
Approval does not imply acceptance by  
any regulatory authority or AGD endorsement.  
10/1/2015 to 9/30/2021  
Provider ID #217994.

NetCE 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 a CE provider may be directed to the provider or to ADA CERP at [www.ada.org/cerp](http://www.ada.org/cerp). NetCE designates this activity for 3 continuing education credits. AGD Subject Code 134.

NetCE is approved as a provider of continuing education by the Florida Board of Dentistry, Provider #50-2405.

This course fulfills the West Virginia Board of Dental Examiners requirement for 3 hours of education related to Drug Diversion and Best Practice Prescribing of Controlled Substances.





# Verification of Participation

This is to certify that on February 2, 2021  
Mary Frances Hamill DDS FACD FPFA CT006923  
completed the 3 CE credit hour  
distance education course, #55150  
Responsible and Effective Opioid Prescribing.

*Freda S. O'Brien*  
Freda S. O'Brien  
Director of Academic Affairs

*Erin K. Meinyer*  
Erin K. Meinyer  
Executive Director



NetCE  
Nationally Approved PACE Program  
Provider for FAGD/MAGD credit.  
Approval does not imply acceptance by  
any regulatory authority or AGD endorsement.  
10/1/2015 to 9/30/2021  
Provider ID #217994.

NetCE 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 a CE provider may be directed to the provider or to ADA CERP at [www.ada.org/cerp](http://www.ada.org/cerp). NetCE designates this activity for 3 continuing education credits. AGD Subject Code 340.

NetCE is approved as a provider of continuing education by the Florida Board of Dentistry, Provider #50-2405.





# Professional Learning Services, LLC

## VERIFICATION OF ATTENDANCE

This verifies that Mary Frances Hamill, DDS has completed the following continuing education:

**Verification Code:** ADA CERP, AADH#21HL1\_1-27-2021-1

**Total Credits:** 1

**Educational Method:** Webinar Lecture and power point **Date/Time:** January 27, 2021; 7:00 – 8:00 pm

### **Sexual Assault and Domestic Abuse: The Role of Dental Professionals in Detection and Reporting;**

Description: Sexual assault and domestic abuse are major problems today. There are over ten million reported cases in the US each year and the clearance rate of sexual assault and domestic abuse cases is relatively low. It is the responsibility and federal/state requirement that dental care providers report such abuse incidents to the authorities.

Learning Objectives: Upon completion of this course participants will:

- increase the awareness of all dental professionals of the complexity of sexual assault and domestic abuse cases today.
- improve the knowledge base to aid in recognition and detection of the signs for sexual assault and domestic abuse.
- enhance awareness and support actions to meet the needs and rights of victims.
- reduce the opportunity for dental professionals to be wrongfully accused of sexual assaults.

**Speaker: Dr. Henry C. Lee** is one of the world's foremost forensic scientists. Dr. Lee's work has made him a landmark in modern-day criminal investigations. He has been a prominent player in many of the most challenging cases of the last 50 years. Dr. Lee has worked with law enforcement agencies in helping to solve more than 8000 cases. In recent years, his travels have taken him to England, Bosnia, Canada, China, Brunei, Bermuda, Germany, Singapore, Thailand, Middle East, South America and other locations around the world.

#### **CE Provider: Professional Learning Services, LLC (PLS)**

PLS is an **ADA CERP** recognized provider (11/2014 – 12/2021). 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 state or provincial Boards of Dentistry.

Concerns or complaints about a CE provider may be directed to the provider or to the Commission for Continuing Education Provider Recognition at [ADA.org/CERP](http://ADA.org/CERP).

PLS is designated as an approved Provider by the **American Academy of Dental Hygiene, Inc** (1/1-12/31/21)

Retain this record as verification of attendance for licensure compliance requirements.

Provider Signature

**Joyce A. Turcotte, RDH, M.Ed., FAADH**

January 27, 2021  
Date



American Academy of Dental Hygiene  
Approved provider through December 31, 2021

**ADA CERP®** | Continuing Education  
Recognition Program



# Verification of Participation

This is to certify that on February 2, 2021  
Mary Frances Hamill DDS FACD FPFA CT006923  
completed the 5 CE credit hour  
distance education course, #54353  
Medical Emergencies in the Dental Setting.

*Freda S. O'Brien*      *Erin K. Meinyer*  
Freda S. O'Brien      Erin K. Meinyer  
Director of Academic Affairs      Executive Director



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10/1/2015 to 9/30/2021  
Provider ID #217994.

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NetCE is approved as a provider of continuing education by the Florida Board of Dentistry, Provider #50-2405.





## dentalcare.com CE Online Interactive Course

*Procter & Gamble* verifies that

Dr. Mary Frances Hamill DDS, FACD, FPFA  
License Number(s): CT006923

Is Awarded 4 Hour(s) of Continuing Education Credit for Successful Completion of:

### **A Guide to Clinical Differential Diagnosis of Oral Mucosal Lesions**

Michael W. Finkelstein, DDS, MS; Emily Lanzel, DDS, MS; John W. Hellstein, DDS, MS

**Method:** Self-instructional

**AGD Subject Code(s):** 730

**Upon completion of this course, the dental professional should be able to:**

- Classify oral lesions into surface lesions and soft tissue enlargements using a decision tree (flowchart).
- Describe the clinical features that are characteristic of each class of oral mucosal lesions in the decision tree, including: White surface lesions - epithelial thickening, surface debris, and subepithelial changeGeneralized pigmented surface lesionsLocalized pigmented surface lesions - intravascular blood, extravascular blood, melanin pigment, and tattooVesicular-ulcerated-erythematous surface lesions - hereditary, autoimmune, viral, mycotic, and idlopathicReactive soft tissue enlargements of oral mucosaBenign tumors of oral mucosa - epithelial, mesenchymal, and salivary glandMalignant neoplasms of oral mucosaCysts of oral mucosa
- Describe the characteristic or unique clinical features of the most common and/or important diseases of the oral mucosa.
- Perform a step-by-step clinical differential diagnosis, using the decision tree, for patients with oral mucosal lesions.

02/01/2021

AGD Provider No. 211886; AGD Verification Code: 110020121

California Provider No. 04-3111-21044

CE Broker Publishing No. 20-14457

AADHPGC-CE110-02012104

### **ADA CERP Recognized Provider**

The Procter & Gamble Company 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 a dental CE provider may be directed to the provider or to ADA CERP at:

<http://www.ada.org/cerp>

**ADA CERP**® | Continuing Education  
Recognition Program

### **Approved PACE Program Provider**



THE PROCTER & GAMBLE COMPANY

Nationally Approved PACE Program Provider for FAGD/MAGD credit.

Approval does not imply acceptance by any regulatory authority or AGD endorsement.

8/1/2017 to 7/31/2021

Provider ID# 211886

### **AADH Approved Program Provider**



Procter & Gamble is designated as an approved Provider by the American Academy of Dental Hygiene, Inc. #AADHPGC (January 1, 2020-December 31, 2021). Approval does not imply acceptance by a state or provincial Board of Dentistry. Licensee should maintain this document in the event of an audit.

NOTE: Date of completion is based on Eastern Standard Time

Mary Frances Hamill, D.D.S.

Trumbull, Connecticut 06611

@gmail.com

May 18, 2021

Dear Dental Commissioners,

I am writing about the reinstatement of my Connecticut Dental License. I have not been a practicing dentist since I became disabled due to a Myasthenia respiratory crisis.

During my time away from practice, I have continued to study journals, audit online courses and read everything I could get my hands on.

I am aware that I will not have the stamina or strength to practice dentistry as I did before I became disabled. I also am aware that there are alternative options that I can explore that will allow me to share my dental knowledge and skills.

I am interested in returning to academia and hopefully spending some time at a public health clinic.

I have been extremely fortunate to have had a private practice that I loved. I am now ready to move on to new adventures where I can share my knowledge and my love of the practice of dentistry.

Thank you for considering my application for the reinstatement of my Dental License.

Sincerely,

A handwritten signature in black ink that reads "Mary Frances Hamill D.D.S." The signature is written in a cursive, flowing style.

Mary Frances Hamill, D.D.S.

DARIEN FAMILY DENTAL CARE, LLC  
722 POST ROAD SUITE 301  
DARIEN, CT 06820  
203-656-0404

Connecticut Department of Public Health

Dental Licensing

410 Capital Avenue, MS #12 APP

P.O. Box 340308

Hartford, CT 06134

April 6, 2021

Dear Connecticut State

Dental Commission,

I am writing a letter of recommendation for Dr. Mary Frances Hamill. I strongly support the renewal of Dr. Hamill's dental License that lapsed in 2018 due to a serious medical issue.

Dr. Hamill started her private practice in 1988 in Norwalk, CT. She always had an excellent reputation for both the quality of dental treatment and the personal care she shares with her patients.

Our professional relationship started shortly after she graduated from Georgetown University School of Dentistry in 1986. I have shared many patients, referrals, committees, study clubs and continuing education classes/courses for over 35 years with Mary.

I can attest to her excellent capability to perform the highest quality of care as a dentist and to adhere to all standards of care relative to the safety of her staff and patients.

If you have any questions or concerns, please feel free to contact me at (203)656-0404.

Sincerely,

James G. Diette, D.D.S.

**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.