

**AGENDA**  
**CONNECTICUT MEDICAL EXAMINING BOARD**  
**Thursday, May 21, 2020 at 10:00 AM**

**Department of Public Health**  
**410 Capitol Avenue, Hartford Connecticut**  
**Third Floor Hearing Room**

**CALL TO ORDER**

**NEW BUSINESS**

- A. Review of License Application  
*Presented by Celeste Dowdell, License and Applications Analyst*
- Oden Cohen, MD

**ADJOURN**

**This meeting will be held by telephone conference.**  
**The call in number for the meeting is 1-877-653-5974. The passcode is 10619990.**

TO: Connecticut Medical Examining Board

FROM: Celeste Dowdell  
Licensing Applications Analyst  
Practitioner Licensing and Investigations Section

RE: ODEN COHEN, MD

Dr. Cohen is an applicant for Connecticut physician licensure. Dr. Cohen meets all requirements for licensure except he has not completed two years of post-graduate medical education in a program accredited by the Accreditation Council for Graduate Medical Education (ACGME).

Section 20-10, Connecticut General Statutes allows for an applicant to complete an equivalent program approved by the Board with the consent of the Department.

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

**Medical Education:** Hebrew University of Jerusalem- Department of medicine, 2013

**Educational Commission for Graduates of Foreign Medical Schools (ECFMG):** Certified 5/1/2014

**United States Medical Licensing Examination:** Step 1-3 completed and passed

**Post Graduate Training Completed:**

**3/1/2012-2/28/2013:** Wolfson Medical Center, Israel- Intern

**11/1/2013-10/31/2019:** Kaplan medical center, Israel- Residency

Dr. Cohen is not licensed in any other state

Dr. Cohen is board certified in Otolaryngology- 10/31/2019

**Letter from a Senior Physician Executive:** letter attached from Benjamin L. Hudson, MD, MPA Chief, Division of Otolaryngology, Yale Medicine and Saral Mehra, MD, MBA, FACS Associate Professor of Surgery (Otolaryngology)

# Yale SCHOOL OF MEDICINE

## Department of Surgery

May 1, 2020

Celeste Dowdell c/o CT Medical Board  
CT Department of Public Health  
Physician Licensure  
410 Capital Avenue, MS#12 APP  
P.O. Box 340308  
Hartford, CT 06134

Dear Celeste,

It is with great pleasure that I write this letter of support for Oded Cohen, MD. We hired Dr. Cohen to work in the Department of Surgery, Division of Otolaryngology at Yale School of Medicine as an Instructor and he is scheduled to start July 1, 2020.

Dr. Cohen received his MD in 2012 after receiving Dean's Honor List as part of his Bachelor's in Medical Science. During Otolaryngology training, he was awarded the "Best Resident Award" at Hadassah Medical School in May 2019. Dr. Cohen is board certified and I, as the Chief of Otolaryngology and the Chief of the Residency Program for Otolaryngology can attest that the residency training in which Dr. Cohen has successfully completed in Israel is of an equivalent standard to that of the ACGME accredited residency training program in the States of higher. Dr. Cohen has exceptional references and I believe that this year-long experience will be positive for both Dr. Cohen and our team.

Five years ago, the Department of Surgery, Division of Otolaryngology started a Head and Neck Surgery training program and we are honored that Dr. Cohen has agreed to join our group as the 5<sup>th</sup> trainee. The program requires accomplished and highly trained surgeons who are willing to commit an entire year to completing this rigorous program.

Dr. Cohen was noted to have a hunger to learn, excellent operative skills, and an outstanding passion for clinical research. He served as the supervising MD thesis of numerous medical students earning their MD degree. Dr. Cohen was awarded first place and given the Best Research Prize at the annual meeting of his nation's Rhinology Society on the topic of nasal inflammation, a histopathologic study. He received additional awards in research in 2018 related to projects of nasal polyps and thyroid nodules. He has a keen interest in advancing his research and clinical skills and knowledge during his time with us at Yale. Dr. Cohen is agreeable, non-divisive and eager to learn.

## Division of Otolaryngology

PO Box 208041  
New Haven CT 06520-8041  
[medicine.yale.edu/surgery/otolaryngology](http://medicine.yale.edu/surgery/otolaryngology)

### clinical locations

Yale Physicians Building, 4th Floor  
800 Howard Avenue  
New Haven CT 06519  
T 203 785-5430  
F 203 785-3970

Yale Otolaryngology  
2874 Main Street  
Stratford CT 06614  
T 203 375-0050  
F 203 380-1616

Old Saybrook Medical Center  
633 Middlesex Turnpike  
Old Saybrook CT 06475  
T 203 786-5430  
F 203 785-3970

Smilow Cancer Hospital  
35 Park Street, 4th Floor  
New Haven CT 06519  
T 203 200-4622  
F 203 200-2028

Park Avenue Medical Center  
5520 Park Avenue  
Trumbull CT 06611  
T 203 200-4622 (H&N)  
F 203 200-2028  
T 877 YALE-MDS (Pediatrics)  
F 844 925-3329

Yale New Haven Children's Hospital  
1 Park Street, 2nd Floor  
New Haven CT 06504  
T 877 YALE-MDS (Pediatrics)  
F 844 925-3329

Norwalk Pediatric Specialty Center  
747 Belden Avenue  
Norwalk CT 06850  
T 877 YALE-MDS (Pediatrics)  
F 844 925-3329



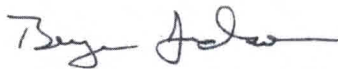
# Yale SCHOOL OF MEDICINE

## Department of Surgery

During this appointment, Dr. Cohen will provide both inpatient and outpatient office and surgical services with the Head and Neck team. He will see patients with benign and malignant lesions, and will perform both clinical and surgical procedures as treatment. Dr. Cohen will also participate in educational and research activities for students, fellows, and Otolaryngology residents.

Should you have any questions or require further information, please do not hesitate to contact our office.

Sincerely,



**Benjamin L. Judson, MD, MPA**  
Chief, Division of Otolaryngology, Yale Medicine  
Associate Professor of Surgery (Otolaryngology)  
Chief Ambulatory Officer, Smilow Cancer Hospital  
Program Director, Otolaryngology Residency



**Saral Mehra, MD, MBA, FACS**  
Associate Professor of Surgery (Otolaryngology)  
Director, Head and Neck Oncologic and Reconstructive Surgery Fellowship

### Division of Otolaryngology

PO Box 208041  
New Haven CT 06520-8041  
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F 844 925-3329





STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

SCHOOL VERIFICATION FORM

**APPLICANT:** Please complete Section 1 of this form and forward it to your medical school

THIS FORM, IN ADDITION TO AN OFFICIAL TRANSCRIPT, NEED ONLY BE SUBMITTED IF THE APPLICANT EARNED A DEGREE OUTSIDE OF THE UNITED STATES OR CANADA

**Section 1:**

Name of Applicant: Oded Cohen

Date of Birth: November 7, 1980 Year of Graduation 2013

\*\*\*\*\*

**Section 2:** (This section to be completed by the medical school.)

This office has received an application for Connecticut physician licensure from the individual identified above. In order to complete our review of this individual's credentials for licensure, a verification of educational background is needed. The information below should be completed by the Dean, Registrar or other official authorized to verify educational records at the institution.

Name of Educational Institution: Hadassah Medical School, Hebrew University of Jerusalem

Address of Educational Institution: P.O. Box 12272 Jerusalem 9120, Israel

Dates of Studies FROM: 10/20/2005 TO: 07/31/2011

Total number of months of full-time classroom and supervised clinical instruction (record in **MONTHS** only): 60

Did this individual satisfactorily complete the full medical curriculum at this institution? YES:  NO:

Was this individual granted a degree? YES:  NO:  Title of Degree: MD

Date Awarded: 02/28/2013

At the time of this student's attendance, was this medical school fully licensed and approved, by the appropriate regulatory body of the jurisdiction in which it is located, to award the degree of doctor of medicine or its equivalent? YES:  NO:

Elisha  
Signature

02/11/2020  
Date

ELISHEVA DOVEV - Registrar  
Title

**ELISHEVA DOVEV  
REGISTRAR**

Please return this form directly to:

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



STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

VERIFICATION OF RESIDENCY TRAINING FORM

**Applicant:** Enter your full name and birth date on this form and forward it to the Chief of Staff or Program Director at the facility in which you completed your residency training. This form must be completed by the facility and returned directly to this office.

Applicant's Name: OBED COHEN Date of Birth: 11/07/1980

**Chief of Staff/Program Director:** Please provide the following verification of residency training for the above named Connecticut physician licensure applicant.

1. Name of facility where residency training was completed: Kaplan Medical Center, otolaryngology department
2. Dates of participation: From 11/1/2013 To 10/31/2019  
(month/day/year) (month/day/year)
3. In what specialty was the residency training completed: Otolaryngology, Head and Neck Surgery
4. At what level(s) was this residency completed (PGY1, PGY2, etc.)? PGY6
5. At the time of the individual's training, was the residency training program in this specialty area accredited by the Accreditation Council for Graduate Medical Education (ACGME), American Osteopathic Association (AOA) or The Royal College of Physicians and Surgeons of Canada (RCPSC)? NO (YES or NO)
6. Did this individual satisfactorily complete this period of residency training? YES (YES or NO)\*
7. Was this individual ever placed on probation? NO (YES or NO)\*
8. Was this individual ever disciplined or placed under investigation? NO (YES or NO)\*
9. Were any limitations or special requirements placed upon this individual because of questions of academic incompetence, disciplinary problems or any other reason? NO (YES or NO)\*

\*If you answered "No" to question 6 or "Yes" to questions 7-9, please provide details and/or attach any documents you may have on file regarding such information.

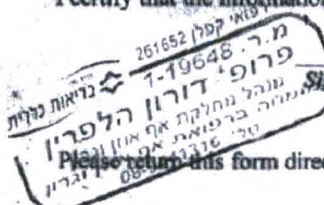
I, Prof. Doron Halperin, being duly sworn, do depose and certify that I am the Chief of Staff/Program Director at:

Name of Facility: Kaplan Medical Center, otolaryngology dep.

Address: Pesternak 1, Rehovot  
Israel

Telephone Number: (972) 506262318 Email: Dor-hal.clalit.org.il

I certify that the information above is an accurate account of the individual's record and is true and correct.



Dor Halperin  
Signature of Chief of Staff/Program Director

10/15/2019  
Date

Please return this form directly to:

Connecticut Department of Public Health  
Physician Licensure  
410 Capitol Ave, MS#12APP  
P.O. Box 340308  
Hartford, CT 06104-0308  
Fax: (860) 707-1931



**Kaplan Medical Center**

**מרכז רפואי קפלן**

*Affiliated to The School of Medicine, Hebrew University and Hadassah, Jerusalem*  
**Dep' of E.N.T. & Head and Neck Surgery**

מוסוף לבית הספר לרפואה של האוניברסיטה העברית והדסה ירושלים

מח' א.א.ג. ניתוחי ראש צוואר

Tel: 972-8-9441649  
Fax: 972-8-9441794

טל: 08-9441 649  
פקס: 08-9441794

**Doron Halperin MD. MHA.**  
**Head, Department of E.N.T & Head and Neck Surgery**

**דר' דורון הלפרין**  
**מנהל מח' א.א.ג. ניתוחי ראש צוואר**

E-mail: [doron\\_h@clalit.org.il](mailto:doron_h@clalit.org.il)

January, 15<sup>th</sup>. 2020

To: State of Connecticut, Department of Public Health

Re: Verification of Residency Training Form Cover Letter – Dr. Oded Cohen

Dear Office,

Attached to this letter is the Verification of Residency Training Form of Dr. Oded Cohen. Dr. Oded Cohen has been a resident in my department between the years 11/1/2013 to 10/31/2019 and has completed his residency duties.

His residency was approved by the Israeli Medical Association and Minister of Health, and he is now a certified expert in otolaryngology.

I send this form as part of requirements for his head and neck surgical oncology fellowship at Yale starting July 2020.

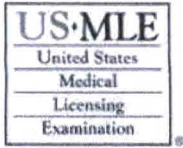
Please don't hesitate to contact me for further details,

Yours truly,

Prof. Doron Halperin,  
Chairman  
Department of Otolaryngology-head and Neck Surgery  
Kaplan Medical Center  
Rehovot, Israel  
Phone: +972-50-6262318  
Email: [dor\\_hal@clalit.org.il](mailto:dor_hal@clalit.org.il)

*Doron Halperin*  
מרכז רפואי קפלן 261652  
מ.ר. 1-19648  
פרופ' דורון הלפרין  
מנהל מחלקת אף אוזן וגרון  
מנהל מרפאות אף אוזן וגרון  
08-9441316





# United States Medical Licensing Examination® (USMLE®) Certified Transcript of Scores

This document was prepared by  
Federation of State Medical Boards of the United States, Inc. (FSMB)  
400 Fuller Wisser Road, Euless, TX 76039-3856 - Telephone (817) 868-4000

**Recipient:** CONNECTICUT MEDICAL EXAMINING BOARD

**Date:** 02/14/2020

**Examinee:** Cohen, Oded  
**Alt Name(s):**

**Examinee ID:** 0-852-144-5  
**Date of Birth:** 11/07/1980

Results for Steps taken by this examinee (and for which results have been reported to date) are shown below. For Steps that span more than one day, the test date reflects the day on which the examination began. Pass/fail outcomes are based upon the minimum passing level in place at the time of test administration and are not altered by subsequent revisions to the minimum passing level. Effective April 1, 2013, test results are reported on a three-digit scale only; two-digit scores reported for prior administrations will no longer be reported. Test results reported as passing represent an exam score of 75 or higher on a two-digit scoring scale.

## USMLE STEP 1

Test Date	Pass/Fail	Score	Minimum Pass	Comments
07/02/2013	Pass	212	(188)	

## USMLE STEP 2

### *Clinical Knowledge (CK)*

Test Date	Pass/Fail	Score	Minimum Pass	Comments
07/10/2012	Pass	237	(196)	

### *Clinical Skills (CS)*

Test Date	Pass/Fail	Comments
03/13/2014	Pass	

## USMLE STEP 3

Test Date	Pass/Fail	Score	Minimum Pass	Comments
05/04/2019	Pass	219	(196)	

**End of Exam History**

NOTE: A search of the Physician Data Center of the Federation of State Medical Boards (FSMB) reveals no reported information on this examinee.





**Issue Date:** 11 Feb 2020

**To:** CONNECTICUT DEPT. OF PUBLIC HEALTH PHYSICIAN LIC.  
SECTION CHIEF  
410 CAPITOL AVE., MS# 12APP  
P. O. BOX 340308  
HARTFORD, CT 06134-0308

**State Board Code:**

**007**

Please include this number on  
all requests.

**ECFMG® CERTIFICATION STATUS REPORT**

**USMLE®/ECFMG Identification Number:** 0-852-144-5

**Applicant's Name:** Oded Cohen

**Applicant's Date of Birth:** 07 Nov 1980

**ECFMG Certified:** Yes

**Certificate Issue Date:** 01 May 2014

**English Test Valid Through:** Valid Indefinitely

**Clinical Skills Assessment Valid Through:** Valid Indefinitely

**Passing Performance on Medical Science Examinations:**

Examination	Date	Two Digit Score	Three Digit Score
USMLE Step 1	02 Jul 2013	*	*
USMLE Step 2 CK	10 Jul 2012	*	*

**Most Recent Passing Performance on Clinical Skills Examination:**

Examination	Date
USMLE Step 2 CS	13 Mar 2014

**Name of Medical School and Country:** The Hebrew University-Hadassah Medical School, Jerusalem, ISRAEL

**Degree Year:** 2013

**Medical Education Credentials Status<sup>†</sup>:** Complete

**How to Verify the Authenticity of this Report:**

This report was issued to the named recipient on the date shown above. To verify the authenticity of this report, visit <https://cvsonline2.ecfm.org/verify/verify.asp> and enter the unique verification code listed below. The information contained in this report is current as of the issue date. Any changes to the physician's status after the issue date will not be reflected, and you are encouraged to request an updated report.

**Report Verification Code:** 2SD0IVRV34

The purpose of this Status Report is to indicate whether this individual is certified by ECFMG. It reflects only examinations that were used to fulfill requirements for ECFMG Certification. The most recent passing performance on the clinical skills examination is reflected, regardless of whether this individual was required to take a clinical skills examination for ECFMG Certification. This Status Report is not a complete score history of all examinations for this individual. This Status Report does not include examinations that were taken but not passed. Furthermore, if this individual passed examinations that were not used to fulfill the requirements for ECFMG Certification, these examinations are not included.

\* To obtain a complete USMLE examination history for this individual, contact the appropriate registration entity to request a USMLE transcript.

<sup>†</sup>Since July 1986, ECFMG has verified medical school credentials directly with the issuing medical schools, or through a reasonable alternative that has been approved by the ECFMG Medical Education Credentials Committee.

**Important Note:**

Requesting organizations must normally secure and retain the physician's signed authorization to obtain certification information. Organizations may not resell the information or make it available to any party beyond the initial request as authorized by the physician. The information may only be used to confirm ECFMG Certification for the purpose for which the physician provided authorization.