

**Physician Profile Survey**  
**Please Print or Type and Provide All Information Requested in Each Section**

*Jm* *609*

**1. Biographical and Current Practice Information**

CT License Number: 023330 Social Security No.: 058 - 44 - 8633  
 Last Name: RICHMAN First Name: SUSAN MI: M

Telephone No. (Where you may be reached, 8:30 a.m.-4:30 p.m. ( 203 ) 787 - 2264

Are you currently practicing medicine in Connecticut?  YES  NO

Primary Practice Location-Name of Practice: Greater New Haven Ob/Gyn Group, P.C.  
 Address: 2 Church Street South #209  
New Haven, CT 06519

City, State Zip:

List of languages, other than English, spoken at practice location:

<u>Spanish</u>	

Other Practice Location(s)-Name of Practice: same  
 Address: 2447 Whitney Avenue  
Hamden, CT 06518

City, State Zip:

List of Languages, other than English, spoken at practice location:

<u>Spanish</u>	

Please list the Connecticut hospitals/nursing homes at which you have staff privileges:

Name/City, State	Name/City, State
<u>Yale - New Haven Hospital</u>	<u>New Haven, CT</u>
<u>Hospital of St Raphael's</u>	<u>New Haven, CT</u>

**2. Medical School**

Medical School: Albert Einstein College of Medicine Year of Graduation 1979

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3. Post Graduate Training (Please list your postgraduate training)

Site: Yale New Haven Hospital City: New Haven CT Country: USA

Inclusive Dates: From:      /      / 1979 To:      /      / 1980  Intern  Resident  Fellowship (Please check one)

Type of Training (i.e. Pediatrics, Internal Medicine): OB/GYN

Site: Yale New Haven Hospital City: New Haven CT Country: USA

Inclusive Dates: From: 6 /      / 1980 To: 7 /      / 1983  Intern  Resident  Fellowship (Please check one)

Type of Training (i.e. Pediatrics, Internal Medicine): OB/GYN

Site: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Inclusive Dates: From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Intern  Resident  Fellowship (Please check one)

Type of Training (i.e. Pediatrics, Internal Medicine): \_\_\_\_\_

Site: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Inclusive Dates: From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Intern  Resident  Fellowship (Please check one)

Type of Training (i.e. Pediatrics, Internal Medicine): \_\_\_\_\_

Site: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Inclusive Dates: From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Intern  Resident  Fellowship (Please check one)

Type of Training (i.e. Pediatrics, Internal Medicine): \_\_\_\_\_

Site: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Inclusive Dates: From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  Intern  Resident  Fellowship (Please check one)

Type of Training (i.e. Pediatrics, Internal Medicine): \_\_\_\_\_

4. Specialty Area/American Board Certification

Practice Specialty: OB/GYN Practice Sub-Specialty: \_\_\_\_\_  
(Please use the attached table of specialties and sub-specialties for a list of acceptable specialties)

Practice Specialty: \_\_\_\_\_ Practice Sub-Specialty: \_\_\_\_\_  
(Please use the attached table of specialties and sub-specialties for a list of acceptable specialties)

Please list current certifications held by the American Board of Medical Specialties or the American Board of Osteopathic Medical Specialties

American Board of: Obstetrics + Gynecology Date Certified: \_\_\_\_\_ / \_\_\_\_\_ / 1986

American Board of: \_\_\_\_\_ Date Certified: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

American Board of: \_\_\_\_\_ Date Certified: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

5. Medical Educational Responsibilities (This Section is Voluntary)

Are you a member of the faculty of a Connecticut medical school?  Yes  No

If Yes, Please indicate which one.

- Yale University Medical School
- University of Connecticut School of Medicine

Do you have current responsibility for graduate medical education?  Yes  No Med Student

6. Publications in Peer Reviewed Journals/Professional Services Offered/Activities and Awards (This Section is Voluntary, but provides you an opportunity to highlight accomplishments, ABMS Board Eligible status or special interests.)

If you include publications or awards, please use the following format:

**For publications:** Include name of journal, title of article and date published.

**For awards:** Include name of entity issuing award, title of award, and date received.

1. Resident Teaching Award to Community Physicians 1989
2. ACOG Fellow in Service to Native Americans 1996, 1998
3. - Shiprock, New Mexico 2000
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

**7. Medical Malpractice History**

<u>Date Resolved</u>	<u>Amount Paid</u>	<u>Practice Specialty Related To Payment</u>
None		

**8. Hospital Discipline Within Last Ten (10) Years - In Any State**

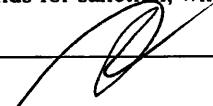
<u>Hospital, City, State, Country</u>	<u>Date</u>	<u>Disciplinary Action</u>
None	None	

**9. Felony Convictions Within Last Ten (10) Years - In Any State**

<u>Date of Conviction</u>	<u>Conviction</u>
None	

**ATTESTATION**

I hereby certify that to the best of my knowledge, the information contained in this profile is true and accurate and understand that providing false information may be grounds for sanction, which may include suspension or revocation of my license to practice medicine in Connecticut.

Signature  \_\_\_\_\_ Date 2/2/00

Please return as soon as possible, but no later than 60 days from the postmarked date of this survey. You may send it via facsimile to "Physician Profiles" at (860) 509-8457 or by mail (please use the enclosed, addressed envelope) to:

Department of Public Health  
 Physician Profiles  
 410 Capitol Ave., MS # 12 APP  
 PO Box 340308  
 Hartford, CT 06134

If you have questions, please contact this office at (860) 509-7557.

**YNHH Women's Center**  
**20 York Street**  
**New Haven, CT 06504**

August 18, 2002

DPH  
Physician Profiles  
410 Capitol Ave  
PO Box 340308  
Hartford, CT 06134

Dear Sir or Madam:

Please note that I am no longer employed by Greater New Haven ObGyn Group PC at 2 Church St So, New Haven CT. My new address appears above, phone # 203-688-4101.

Thank you for your attention in this matter.  
Sincerely,



Dr Susan Richman  
Medical Director

#23330