

AGENDA
CONNECTICUT STATE DENTAL COMMISSION

Wednesday, September 21, 2022 at 1:00 PM
Department of Public Health
410 Capitol Avenue, Hartford Connecticut

CALL TO ORDER

I. MINUTES

June 8, 2022; July 21, 2022; August 18, 2022

II. OPEN FORUM

III. NEW BUSINESS

A. Provisional License Applications

- *Lan Lin Chiou, DDS*
- *Prazwala Chirravur, BDS*
- *Afroditi Pita, DDS*
- *Rosa Huivin Rodriguez, DDS*

Presented by Judith Bailey, License and Applications Analyst, DPH

IV. ORAL ARGUMENT – PROPOSED MEMORANDUM OF DECISION

Michael Greene, DDS – Petition No. 2021-577

V. OFFICE OF LEGAL COMPLIANCE

A. James Bussiere, D.M.D. - Petition No. 2020-846

Presentation of Consent Order – Aden Baume, Staff Attorney, DPH

B. Scott Claiborne, D.D.S. - Petition No. 2020-380

Presentation of Consent Order – Aden Baume, Staff Attorney, DPH

C. Jack A. Greenspan, D.D.S. - Petition No. 2021-565

Presentation of Consent Order – Linda Fazzina, Staff Attorney, DPH

ADJOURN

State Dental Commission Meeting via Microsoft Teams

Join on your computer, mobile app or room device

[Click here to join the meeting](#)

Meeting ID: 243 863 218 871

Passcode: PuBvGb

[Download Teams](#) | [Join on the web](#)

Or call in (audio only)

[+1 860-840-2075](#) - Phone Conference ID: 155 646 484#

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 8, 2022

The Connecticut State Dental Commission held a meeting on June 8, 2022.

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

COMMISSION MEMBERS ABSENT: None

ALSO PRESENT: Olinda Morales, Hearing Office, DPH (Counsel for the Commission)
Jeffrey Kardys, Administrative Hearings Specialist, DPH

Dr. Katz called the meeting to order at 1:01 p.m. All participants were present via the Microsoft TEAMS application.

I. MINUTES

The minutes from the January 26, 2022 meeting were reviewed approved on a motion by Dr. Ravin, seconded by Mr. Fontaine

II. NEW BUSINESS

Assign Hearing Panel - Alison M. Nicholes, DMD – Petition No. 2021-106

The Commission reviewed the Statement of Charges in this matter. Mr. Fontaine, Dr. Longobardi Dr. Ravin will serve as hearing panelists in this case.

III. OFFICE OF LEGAL COMPLIANCE

A. Stephen Wolpo, D.D.S. - Petition No. 2019-83

Aden Baume, Staff Attorney, Department of Public Health presented a Consent Order in this matter. Attorney Janine Hodgson was present on behalf of respondent, Dr. Ravin made a motion, seconded by Dr. Cipes, to approve the Consent Order which imposes a reprimand, a twelve month period of probation, and a \$1500.00 civil penalty. The motion passed with all in favor except Mr. Fontaine who abstained.

IV. ADJOURN

As there was no further business the meeting was adjourned at 1:09 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.

**STATE OF CONNECTICUT
CONNECTICUT STATE DENTAL COMMISSION
MINUTES OF MEETING**

The Connecticut State Dental Commission held a special meeting on July 21, 2022.

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

COMMISSION MEMBERS ABSENT: None

ALSO PRESENT: Kerry Colson, Assistant Attorney General
Jeffrey Kardys, Administrative Hearings Specialist, DPH

Dr. Katz called the meeting to order at 1:00 p.m.

NEW BUSINESS

- A. Respondent's Motion to Reopen Hearing/Motion for Reinstatement
Frank Podrasky, DDS – Petition No. 2021-390

Attorney Mary Alice Moore Leonhardt was present with Frank Podrasky, DDS. Staff Attorney Joelle Newton was present on behalf of the Department of Public Health. Assistant Attorney General Kerry Colson was present to provide counsel to the Commission.

The Commission heard argument from Attorney Moore Leonhardt and Attorney Newton regarding a motion filed by respondent to reopen a hearing in petition No. 2021-390 which was held on August 30, 2021, and a motion to reinstate respondent's license which was summarily suspended on July 20, 2021.

Ms. Dodenhoff made a motion, seconded by Dr. Cipes, to enter executive session to discuss confidential written legal communication with Assistant Attorney General Kerry Colson. The motion passed unanimously. The Commission entered executive session from 1:18 p.m. to 1:41 p.m. No votes were taken, and no motions were made during executive session.

Following executive session, Mr. Fontaine made a motion, seconded by Dr. Ravin, to grant respondent's motion to reopen the hearing to allow respondent to cross examine witnesses and to present evidence in his defense, but to deny the motion to reinstate license and that the Summary Suspension of the remains in effect. The motion to deny passed unanimously.

A hearing will be scheduled for August 11, 2022, and if necessary, August 18, 2022.

ADJOURNMENT

As there was no further business, the meeting was adjourned at 1:49 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.

**STATE OF CONNECTICUT
CONNECTICUT STATE DENTAL COMMISSION
MINUTES OF MEETING**

The Connecticut State Dental Commission held a special meeting on August 18, 2022.

COMMISSION MEMBERS PRESENT: Peter Katz, DMD, Chairman
Sarita Arteaga, DMD
Monica Cipes, DMD
Deborah Dodenhoff, RN
Anatoliy Ravin, DDS

COMMISSION MEMBERS ABSENT : Craig Fontaine, Esq.
Mark Longobardi, DMD

ALSO PRESENT: Kerry Colson, Assistant Attorney General
Jeffrey Kardys, Administrative Hearings Specialist, DPH

Dr. Katz called the meeting to order at 1:02 p.m.

NEW BUSINESS

A. Frank Podarsky, DDS – Petition No. 2021-390
Joelle Newton, Staff Attorney, Department of Public Health presented a Consent Order in this matter. Respondent was present with Attorney Mary Alice Moore Leonhardt. Assistant Attorney General Kerry Colson was present to provide counsel to the Commission.
Dr. Ravin made a motion, seconded by Ms. Dodenhoff, to approve the Consent Order which imposes a three year period of license probation. The motion passed with all in favor except Mr. Fontaine who recused himself.

ADJOURNMENT

As there was no further business, the meeting was adjourned at 1:10 p.m. on motion by Dr. Ravin, seconded by Ms. Dodenhoff.

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

TO: Connecticut Dental Board

FROM: Judith Bailey
License and Applications Analyst
Practitioner Licensing and Investigations Section

RE: Lan Lin Chiou, Provisional Application

To qualify for provisional licensure, an applicant must be a full-time faculty member of a Connecticut dental school and a graduate of a dental school located outside of the United States and possess exceptional qualification as determined by the Dental Board Commission. Once issued, the licensee is authorized to practice solely within the school of dentistry, or a hospital affiliated with the dental school.

HISTORY:

1. Dr. Chiou graduated from the National Taiwan University in Taipei, Taiwan in 2016 and received a DDS degree. She practiced general dentistry in Taiwan from 2016 to 2019.
2. Completed CODA accredited advanced education program in Periodontology at Indiana University School of Dentistry in Indianapolis in 2016 and completed certificate in Periodontology and the Master of Science in Dentistry Degree June 2022.
3. During residency program Dr. Chiou was engaged in ongoing didactic, preclinical, and clinical teaching of dental students in Indiana University from 2019 to 2022. Dr. Chiou also taught courses such as: Risk Assessment, Prevention and Early management of Dental Diseases, Non -surgical Periodontics, Surgical Periodontics, and taught in the Dental Sciences for Indiana University's International Dental Program and conducted research on Biomaterials in guided tissue regeneration and the implementation of digital dentistry in Periodontal and implant therapy.
4. Dr. Chiou completed Part I of NBDE in 2015 and Part II in 2017 and completed ADEX exam in February 2022.

Attached please find a copy of the following documents:

- Lan-Lin Chou Provisional application
- Letter from UCONN with more detailed information on Dr. Chou's qualifications
- Verification of licensure from the state of Indiana
- Verification of National Board of Dental Examinations (NBDE)
- Verification of Regional Board exam.

The Department is seeking the Board's recommendation regarding Lan Lin Chou's qualifications for provisional license.



**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH**

APPLICATION FOR DENTAL PROVISIONAL LICENSURE

First Name: Lan-Lin Last Name: Chiou MI: Maiden Name:

Social Security No.: E-mail: @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: Lan-Lin Chiou

Address: Division of Periodontology
School of Dental Medicine | UCONN Health

263 Farmington Ave

City, State, Zip: Farmington, CT 06030-1710

Daytime Phone Number: (626) Date of Birth: Gender: Female

PROFESSIONAL EDUCATION:

INSTITUTION: National Taiwan University

ADDRESS: No. 1, Sec. 4, Roosevelt Rd., Taipei 10617, Taiwan (R.O.C.)

NO. & STREET CITY STATE ZIP CODE

DATES ATTENDED FROM: 9/1/2010 **TO:** 6/30/2016

DEGREE/DIPLOMA RECEIVED: Doctor of Dental Surgery **DATE RECEIVED:** 6/30/2016

Have you taken or do you plan to take the National Board Examination? Yes No . If yes, indicate the date of the examination: NBDEI 02/13/2015, NBDEII 03/03/2017

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: The Commission on Dental Competency Assessments 02/24/2022

Please indicate specialty area of practice, if applicable Periodontics

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
Indiana	LDR190236	6/30/2022		✓

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.

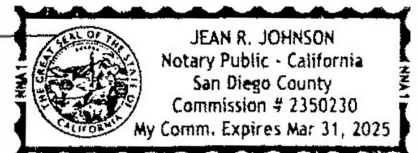
PHOTOGRAPH:

NOTARIZATION:

On this 11 day of July 2022,

Lan-Lin Chion (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



Sworn to before me this 11th day of July 2022.

[Signature]
SIGNATURE OF NOTARY PUBLIC

My commission expires 3/31/2025

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



STATE OF INDIANA

Eric J. Holcomb

Indiana Professional Licensing Agency
402 W. Washington St. Room W072
Indianapolis, IN 46204
Phone: (317) 232-2960
Fax: (317) 233-4236

Official Proof of Licensure Digitally Certified Record

Personal Information

Name: Lan-Lin Chiou
Address: 1321 N Meridian St, Apt WH0415
Indianapolis, IN 46202
Date of Birth: 02/24/1992

License Information

Number Issued: LDR190236
License Type: Dental Residency
Status: Expired
Issue date: 08/02/2019
Expiration Date: 06/30/2022
Obtained By: Application

This licensee has met ALL requirements for licensure in the State of Indiana - including successfully passing all required exams.

For disciplinary action information, please visit our License Search & Verify service at www.in.gov/pla/3119.htm. Disciplinary action will either show under Previous Action or Violations. For additional information including questions regarding Disciplinary Action, contact the appropriate Board or Commission at <http://www.in.gov/pla/boards.htm>.

Digitally Certified on: Sat Jul 09 12:01:53 PM EST 2022

Report Date: 08/10/2022

DENTPIN : 23733104

National Board Dental Examinations (NBDE)

Name	DENTPIN®	Graduation†	School
CHIOU, LAN-LIN	23733104	2016	National Taiwan Univ
CHIOU, LAN-LIN	23733104	2016	

Integrated National Board Dental Examination

National Board Dental Examination Part II

Test Date	Exam Type	Score ‡	Status
03/03/2017	NBDE II		Pass

National Board Dental Examination Part I

Test Date	Exam Type	Score ‡	Status
02/13/2015	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.

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
	Chiou, Lan-Lin	2021-10-08	Yes				Fail: Less than 75				
		2021-10-08	Yes			Pass: 75 or greater					
		2021-12-04	Yes				Pass: 75 or greater				
		2021-12-11	Yes	Pass: 75 or greater							
		2022-02-24	Yes								Pass: 75 or greater (Non-Patient)
		2022-02-24	Yes							Pass: 75 or greater (Non-Patient)	
		2022-02-24	Yes						Pass: 75 or greater (Non-Patient)		
Previous Next											

Monday, August 8, 2022

July 6, 2022

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

Re: Dr. Lan-Lin Chiou
Application for Provisional Faculty Licensure

Dear Colleagues,

Dr. Lan-Lin Chiou will be joining the faculty of the University of Connecticut School of Dental Medicine on a full time basis effective September 23, 2022. Dr. Chiou has been offered a non-tenure, in-residence track position as Assistant Professor in the Division of Periodontology. Her appointment is contingent upon the granting of a provisional dental faculty license by the Connecticut State Dental Commission.

Dr. Chiou received her D.D.S. degree from the National Taiwan University in Taipei, Taiwan in 2016. She practiced general dentistry in her native Taiwan from 2016 through 2019. Dr. Chiou entered the CODA accredited advanced education program in Periodontology at the Indiana University School of Dentistry in Indianapolis, IN in 2019 and completed both the certificate in Periodontology and the Master of Science in Dentistry degree in June of 2022.

During her residency program, Dr. Chiou was actively engaged in ongoing didactic, preclinical and clinical teaching of dental students at Indiana University from 2019 through 2022. She taught in the following courses: Risk Assessment, Prevention and Early Management of Dental Diseases; Non-surgical Periodontics; Surgical Periodontics; as well as in the Dental Sciences for Indiana University's International Dental Program. At the same time, she conducted research on biomaterials in guided tissue regeneration and the implementation of digital dentistry in periodontal and implant therapy.

Dr. Chiou has an impressive record of scholarly activity, particularly for an individual at an early stage of their professional career. She has been the recipient of grant funding from the American Academy of Implant Dentistry Foundation and has ten manuscripts that have been published or accepted for publication in peer-reviewed journals including the *Journal of Periodontics and Implant Dentistry*, the *Journal of Dental Education*, and the *International Journal of Periodontics and Restorative Dentistry*. It is indeed a remarkable achievement for this level of scholarly productivity to be seen by an individual who

has just recently completed their training. In addition, she has made six invited oral and poster presentations at local and national meetings.

Dr. Chiou's achievements have been recognized with multiple awards including, but not limited to, the Brady Hancock Resident Award for Excellence, the Swenson Award for Excellence and Scholarship in Periodontology, the Delta Dental Award for Innovation in Oral Care Research, and the 2021 American Academy of Periodontology Scholarship sponsored by Nobel Biocare. Recently, Dr. Chiou scored a near-perfect score of 99 on the in-service examination from the American Academy of Periodontology, which is administered to residents in periodontic programs across the nation.

Dr. Chiou completed Part I of the NBDE in 2015 and Part II in 2017. She successfully completed the ADEX dental licensure examination in March of 2022.

Dr. Chiou was identified as an outstanding candidate during the recently completed search for a new full-time faculty member in Periodontology. Dr. Chiou's performance during her residency program was described by her faculty as "outstanding" and "remarkable." We consider ourselves fortunate that Dr. Chiou accepted our offer to join the faculty at UConn as she had multiple offers for a faculty position from several dental schools.

It is the sincere opinion of the School of Dental Medicine that Dr. Lan-Lin Chiou is an exceptionally well trained and competent periodontist who is well suited for a career in academic dental medicine. We are respectfully requesting that the Commission act favorably upon Dr. Chiou's application for provisional faculty licensure. If I can offer any additional information or support for Dr. Chiou's application, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink that reads "Steven M. Lepowsky". The signature is written in a cursive style with a large, stylized initial 'S'.

Steven M. Lepowsky, D.D.S., F.A.G.D., F.A.C.D., F.I.C.D.

Dean

TO: Connecticut Dental Board

FROM: Judith Bailey
License and Applications Analyst
Practitioner Licensing and Investigations Section

RE: Prazwala Chirravur, Provisional Application

To qualify for provisional licensure, an applicant must be a full-time faculty member of a Connecticut dental school and a graduate of a dental school located outside of the United States and possess exceptional qualification as determined by the Dental Board Commission. Once issued, the licensee is authorized to practice solely within the school of dentistry, or a hospital affiliated with the dental school.

HISTORY:

1. Dr. Chirravur graduated from the Sri Ramachandra Dental College and Research Institute in Chennai (formerly Madras), India in 2001 with a BDS degree. Completed one-year rotating internship in general dentistry, and then practical general dentistry in India until 2007.
2. Completed Master of Science in Health Sciences and Healthcare Administration at the University of Texas in 2016
3. Completed CODA-accredited postdoctoral residency program in Oral Medicine at the Harvard School of Dental Medicine in 2022
4. Dr. Chirravur completed Part I of the NBDE in 2015 and Part II in April 2022.
5. Completed Part A of the American Board of Oral Medicine in April 2021, has six publications in peer reviewed journal and well as additional manuscripts pending

Attached please find a copy of the following documents:

- Prazwala Chirravur Provisional application
- Letter from UCONN with more detailed information on Dr. Chirravur qualifications
- Verification of National Board of Dental Examinations (NBDE)

The Department is seeking the Board's recommendation regarding Prazwala Chirravur's qualifications for provisional license

Thank you



**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH**

APPLICATION FOR DENTAL PROVISIONAL LICENSURE

First Name: PRAZWALA Last Name: CHIRRAVUR MI: _____ Maiden Name: _____

Social Security No.: _____ E-mail: @OUTLOOK.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: PRAZWALA CHIRRAVUR

Address: 160 BOYLSTON ST APT 1232

CHESTNUTHILL, NEWTON

City, State, Zip: MA - 02467

Daytime Phone Number: (832) _____ Date of _____ Gender: female

PROFESSIONAL EDUCATION:

INSTITUTION: BRIGHAM AND WOMEN'S HOSPITAL/HARVARD SCHOOL OF DENTAL MEDICINE

ADDRESS: 75 FRANCIS ST BOSTON MASSACHUSETTS 02115
NO. & STREET CITY STATE ZIP CODE

DATES ATTENDED FROM: 6/13/2019 TO: 6/17/2022

DEGREE/DIPLOMA RECEIVED: CERTIFICATE IN ORAL DENTAL MEDICINE DATE RECEIVED: 5/25/2022

Have you taken or do you plan to take the National Board Examination? Yes No . If yes, indicate the date of the examination: 3/28/2022, 4/1/2022 (PART 2) 2015 (PART 1)

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: _____

Please indicate specialty area of practice, if applicable ORAL MEDICINE

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?

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.

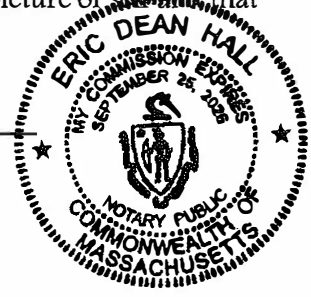
PHOTOGRAPH:

NOTARIZATION:

On this 22nd day of April 20 22,

Praazwala Chirravur (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 said and that the statements made herein are true in every respect.

Praazwala c.m
SIGNATURE OF APPLICANT



Sworn to before me this 22 day of April 20 22.

Eric R. Hall
SIGNATURE OF NOTARY PUBLIC

My commission expires Sept. 25, 2026

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: 05/16/2022

DENTPIN : 11193926

National Board Dental Examinations (NBDE)

Name	DENTPIN®	Graduation†	School
CHIRRAVUR, PRAZWALA	11193926	2022	

Integrated National Board Dental Examination

National Board Dental Examination Part II

Test Date	Exam Type	Score ‡	Status

04/01/2022	NBDE II		Pass
09/13/2018	NBDE II		Fail
05/26/2017	NBDE II		Fail
04/14/2016	NBDE II		Fail
08/20/2015	NBDE II		Fail

National Board Dental Examination Part I

Test Date	Exam Type	Score †	Status
06/13/2014	NBDE I		Pass
03/27/2013	NBDE I		Fail
12/11/2011	NBDE I	73	Fail

06/07/2011	NBDE I	72	Fail
06/01/2010	NBDE I	70	Fail
12/15/2009	NBDE I	72	Fail
05/19/2009	NBDE I	74	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.

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Close

September 15, 2022

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

Re: Dr. Prazwala Chirravur
Application for Provisional Faculty Licensure

Dear Colleagues,

Dr. Prazwala Chirravur joined the faculty of the University of Connecticut School of Dental Medicine on a full time basis on August 12, 2022. Dr. Chirravur was offered a non-tenure, in-residence track position as Assistant Professor in the Division of Oral and Maxillofacial Diagnostic Sciences. Dr. Chirravur has been engaged solely in didactic (non-clinical) activities since she joined the faculty and the continuation of her appointment is contingent upon the granting of a provisional dental faculty license by the Connecticut State Dental Commission.

Dr. Chirravur received her BDS degree from the Sri Ramachandra Dental College and Research Institute in Chennai (formerly Madras), India in 2001. She completed a one year rotating internship in general dentistry, equivalent to a general practice residency program, at the same institution. Dr. Chirravur then practiced general dentistry in her native India until 2007, at which time she emigrated to the U.S. She completed a Master of Science in Health Sciences and Healthcare Administration from the University of Texas in 2016.

Dr. Chirravur entered the CODA-accredited postdoctoral residency program in Oral Medicine at the Harvard School of Dental Medicine in 2019. During her residency program, she trained at Harvard, Brigham and Women's Hospital, Massachusetts General Hospital and the Dana-Farber Cancer Institute. Dr. Chirravur completed the Oral Medicine residency program on June 30, 2022. During her Oral Medicine residency program, Dr. Chirravur was engaged in the ongoing teaching of dental students at Harvard School of Dental Medicine in the areas of oral medicine, oral diagnosis, and orofacial pain and was selected to be the deputy chief resident in oral medicine, with responsibility for the coordination and delivery of dental student coursework in oral medicine.

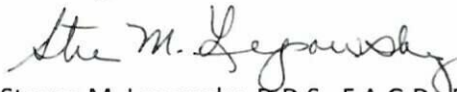
Dr. Chirravur completed Part I of the NBDE in 2015 and Part II in April 2022. She completed Part A of the American Board of Oral Medicine in April 2021. She has six publications in peer reviewed journals as well as several additional manuscripts pending publication. Her work on the development of an online

collaborative learning module in oral medicine has been recognized by the dental education community as setting the standard for remote, interprofessional learning in oral medicine.

Dr. Chirravur was identified as the most qualified applicant during an eighteen-month search for a new faculty member in Oral Medicine following the announcement of the retirement of the most senior faculty member in the discipline. Dr. Chirravur's training in oral medicine at the Harvard program has been particularly rigorous and she is well prepared to assume responsibility for didactic and clinical teaching at the predoctoral (student) level.

It is the opinion of the School of Dental Medicine that Dr. Prazwala Chirravur is an exceptionally well trained and competent Oral Medicine specialist who is well suited for a career in academic dental medicine. We are respectfully requesting that the Commission act favorably upon Dr. Chirravur's application for provisional faculty licensure. If I can offer any additional information or support for Dr. Chirravur's application, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Steven M. Lepowsky".

Steven M. Lepowsky, D.D.S., F.A.G.D., F.A.C.D., F.I.C.D.

Dean

TO: Connecticut Dental Board

FROM: Judith Bailey
License and Applications Analyst
Practitioner Licensing and Investigations Section

RE: Afroditi Pita, Provisional Application

To qualify for provisional licensure, an applicant must be a full-time faculty member of a Connecticut dental school and a graduate of a dental school located outside of the United States and possess exceptional qualification as determined by the Dental Board Commission. Once issued, the licensee is authorized to practice solely within the school of dentistry, or a hospital affiliated with the dental school.

HISTORY:

1. Dr. Pita graduated from The Aristotle University of Thessaloniki School of Dentistry in 2015 and received a D.D.S degree. She practiced general dentistry in Greece until 2017
2. Completed combined residency program in Periodontology/Master of Dental Science program at the University of Connecticut School of Dental Medicine. Completed residency in Periodontology in June 2020 and received certificate and the MDDentSci degree.
3. Completed the Advanced Education in General Dentistry residency program at UCONN and completed two years of general dentistry training in June 2022.
4. Participated in predoctoral teaching program, contributing to the didactic, preclinical, and clinical teaching of dental students. Dr. Pita has six peer reviewed publication in the dental literature and more than ten invited oral and poster presentation at national and international meeting.
5. Completed Part I of the NBDE in December 2018 and Part II in May 2019 and completed CDCA regional exam in 2020
6. Holds an unrestricted license in the State of Virginia

Attached please find a copy of the following documents:

- Afroditi Pita Provisional application
- Letter from UCONN with more detailed information on Dr. Pita qualifications
- Verification of National Board of Dental Examinations (NBDE)
- Verification of regional board exam
- Virginia State verification letter

The Department is seeking the Board's recommendation regarding Afroditi Pita's qualifications for provisional license.



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

First Name: Afrodi ti Last Name: Pita MI: — Maiden Name: —

Social Security No.: — - - - - E-mail: @outlook.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: Afroditi Pita

Address: 20 Hopmeadow Street

Unit 438

City, State, Zip: Weatogue, CT, 06089

Daytime Phone Number: (860) - - - - - Date of Birth: — / — / — Gender: Female

PROFESSIONAL EDUCATION:

INSTITUTION: Aristotle University of Thessaloniki

ADDRESS: Dentistry Building, Aristotle University of Thessaloniki Campus, Thessaloniki 54124, Greece
NO. & STREET CITY STATE ZIP CODE

DATES ATTENDED FROM: 2010 TO: 2015

DEGREE/DIPLOMA RECEIVED: DDS DATE RECEIVED: 25th of November 2015

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: 12/03/2018 and NBDE II: 05/18/2019

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 Exam 2020

Please indicate specialty area of practice, if applicable Periodontology/Advanced General 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
Virginia	0401417321	02/28/2023	✓	

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 9th day of September 2022,

_____ (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 9th day of SEPTEMBER 2022.



SIGNATURE OF NOTARY PUBLIC My commission expires WITH LIFE

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

Tracy Lau
Notary Public
6 Lower Grosvenor Place
London, SW1W 0EN
Tel: 020 7630 1777
Email: tracy@notary.co.uk





COMMONWEALTH of VIRGINIA

Department of Health Professions
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233-1463

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

David E. Brown, D.C.
Director

Virginia Board of Dentistry
Sandra Reen, Executive Director

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

VERIFICATION

Re: **Afroditi Pita, DDS**
To: Connecticut Department of Public Health, Dental Licensure
From: Virginia Board of Dentistry
Subj: Licensure Verification
Date: April 22, 2022

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

License #: **0401417321**

Current Status: **Current Active**

Issued on: **02/05/2021**

Issued on the basis of: **Examination**

Expires: **02/28/2023**

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).

Sincerely,

Virginia Board of Dentistry

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

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
	Pita, Afroditi	2019-09-13	Yes				Pass: 75 or greater				
		2019-09-13	Yes			Pass: 75 or greater					
		2020-02-20	Yes								Pass: 75 or greater (Patient)
		2020-02-20	Yes							Pass: 75 or greater (Patient)	
		2020-02-20	Yes						Pass: 75 or greater (Patient)		
		2020-09-12	Yes	Pass: 75 or greater							

Previous Next

Wednesday, April 13, 2022



1304 CONCOURSE DRIVE, SUITE 100 | LINTHICUM, MD 21090

TEL: 301-563-3300 | FAX: 301-563-3307

23460 N. 19TH AVENUE, SUITE 210 | PHOENIX, AZ 85027

TEL: 623-209-5400 | FAX: 602-371-8131

Cumulative Score Report April 14, 2022

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

Candidate Name: Pita, Afroditi **Candidate SS#:** **Candidate Type:** Dental

Date	DSE OSCE	PROS	ENDO	RESTOR	ANT RESTOR	POST RESTOR	PERIO* SCALING
9/13/2019		Pass: 75 or greater					
9/13/2019			Pass: 75 or greater				
2/20/2020							Pass: 75 or greater (Patient)
2/20/2020					Pass: 75 or greater (Patient)		
2/20/2020						Pass: 75 or greater (Patient)	
9/12/2020	Pass: 75 or greater						

Betty J. Howard, 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 = Not 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

Report Date: 04/13/2022

DENTPIN : 35756033

National Board Dental Examinations (NBDE)

Name	DENTPIN®	Graduation†	School
Pita, Afroditi	35756033	2015	

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

Test Date	Exam Type	Score ‡	Status
05/18/2019	NBDE II		Pass

National Board Dental Examination Part I

Test Date	Exam Type	Score ‡	Status
12/03/2018	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.

September 9, 2022

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

Re: Dr. Afroditi Pita
Application for Provisional Faculty Licensure

Dear Colleagues,

Dr. Afroditi Pita will be joining the faculty of the University of Connecticut School of Dental Medicine on a full time basis effective September 23, 2022. Dr. Pita has been offered a non-tenure, in-residence track position as Assistant Professor 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. Pita received her D.D.S. degree from the Aristotle University of Thessaloniki School of Dentistry in 2015. She practiced general dentistry on a full-time basis in Greece until 2017, at which time she entered the combined residency program in Periodontology/Master of Dental Science program at the University of Connecticut School of Dental Medicine. She completed the residency in Periodontology in June 2020 and received both a certificate and the MDentSci degree. Upon completion of the periodontology residency, Dr. Pita entered the Advanced Education in General Dentistry residency program at UConn and completed two years of general dentistry training in June 2022.

During both of her residency programs at UConn, Dr. Pita participated in the predoctoral teaching program, contributing to the didactic, preclinical, and clinical teaching of dental students. Dr. Pita has six peer reviewed publications in the dental literature and more than ten invited oral and poster presentations at national and international meetings, including the International Association of Dental Research and the American Academy of Periodontology. This level of scholarly productivity is unusual for someone so junior in their professional career.

Dr. Pita completed Part I of the NBDE in December 2018 and Part II in May 2019. She successfully completed the ADEX dental licensure examination administered by the CDCA in 2020. She holds an unrestricted dental license in the state of Virginia.

Dr. Pita was identified as an outstanding candidate during the recently completed search for a new full-time faculty member in General Dentistry. Dr. Pita's performance during her residency programs was outstanding and her contributions to the teaching programs demonstrated a commitment to a career in dental academia. Although she has formal training in both general dentistry and periodontology, Dr. Pita has chosen to focus her future endeavors in general dentistry, and we consider ourselves fortunate that Dr. Pita accepted our offer for a faculty position.

It is the sincere opinion of the School of Dental Medicine that Dr. Pita is an exceptionally well trained and competent practitioner who is well suited for a career in academic dental medicine. We are respectfully requesting that the Commission act favorably upon Dr. Pita's application for provisional faculty licensure. If I can offer any additional information or support for Dr. Pita's application, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Steven M. Lepowsky". The signature is written in black ink and is positioned above the printed name.

Steven M. Lepowsky, D.D.S., F.A.G.D., F.A.C.D., F.I.C.D.
Dean

TO: Connecticut Dental Board

FROM: Judith Bailey
License and Applications Analyst
Practitioner Licensing and Investigations Section

RE: Rosa Huivin, Provisional Application

To qualify for provisional licensure, an applicant must be a full-time faculty member of a Connecticut dental school and a graduate of a dental school located outside of the United States and possess exceptional qualification as determined by the Dental Board Commission. Once issued, the licensee is authorized to practice solely within the school of dentistry, or a hospital affiliated with the dental school.

HISTORY:

1. Dr. Huivin from Cayetano Heredia University in Lima, Peru in 2012 and receive a DDS degree. Completed an advanced education program in Periodontics at Cayetano, Heredia and practice in Peru general dentistry and periodontics. Practice as a part-time faculty member at Cayetano Heredia, providing didactic and clinical instruction to dental students.
2. Completed PGY1 program in June 2021 and the PGY2 program June 2022. Dr. Huivin Rodriguez participated in preclinical teaching of restorative dentistry and is the author of two manuscripts and one book chapter.
3. Completed Part I and II of the NBDE in June 2021 and all components of the CDCA/ADEX examination in April 2022.
4. Holds an unrestricted license in the State of Florida

Attached please find a copy of the following documents:

- Rosa Huivin Rodriguez Provisional application
- Letter from UCONN with more detailed information on Dr. Huivin's qualifications
- Verification of National Board of Dental Examinations (NBDE)
- Verification of regional board exam
- Verification of Florida's verification

The Department is seeking the Board's recommendation regarding Rosa Huivin Rodriguez qualifications for provisional license.

Thank you.



**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH**

APPLICATION FOR DENTAL PROVISIONAL LICENSURE

First Name: Rosa Last Name: Huivin Rodriguez MI: R Maiden Name: _____

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 Raquel Huivin Rodriguez

Address: 21 Gail Road

City, State, Zip: Farmington, CT, 06032

Daytime Phone Number: (860) _____ Date of Birth: _____ Gender: Female

PROFESSIONAL EDUCATION:

INSTITUTION: Universida d Peruana Cayetano Heredia

ADDRESS: Av Honorio Delgado 430 SMP Lima, Peru 15102
NO. & STREET CITY STATE ZIP CODE

DATES ATTENDED FROM: January 2008 **TO:** December 2012

DEGREE/DIPLOMA RECEIVED: Doctor in Dental Surgery **DATE RECEIVED:** February 2014

Have you taken or do you plan to take the National Board Examination? Yes No . If yes, indicate the date of the examination: 9th and 10th June 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: 9/10/2021 and 02/25/2022 ADEX Dental Licensing Examination

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
Florida	27445	02/28/2024		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? 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 6 day of August 20 22,

Rosa Raquel Huivin Rodriguez (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 Raquel Huivin Rodriguez
SIGNATURE OF APPLICANT

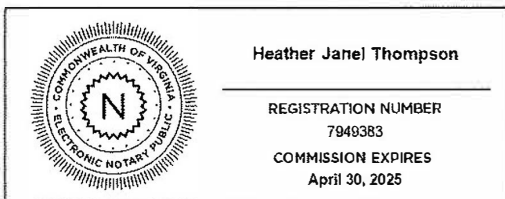
Sworn to before me this 6th day of August 20 22.


Heather Janel Thompson My commission expires 04/30/2025
SIGNATURE OF NOTARY PUBLIC Commonwealth of Virginia, City of Newport News
Heather Janel Thompson ; Electronic 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

Notarized online using audio-video communication



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
	Huivin Rodriguez, Rosa Raquel	2021-09-10	Yes				Pass: 75 or greater				
		2021-09-10	Yes			Pass: 75 or greater					
		2022-02-25	Yes								Pass: 75 or greater (Non-Patient)
		2022-02-25	Yes							Pass: 75 or greater (Non-Patient)	
		2022-02-25	Yes						Pass: 75 or greater (Non-Patient)		
		2022-04-16	Yes	Pass: 75 or greater							

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Saturday, September 3, 2022

National Board Dental Examinations (NBDE)

Name	DENTPIN®	Graduation†	School
Huivin Rodriguez, Rosa	88156099	2022	School Not Listed

Integrated National Board Dental Examination

Test Date	Exam Type	Score ‡	Status
06/10/2021	INBDE		Pass

National Board Dental Examination Part II

National Board Dental Examination Part I

† 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.



Department of Health

ROSA RAQUEL HUIVIN RODRIGUEZ

License Number: DN27445

Data As Of 9/15/2022

Profession	Dentist
License	DN27445
License Status	CLEAR/ACTIVE
License Expiration Date	2/28/2024
License Original Issue Date	08/03/2022
Address of Record	21 Gail Road, Farmington, CT. FARMINGTON, CT 06032
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

August 4, 2022

Connecticut State Dental Association
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 Raquel Huivin Rodriguez
Application for Provisional Faculty License

Dear Colleagues,

Dr. Rosa Huivin Rodriguez will be joining the faculty of the University of Connecticut School of Dental Medicine on a full time basis effective September 23, 2022. Dr. Huivin Rodriguez 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. Huivin Rodriguez received her DDS degree from Cayetano Heredia University in Lima, Peru in 2012. In 2016, she completed an advanced education program in Periodontics at Cayetano Heredia and subsequently entered dental practice in her native Peru, practicing both general dentistry and periodontics. While in practice, she was a part-time faculty member at Cayetano Heredia, providing both didactic and clinical instruction to dental students.

In July 2020, Dr. Huivin Rodriguez started the Advanced Education in General Dentistry residency program at the University of Connecticut School of Dental Medicine and completed the PGY1 program in June 2021 and the PGY2 program in June 2022. During her residency program at UConn, Dr. Huivin Rodriguez participated in preclinical teaching of restorative dentistry. She is the author of two manuscripts and one book chapter.

Dr. Huivin Rodriguez successfully completed the INBDE examination in June 2021 and all components of the CDCA/ADEX examination in April of 2022. She possesses an unrestricted dental license in the State of Florida.

Dr. Huivin Rodriguez was selected to join the faculty at UConn based upon her performance during the residency program and her affinity towards an academic career. It is the opinion of the School of Dental Medicine that Dr. Huivin Rodriguez 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. Huivin Rodriguez's application, please do not hesitate to contact me.

Sincerely,



Steven M. Lepowsky, D.D.S., F.A.G.D., F.A.C.D., F.I.C.D.

Dean

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Manisha Juthani, MD
Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

CONNECTICUT STATE DENTAL COMMISSION

August 31, 2022

Michael Greene, DDS
11 Asylum Street, Suite 401
Hartford, CT 06103

VIA EMAIL (mlgreenedds@gmail.com
and Certified Mail 9489 0090 0027 6312 5789 74

Barbara Cass, RN, Bureau Chief
Healthcare Quality & Safety Branch
Department of Public Health
410 Capitol Avenue, MS #12HSR
PO Box 340308
Hartford, CT 06134-0308

VIA EMAIL ONLY

RE: Michael Greene, DDS - Petition No. 2021-577

PROPOSED MEMORANDUM OF DECISION

Attached is the proposed Memorandum of Decision in the above referenced matter. Pursuant to § 4-179 of the Connecticut General Statutes, both parties will be afforded the opportunity to present oral argument before the Connecticut State Dental Commission. The Commission will consider this proposed Memorandum of Decision at its meeting scheduled for **September 21, 2022 at 1:00 p.m.**

If you wish to exercise this opportunity to present oral argument, please notify this office no later than **September 7, 2022**. The time allowed for argument is not to exceed ten (10) minutes for each party. There will not be a court stenographer present for these proceedings.

Any briefs or exceptions must be filed no later than **September 14, 2022**.

FOR: CONNECTICUT STATE DENTAL COMMISSION

BY: /s/ Jeffrey A. Kardys
Jeffrey A. Kardys, Administrative Hearings Specialist
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410 Capitol Avenue, MS #13PHO
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c: Kerry Colson, Assistant Attorney General
Christian Andresen, Section Chief, Practitioner Licensing and Investigations, DPH
Joelle Newton, Staff Attorney, DPH



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**STATE OF CONNECTICUT
CONNECTICUT STATE DENTAL COMMISSION**

Michael Greene, D.D.S.
License No. 0070209

Petition No.: 2021-577

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 Greene, D.D.S. (“Respondent”) dated October 14, 2021. Commission Exhibit (“Comm. Ex.”) 1. The Statement of Charges (“Charges”) and the Notice of Hearing were sent to Respondent by electronic mail and by first-class mail on November 18, 2021. Comm. Ex. 3. The Notice of Hearing directed Respondent to appear on December 21, 2021, before a duly authorized panel (“panel”) of the Commission for a hearing on the allegations contained in the Charges. *Id.* The panel included Peter Katz, D.M.D., Anatoliy Ravin, D.D.S., and Public Member Craig Fontaine, Esq. Comm. Ex. 3

The hearing was continued to February 18, 2022. Comm. Ex. 4.

The hearing convened on February 18, 2022. 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 Joelle Newton 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 February 18, 2022. Transcript pages (“Tr. pp.”) 8-11.

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).

Allegations

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 on January 11, 2021, the Connecticut State Dental Commission ordered a Memorandum of Decision in Petition Number 2017-1126 (“the Order”) based, in part, on respondent’s multiple violations of the standard of care.¹
3. In paragraph 3 of the Charges, the Department alleges that the Order placed Respondent’s dental license number 007029 on probation for one (1) year and included the following order: *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; vi. Six (6) hours of in-person coursework on imaging (“coursework”).*
4. In paragraph 4 of the Charges, the Department alleges that from approximately January 11, 2021, to date, Respondent failed to attend and successfully complete any of the coursework within the first four (4) months of the probationary period as required by the Order.
5. In paragraph 5 of the Charges, the Department alleges that the above allegations constitute a violation of the Order and grounds for disciplinary action pursuant to Connecticut General Statutes § 20-114, including but not limited to § 20-114(2).

Findings of Fact

1. Respondent is and has been at all times referenced in the Charges the holder of Connecticut dentist license number 007029. Tr. pp. 8-9.
2. On January 11, 2021, the Commission issued the Order based, in part, on Respondent’s multiple violations of the standard of care. Department (Dept.) Ex. 3.
3. The Order placed Respondent’s dental license on probation for one (1) year and included the following order:

¹ The Charges contain a clerical error regarding the Petition Number of the Memorandum of Decision. The Petition Number is 2017-1126 and is referenced herein in this Memorandum of Decision.

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; vi. Six (6) hours of in-person coursework on imaging (“coursework”). Dept Ex. 3.

4. On January 11, 2021, the terms of the probation became effective, which included successful completion of coursework, as prescribed by the Order. Dept. Ex. 3.
5. The coursework was to be completed within the first four (4) months of the probationary period, with a due date of May 11, 2021. Dept. Ex. 2; Dept. Ex. 3; Tr. p. 22.
6. Respondent was made aware of the terms of the Order through emails and letters from the Department and he was offered multiple options to pursue the required coursework. Dept. Ex. 3; Dept. Ex. 4; Tr. pp. 21-22.
7. Respondent conceded to not completing the coursework during the prescribed time period, and as such, conceded to violating the Order. Tr. pp. 10-11. Therefore, Respondent did not successfully complete the required coursework by the due date of May 11, 2021. Dept. Ex. 1; Tr. pp. 10-11.
8. From approximately January 11, 2021, to date of the Charges, Respondent failed to attend and successfully complete any of the coursework within the first four (4) months of the probationary period as required by the Order. Dept. Ex. 4., p. 21; Dept. Ex. 5; Tr. p. 11.
9. Respondent failed to contact the Department to express any claims of health conditions, complications, or concerns with securing the required coursework. Tr. pp. 23-24.

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 the allegations in the Charges.

Regarding 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. pp. 8-9. As such, the Department sustained its burden of proof.

Regarding the allegations in paragraph 2 of the Charges, Respondent admits that he was issued the Order, based, in part, on Respondent's multiple violations of the standard of care. Tr. p. 9. As such, the Department sustained its burden of proof.

Regarding the allegations in paragraph 3 of the Charges, Respondent admits that the Order required that Respondent, within the first four months of the probationary period, attend and successfully complete the Department's pre-approved coursework specified in the Order. Tr. p. 10. As such, the Department sustained its burden of proof.

Regarding the allegations in paragraph 4 of the Charges, Respondent admits that Respondent failed to attend and successfully complete any of the coursework within the first four (4) months of the probationary period, as required by the Order. Tr. pp. 10-11. Respondent testified that due to a health condition, he was taking new medication, which unbeknownst to him, was causing him extreme fatigue. Tr. pp. 18, 28. In addition, Respondent testified that he called Dr. Steven Lepowsky, one of the contacts provided by the Department, to obtain the required coursework, on several occasions; however, he did not respond with the necessary information during the required time period. Tr. pp. 18, 28. Respondent further testified that once he was able to address the fatigue, he obtained the information necessary to complete the required coursework. Tr. pp. 18-19, 28-29.

While Respondent demonstrated an effort to obtain the required course materials, he failed to inform the Department of any medical conditions, complications, or concerns with obtaining the required coursework. Tr. p.23. The Department's witness, Lavita Sookram, the Nurse Consultant assigned to the Respondent's case, credibly testified that she provided Respondent with multiple options for obtaining the coursework (Tr. pp. 21-22), and aside from a phone call in March, Respondent failed to contact her during the four-month probationary period to address any concerns related to obtaining the coursework, or to inform the Department of any medical issues preventing him from completing the coursework. Tr. pp. 22-23. Ms. Sookram testified that while two of the courses were required to be completed in person, due to the pandemic, in person classes were not possible. Tr. p. 25. Consequently, Respondent admitted that he failed to attend and successfully complete any of the coursework within the first four months of the probationary period, as required by the Order. Tr. pp. 10-11. As such, the Department sustained its burden of proof.

With regard to the allegations in paragraph 5 of the Charges, the Commission finds that that the above allegations constitute a violation of the Order and grounds for disciplinary action under § 20-114(a)(2) of the Statutes. Such is also conceded by Respondent. Tr. p. 11. As such, the Department sustained its burden of proof.

Therefore, a preponderance of the evidence establishes that Respondent failed to perform, as required by the Order in violation of Conn. Gen. Stat. § 20-114(a)(2). Respondent failed to do so in a timely manner and failed to alert the Department of his hardships, including his health condition. Orders issued by the Commission are legal mandates and strict compliance is required. Any difficulties or issues regarding compliance must be communicated to the Department in a timely manner.

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 five thousand dollars (\$5,000.00) 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 to practice dentistry in the State of Connecticut is hereby reprimanded.²
3. All correspondence and/or other communication with the Department and/or the Commission required pursuant to this Order shall be sent to:

Compliance Officer
Department of Public Health
Division of Health Systems Regulation
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134-0308
4. Respondent shall be responsible for all costs associated with satisfaction of the terms of this Memorandum of Decision.

² The Commission notes that Respondent's license remains restricted from performing root canal/endodontics under the terms of the Order in Petition No 2017-1126 as the Respondent did not comply with the required course requirements in paragraph 3a of the Order.

5. This Memorandum of Decision shall become effective upon signature of the Commission Chairperson.

Dated at West Hartford, Connecticut this _____ day of _____, 2022.

Connecticut State Dental Commission

By: _____
Peter Katz, DMD
Chairman

CONSENT ORDER COVER SHEET

In re: James Bussiere, D.M.D.

Petition No. 2020-846

1. James Bussiere, D.M.D., of Avon, Connecticut (hereinafter "respondent") was issued license number 007753 to practice dentistry on September 17, 1991. He graduated from the University of Connecticut School of Dental Medicine in 1991
2. Respondent past disciplinary history includes a Consent Order in Petition 970911-002-052 that placed respondent's license on probation for 5 years and provided for therapy reports, urine screens, support group meetings, employer reports, and no solo practice. This discipline is based on, in part, respondent's admission that between December 1995 and June 1997, respondent wrote controlled substance prescriptions in his name and in the name of his wife for his own personal use, as well as abusing hydrocodone APAP and Vicodin ES in that same timeframe.
3. The Department opened Petition 2020-846 after receiving a complaint from a former patient ("Patient 1"), for which respondent provided dental care from June 2020 through August 2020. During the course of his care for Patient 1, respondent conducted examinations, took radiographic images, prepared Tooth #14 for a temporary and/or permanent dental crown, and/or prepared and/or inserted a temporary and/or permanent dental crown on Tooth 14.
4. The Department alleges respondent's care for Patient 1 failed to meet the standard of care in one or more of the following ways:
 - a. Respondent failed to obtain adequate informed consent;
 - b. Respondent failed to provide care in a timely manner;
 - c. Respondent negligently and/or incompetently prepared Tooth 14 for a dental crown;
 - d. Respondent negligently and/or incompetently cemented a dental crown; and/or
 - e. Patient 1's dental records were altered while in the possession or control of the respondent.
5. The proposed Consent Order provides for:
 - a. A reprimand;
 - b. Civil penalty of six thousand dollars (\$6,000.00); and
 - c. 6 month probation with coursework in clinical documentation, appropriate delegation of dental work, and professional ethics
6. The Department and respondent respectfully request that the Commission accept the proposed Consent Order to resolve this petition.

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

In re: James Bussiere, D.M.D.

Petition No. 2020-846

CONSENT ORDER

WHEREAS, James Bussiere of Avon, Connecticut (hereinafter "respondent") has been issued license number 007753 to practice dentistry by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 384 of the General Statutes of Connecticut, as amended; and,

WHEREAS, the Department alleges that:

1. Respondent provided dental care to Patient G.S. on various occasions from on or about June 2020 through on or about August 2020. During the course of his care for G.S., respondent conducted examinations, took radiographic images, prepared Tooth #14 for a temporary and/or permanent dental crown, and/or prepared and/or inserted a temporary and/or permanent dental crown on Tooth 14.
2. Respondent's care for G.S. deviated from the standard of care in one or more of the following ways:
 - a. Respondent failed to obtain adequate informed consent;
 - b. Respondent failed to provide care in a timely manner;
 - c. Respondent negligently and/or incompetently prepared Tooth 14 for a dental crown;
 - d. Respondent negligently and/or incompetently cemented a dental crown; and/or
 - e. G.S.'s dental records were altered while in the possession or control of the respondent.

3. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-114, including, but not limited to:
 - a. §20-114(a)(2) and/or,
 - b. §20-114(a)(8)

WHEREAS, respondent, in consideration of this Consent Order, does not admit and has chosen not to contest the allegations of wrongdoing, and while admitting no guilt or wrongdoing, 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 of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-14, 19a-17 and 20-114 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 007753 to practice dentistry in the State of Connecticut is hereby reprimanded.
3. Respondent shall pay a civil penalty of six thousand dollars (\$6,000) 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 at the time respondent submits the executed Consent Order to the Department.
4. Respondent's license number 007753 to practice dentistry in the State of Connecticut is hereby placed on probation subject to the following terms and conditions:
 - a. Within the first six months of the effective date of this Consent Order, respondent shall successfully complete coursework in clinical documentation, appropriate

delegation of dental work, and professional ethics. Within fifteen (15) days of the completion of such coursework, respondent shall provide the Department with proof, to the Department's satisfaction, of the successful completion of such courses. Respondent's probation shall terminate upon the Department's satisfaction of the successful completion of the courses required under this Paragraph 4.

5. All correspondence and reports are to be addressed to:

Practitioner Compliance and Monitoring Unit
Department of Public Health
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134-0308

6. 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.
7. Respondent shall comply with all state and federal statutes and regulations applicable to respondent's licensure.
8. Respondent shall pay all costs necessary to comply with this Consent Order.
9. 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 9a 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.
10. 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.
 11. 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.
 12. 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.
 13. This Consent Order is a public document. Respondent understands and agrees that 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 §20-13c 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, and that all disciplinary actions will appear on respondent's physician profile pursuant to Connecticut General Statutes 20-13j.

14. 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.
15. 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.
16. 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.

17. 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.
18. 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 Board and a final decision by the Commission.
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

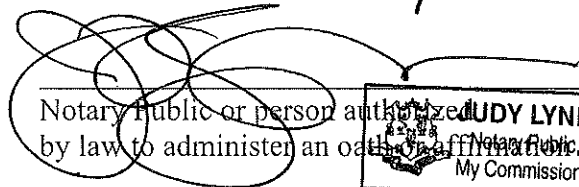
Order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

* * * * *

I, James Bussiere, 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.


James Bussiere, D.M.D.

Subscribed and sworn to before me this 18 day of MAY 2022.


Notary Public or person authorized by law to administer an oath
JUDY LYNN CASPERSON
Notary Public, State of Connecticut
My Commission Expires Apr. 30, 2023

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 8th day of July 2022 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 _____ 2022, it is hereby ordered and accepted.

State Dental Commission

CONSENT ORDER COVER SHEET

In re: Scott Claiborne, D.D.S.

Petition No. 2020-380

1. Scott Claiborne, D.D.S., of Hartford, Connecticut (hereinafter "respondent") was issued license number 011845 to practice dentistry on June 28, 2017. He graduated from the University of Maryland School of Dentistry in 2009
2. Past discipline: none
3. The Department opened Petition 2020-380 after receiving a complaint from a former patient ("Patient 1"), for whom respondent provided dental care from March 2018 through March 2020. During the course of his care for Patient 1, he made examinations and radiographic images; and extracted various teeth.
4. The respondent admits that his care for Patient 1 failed to meet the standard of care in that he inadvertently extracted tooth #31 when intending to extract tooth #18.
5. The proposed Consent Order provides for:
 - a. A reprimand;
 - b. Civil penalty of three thousand dollars (\$3,000.00); and
 - c. Within the first six months of the effective date of the Consent Order, respondent shall successfully design and implement a standard operating technique and/or procedure to forestall recurrence of the aforementioned deviation from the standard of care.
6. The Department and respondent respectfully request that the Commission accept the proposed Consent Order to resolve this petition.

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

In re: Scott Claiborne, D.D.S.

Petition No. 2020-380

CONSENT ORDER

WHEREAS, Scott Claiborne of Hartford (hereinafter "respondent") has been issued license number 011845 to practice dentistry by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 384 of the General Statutes of Connecticut, as amended; and,

WHEREAS, respondent admits that:

1. Respondent provided dental care to Patient 1 on various occasions from on or about March 30, 2018 through on or about March, 2020. During the course of his care for Patient 1, he made examinations and radiographic images; and extracted various teeth.
2. Respondent's care for Patient 1 failed to meet the standard of care in that he inadvertently extracted tooth #31 when intending to extract Tooth #18.
3. The above described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, §20-114(a)(2).

WHEREAS, respondent, in consideration of this Consent Order, 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 of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-14, 19a-17 and 20-114 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 011845 to practice as a dentist in the State of Connecticut is hereby reprimanded.
3. Respondent shall pay a civil penalty of three-thousand dollars (\$3,000) 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 at the time respondent submits the executed Consent Order to the Department.
4. Respondent's license number 011845 to practice as a dentist in the State of Connecticut is hereby placed on probation subject to the following terms and conditions:
 - a. Within the first six months of the effective date of this Consent Order, respondent shall successfully design and implement a standard operating technique and/or procedure to forestall recurrence of the aforementioned deviation from the standard of care. Within fifteen (15) days of the implementation of such standard operating technique and/or procedure, respondent shall provide the Department with proof, to the Department's satisfaction, of its successful implementation. Respondent's probation shall terminate upon the Department's written satisfaction of the successful completion of the implementation required under this paragraph 4.
5. All correspondence and reports are to be addressed to:

Practitioner Compliance and Monitoring Unit
Department of Public Health
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134-0308

6. 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.
7. Respondent shall comply with all state and federal statutes and regulations applicable to respondent's licensure.
8. Respondent shall pay all costs necessary to comply with this Consent Order.
9. 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 9a 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.
10. In the event respondent does not practice as a dentist 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 covered by this Consent Order and such terms shall be held in abeyance. During such time period, respondent shall not be responsible for complying with the terms of probation of this Consent Order. In the event respondent resumes practice as a physician and surgeon, respondent shall provide the Department with thirty (30) days prior written notice. Respondent shall not return to practice as a dentist without written pre-approval from the Department. Respondent agrees that the Department, in its complete discretion, may require additional documentation from respondent and/or require respondent to satisfy other conditions or terms as a condition precedent to respondent's return to practice. Respondent agrees that any return to practice as a dentist without pre-approval from the Department shall constitute a violation of this Consent Order and may subject the respondent to further disciplinary action.

11. If, during the period of probation, respondent practices as a dentist outside Connecticut, respondent shall provide written notice to the Department concerning such practice. During such time period, respondent shall not be responsible for complying with the terms of probation of this Consent Order, and such time period shall not be counted in reducing the probationary period covered by this Consent Order. Respondent may comply with the terms of probation while practicing outside Connecticut if pre-approved by the Department. In the event respondent intends to return to practice as a dentist in Connecticut, respondent shall provide the Department with thirty (30) days prior written notice and agrees to comply with all terms and conditions contained in paragraph 4 above.
12. 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.

13. 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.
14. 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.
15. This Consent Order is a public document. Respondent understands and agrees that 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 §20-13c 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, and that all disciplinary actions will appear on respondent's physician profile pursuant to Connecticut General Statutes 20-13j.
16. 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, and to submit to and complete a medical, psychiatric or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. 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.

17. 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.
18. 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.
19. 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.
20. 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 Board and a final decision by the Commission.

21. Respondent has the right to consult with an attorney prior to signing this document.
22. 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.
23. 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, Scott Claiborne, 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.

Scott Claiborne
Scott Claiborne

Subscribed and sworn to before me this 21st day of June 2022.



Vicki L. Thompson
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 25th day of July 2022, it is hereby accepted.

Christian D. Andresen

Christian D. Andresen, M.P.H., C.P.H., 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 Connecticut State Dental Commission on the _____ day of _____ 2022, it is hereby ordered and accepted.

Peter Katz, D.D.S. Chairperson
Connecticut State Dental Commission

CONSENT ORDER COVER SHEET

In Re: Jack A. Greenspan, D.D.S.

Petition No. 2021-565

1. Jack A. Greenspan of Cheshire, Connecticut ("respondent") graduated from New York University in 1967 and was issued license number 004149 to practice dentistry on December 2, 1968.
2. Respondent has no prior disciplinary history with the Department. On or about December 13, 2021, respondent entered into an agreement with the Department of Consumer Protection ("DCP") whereby he voluntarily surrendered his Connecticut Controlled Substance Registration.
3. The Department opened this petition in June 2021, after receiving a referral from DCP,
4. In approximately November 2020, respondent failed to properly document the destruction of one or more controlled substances maintained in his dental practice. In approximately 2018, 2019 and/or 2020, respondent failed to maintain adequate records in connection with the ordering, storage, prescribing and/or dispensing of controlled substances, as required by Connecticut General Statutes §21a-254, including, but not limited to §21a-254(c).
5. The proposed Consent Order includes the following disciplinary terms:
 - Reprimand
 - Civil penalty of one thousand dollars (\$1,000.00)
6. The Department and respondent respectfully request that the Commission approve and accept the attached Consent Order to resolve this petition.

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

In re: Jack A. Greenspan, D.D.S.

Petition No. 2021-565

CONSENT ORDER

WHEREAS, Jack A. Greenspan of Cheshire, Connecticut (hereinafter "respondent") has been issued license number 004149 to practice as a dentist 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. In approximately November 2020, respondent failed to properly document the destruction of one or more controlled substances maintained in his dental practice; and/or
2. In approximately 2018, 2019 and/or 2020, respondent failed to maintain adequate records in connection with the ordering, storage, prescribing and/or dispensing of controlled substances, as required by Connecticut General Statutes §21a-254, including, but not limited to §21a-254(c) .
3. 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(a)(2).

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above allegations of wrongdoing but, while admitting no guilt or wrongdoing, agrees that for

purposes of this or any future proceedings before the Connecticut 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 of the General Statutes of Connecticut.

NOW THEREFORE, pursuant to §§19a-14, 19a-17 and 20-114 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 004149 to practice as a dentist in the State of Connecticut is hereby reprimanded.
3. Respondent shall pay a civil penalty of one thousand dollars (\$1,000.00) 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 at the time respondent submits the executed Consent Order to the Department.
4. Respondent shall comply with all state and federal statutes and regulations applicable to respondent's licensure, including, but not limited to, Connecticut General Statutes §21a-254.
5. Respondent shall pay all costs necessary to comply with this Consent Order.
6. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Department.
7. This Consent Order is effective on the date this Consent Order is accepted and ordered by the Commission.
8. Respondent understands that this Consent Order is a public document. Respondent agrees that 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.

9. 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.
10. 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.
11. 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

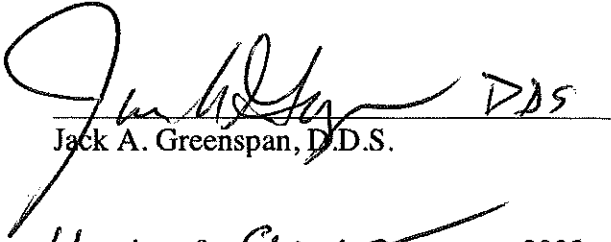
participation during this process, through the Commission member's review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a hearing on a statement of charges resulting in a proposed decision by the Commission and/or a panel of the Commission and a final decision by the Commission.

12. Respondent has been informed of the right to an attorney at any time, including prior to signing this Consent Order.
13. 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.
14. 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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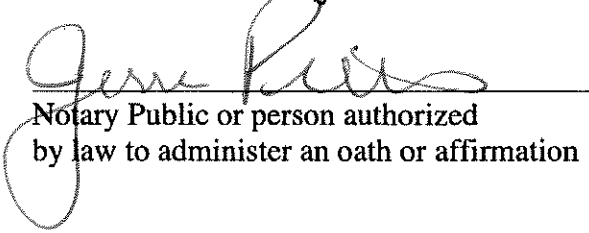
I, Jack A. Greenspan, D.D.S., have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.


Jack A. Greenspan, D.D.S.

Subscribed and sworn to before me this 11 day of August 2022.



JESSE PIRRO
NOTARY PUBLIC
STATE OF CONNECTICUT
MY COMM. EXP. 06-30-2026


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 15th day of August 2022, it is hereby accepted.



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

The above Consent Order having been presented to the Connecticut State Dental Commission on the _____ day of _____ 2022, it is hereby ordered and accepted.

Connecticut State Dental Commission