



STATE OF CONNECTICUT

DEPARTMENT OF HEALTH SERVICES
DIVISION OF MEDICAL QUALITY ASSURANCE

May 28, 1982

Lester Silberman, M.D.
RD #3, Box 3195
Shelburne, VT 05482

Dear Doctor:

On behalf of the Connecticut Medical Examining Board, I want to congratulate you upon the successful completion of all requirements for licensure as a Medical Doctor in the State of Connecticut.

Enclosed is a brief request for information necessary to complete the processing of your license. Please complete this and return to Mary Bayers, Chief of Licensure and Registration, at the address below. She will then issue you a formal license. Your license will not be issued until this information is returned.

I wish you success in your career and must inform you that it is your responsibility to keep this Department aware of your current address; otherwise the status of your license will be jeopardized.

Sincerely,

A handwritten signature in cursive script, appearing to read "Gary W. DeWitt".

Gary W. DeWitt, Ph.D.
Examination Coordinator
Connecticut Medical Examining Board

GWD:cg:slt
Enclosure

DATA SHEET

APPLICATION FOR LICENSURE WITHOUT EXAMINATION

Reciprocity Endorsement #77301

NAME Silberman, M.D. Lester
Last First Middle

1. Premedical Education
 2. Medical Education Downstate Medical School 1964
 3. State License by Written Examination
State Year Grade
 4. National Board Certificate 77301 1965
Number Year Grade
 5. State Board of Healing Arts Certificate
 6. A.M.A. Approval Requested Received
 7. Photograph Furnished X
 8. Fee Paid \$150.00 4/21/82 TN#66
 9. References T. E. Braun Jr. M.D. Burlington, Vt.
Susan F. Senth M.D. Essex, Vt.
 10. Citizenship Brooklyn, New York
 11. Probable Location Specialty Obstetrics
 12. Alphabetical Index Checked X Correspondence File Reviewed X
- Application Complete

Issuance of Certificates

authorized by Date

Lawrence K. Pickett, M.D., Chairman

Certificate Number Issued 5/28/80

23640



CRAISO
4-21-82
TAFEE

1982

APPLICATION FOR LICENSE TO PRACTICE MEDICINE WITHOUT EXAMINATION

By Endorsement of National Board of Medical Examiners or Federation of Medical Boards Certification

OR By Endorsement of State License or License of the Medical Council of Canada

MS-10 Nov 4-74

Physicians who have received the degree of Doctor of Medicine from medical schools and:

1. are certified by the National Board of Medical Examiners OR
2. are certified by the Federation of State Medical Boards of the United States, Inc. after passing the FLEX examinations OR
3. have been licensed in any state or territory of the United States or the District of Columbia, after written examination of as high grade as that required for a certificate of registration in the State of Connecticut OR
4. are licentiates of the Medical Council of Canada, after written examination AND
5. are 5th Pathway Program candidates who are graduates of a medical school located outside the United States which school is recognized by the American Medical Association or the World Health Organization, and who has satisfactorily completed in any hospital recognized by the American Medical Association or the World Health Organization one academic year of supervised clinical training and such post-graduate training as is required by the American Medical Association and have complied with #3 (above) who are of good moral character and professional standing, are eligible to be recom-

mended for licensure without examination. The fee for the endorsement of state licenses under the provisions of this paragraph is one hundred and fifty dollars (\$150.00). (Check to be made payable to Treasurer State of Connecticut.)

REQUIRED DOCUMENTS

Diplomates of the National Board of Medical Examiners must apply to that Board for Certification of Record which will be sent directly to the Connecticut Medical Examining Board. (Address: N.B.M.E. 3930 Chestnut Street, Philadelphia, Pa. 19104) Medical Doctor who passed the FLEX examinations must request the Federation of Medical Boards of the United States, Inc. to send the grade obtained directly to the Connecticut Medical Examining Board.

Licentiates of the Medical Council of Canada must obtain "Certificate of Standing" from The Medical Council and attach it to this application.

NOTE: The license to practice medicine in the State of Connecticut is granted by the Connecticut Department of Health upon presentation of the certificate issued by the Connecticut Medical Examining Board. Connecticut law does not provide for the issuance of temporary or limited license.

I hereby apply to the Connecticut Medical Examining Board for certification without examination for licensure to practice medicine in the State of Connecticut by:

(check A or B and complete that section)

A. Endorsement of my certificate, issued by the National Board of Medical Examiners.

B. Endorsement of my license, issued after written examination by the licensing authority named below.

NAT. BOARD MED. EXAM. CERTIF. NUMBER
77301

DATE CERTIFICATE ISSUED
7-1-65

LICENSE NUMBER ISSUING STATE OR DOMINION OF CANADA

ISSUED BY (Licensing Board or Dept.) DATE LICENSE ISSUED

DATE OF THIS APPLICATION

In support of this application I submit the following information:

April 2, 1982

SWORN STATEMENT	1. NAME (Last, First, Middle) SILBERMAN, LESTER	DATE OF BIRTH 8-2-39	MALE FEMALE SEX <input checked="" type="checkbox"/> <input type="checkbox"/>
	2. PRESENT ADDRESS (Street, Town, Zip) RD 3 Box 3195 Shelburne VT 05482	3. PLACE OF BIRTH (Town, State or Country) BROOKLYN N.Y.	

4. CITIZENSHIP	I am a citizen of the United States <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	IF NATURALIZED: Give date, place, and certificate number.
----------------	---	---

I have filed a declaration of intention to become a citizen of the United States <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, Give date, place of filing, and certificate number.
---	---

I have a petition approved by the United States Immigration and Naturalization Service <input type="checkbox"/> Yes <input type="checkbox"/> No	IF YES, Give file number, date of notice, and petition date.
---	--

5. PREMEDICAL EDUCATION	DEGREES REC'D BS	NAMES OF SCHOOLS BROOKLYN COLLEGE	DATES DEGREES REC'D 1960
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LIST NAMES AND ADDRESSES OF ALL PREMEDICAL SCHOOLS ATTENDED BROOKLYN COLLEGE, Brooklyn NY	DATE ENTER. (Mo., Yr.) 9-56	DATE DEPART. (Mo., Yr.) 6-60
---	---------------------------------------	--

PREMEDICAL EDUCATION (Continued from front page)

LIST NAMES AND ADDRESSES OF ALL PREMEDICAL SCHOOLS ATTENDED

NAME OF SCHOOL	DATE ENTER. (Mo., Yr.)	DATE DEPART. (Mo., Yr.)

6. MEDICAL EDUCATION Doctor of Medicine degree received from: NAME OF SCHOOL DATE DEGREE REC'D

LIST NAMES AND ADDRESSES OF ALL MEDICAL SCHOOLS ATTENDED

NAME OF SCHOOL	DATE ENTER. (Mo., Yr.)	DATE DEPART. (Mo., Yr.)
Downstate Medical School 450 Clarkson Ave. Bklyn NY	9-60	1964 6-64

7. MEDICAL LICENSURE List the states you have been licensed to practice medicine in:

STATE	DATE LICENSE ISSUED	LICENSED BY:	STATE	DATE LICENSE ISSUED	LICENSED BY:
Vermont	1965	<input type="checkbox"/> EXAM. <input checked="" type="checkbox"/> ENDORSMT			<input type="checkbox"/> EXAM. <input type="checkbox"/> ENDORSMT
Massachusetts	1975	<input type="checkbox"/> EXAM. <input checked="" type="checkbox"/> ENDORSMT			<input type="checkbox"/> EXAM. <input type="checkbox"/> ENDORSMT

8. Have you ever been declined a license after a written examination Yes No IF YES, List states

9. Have you ever been brought before a Medical Examining Board, Medical Society or a criminal court on charges of unprofessional conduct or criminal behavior, or had a license to practice medicine suspended or revoked? Yes No IF YES, EXPLAIN BELOW

10. MEDICAL PRACTICE Since graduation from medical school I have been engaged in medical practice as follows: Include Internship & Residence

LOCATION (Town & State or Country)	HOSPITALS ASSOCIATED WITH AT THIS LOCATION	DATE MOV. HERE (Mo., Yr.)	DATE DEPART. (Mo., Yr.)
Burlington, Vermont	Mary Fletcher Hospital (intern)	7-64	6-65
Burlington, Vermont	Medical Ctr. Hosp of VT (resident)	7-65	8-69
Millington, Tennessee	US Naval Hospital Memphis	7-69	6-71
Burlington, Vermont	Medical Ctr Hosp of VT	7-71	10-75
Boston, Massachusetts	Beth Israel Hospital	10-75	8-77
Burlington, Vermont	Med Ctr Hosp of VT <small>if applicable, please enclose copy of Specialty Board Certificate</small>	8-77	current

11. SPECIALTY I am a Diplomate of the American Board of: NAME OF AMERICAN BOARD

NAMES OF ANY OTHER SPECIAL SOCIETIES

12. Have you enclosed one hundred and fifty dollars (\$150.00), the fee required by Connecticut law? Yes No

13. AFFIDAVIT OF APPLICANT The above named applicant, being duly sworn, says that (s)he is the person referred to in this application for certification for licensure to practice medicine in the State of Connecticut and that the statements herein contained are each and all true in every respect.

SIGNED IN THE STATE OF
Vermont
COUNTY OF
Chittenden

SEAL
of Notary Public

SIGNATURE OF APPLICANT SIGNATURE OF NOTARY PUBLIC DATE OF SIGNATURE

14. CERTIFICATE OF MEDICAL LICENSURE Answer ONLY if applying for endorsement of state license. This section MUST be completed by an official of the State Board which granted license.

It is hereby certified that said applicant is a medical school graduate and after written examination was granted a Certificate of Licensure to practice medicine in this state. This license has never been revoked or suspended and said applicant has never been summoned to appear before this board on charges of unprofessional conduct except as indicated below.

It is further certified that the data presented below applies to the above statement.

GRADUATE OF (Name of Medical School)	CERTIFICATE OF LIC. NO.	MEDICAL EXAMINING BOARD, STATE OF	DATE LICENSE ISSUED

EXPLAIN ANY CHARGES OF UNPROFESSIONAL CONDUCT

It is further certified that said applicant was examined in the following subjects and has received the following

GENERAL AVERAGE PASSING GRADE

SUBJECT	GRADE	SUBJECT	GRADE

It is also certified that physicians who are licensed in the State of Connecticut and whose educational qualifications meet the requirements of this board, will, upon proper application, be approved without examination for licensure to practice medicine in this state.

SIGNATURE OF OFFICIAL

TITLE

MEDICAL EXAM. BOARD, STATE OF

SEAL
of Medical
Examining Board

Answer ONLY if applying for endorsement of Medical Council of Canada license.

15. Have you attached a "Certificate of Standing" with scores from the Medical Council of Canada? Yes No

16. CERTIFICATE OF MEDICAL EDUCATION

It is hereby certified that the above named applicant has received the degree of Doctor of Medicine. See Pg. 4 if Foreign Medical Graduate.

This section MUST be completed by the Dean, Secretary, or Registrar of Medical School.

NAME OF MEDICAL SCHOOL

Downstate Medical Center - SUNY

NO. COURSES TAKEN

4

NO. OF MOS. PER COURSE

9

ADDRESS OF MEDICAL SCHOOL

450 Clarkson Ave Brooklyn NY 11203

DATE OF MATRICULATION

9/60

NAME OF SCHOOL OFFICIAL (Printed)

JOAN SILVERMAN - Registrar

TITLE

M.D

DATE DEGREE CONFER.

6/64

SIGNATURE OF SCHOOL OFFICIAL

Joan Silverman

DATE OF SIGNATURE

3-24-82

SEAL
of Medical School

17. CERTIFICATE OF IDENTIFICATION:

By official of County or State Medical Society, or of a Medical School or Hospital superior.

It is hereby certified that the above named applicant is an ethical practitioner of good moral and professional character and is recommended without reservation for certification for licensure to practice medicine in the State of Connecticut. It is further certified that the photograph attached hereto is a true likeness of said applicant.

BY: NAME OF MED. SOCIETY OFFICIAL (Printed) NAME OF MEDICAL SOCIETY

Is this applicant a member of this Medical Society? Yes No

OR: NAME OF MED. SCHOOL OFFICIAL (Printed) NAME OF MEDICAL SCHOOL
Leon I. Mann M.D. Univ. of Vermont

OR: NAME OF HOSPITAL SUPERIOR (Printed) NAME OF HOSPITAL
Leon I. Mann M.D. Medical Center Hospital of VT

SIGNATURE OF OFFICIAL OR SUPERIOR

Leon I. Mann M.D.

TITLE

Chairman OB-GYN

18. CERTIFICATE OF MORAL CHARACTER I certify that I am acquainted with the above named applicant and that to the best of my knowledge and belief said applicant is a suitable person to be licensed to practice medicine in the State of Connecticut. (Two names are required)

1. NAME (Printed) T. E. BRAUN, Jr. M.D. NO. YRS. ACQUAINTED 12 yrs ADDRESS 1 So Prospect St.

SIGNATURE T. E. Braun Jr. M.D. Burlington, Vt. 05401

2. NAME (Printed) Susan F Smith NO. YRS. ACQUAINTED 65 ADDRESS 87 Main St

SIGNATURE Susan Smith Essex Jct VT 05452

In addition to signing the reference sections, ask each doctor who is licensed in U. S. to write a separate character reference letter and mail it directly to this office. These doctors must have known you for one year or more.

RECEIVED
DEPARTMENT OF

ENDORSEMENT OF CERTIFICATION

APP

NATIONAL BOARD OF MEDICAL EXAMINERS
OF THE
UNITED STATES OF AMERICA
Lester Silberman, M. D.

having satisfied all the requirements and having successfully passed the examinations is hereby declared a Diplomate of the National Board of Medical Examiners.

Attest: John Parks
President of the Board

SEAL

Philadelphia, Pa.
July 1, 1965

JOHN P. HUBBARD
Executive Director of the Board
Cert. # 77301

It is certified that the above is a copy of the Diplomate Certificate issued to the named physician, a graduate of SUNY Downstate Medical Center College of Medicine in June, 1964, whose birth date is 08-02-1939, following successful completion of all examinations required for Certification by the National Board of Medical Examiners.

The grades obtained are as follows:

	Standard* Score	Scale Score
<u>PART I passed 06/62</u>		
Anatomy, incl. histology and embryology		88
Physiology		95
Biochemistry		86
Pathology		91
Microbiology, incl. immunology		87
Pharmacology and Materia Medica		87
Behavioral Sciences		--
<u>(Minimum Passing Grade 380/75) TOTAL GRADE/AVERAGE**</u>		89.0
<u>Part II passed 04/64</u>		
Internal medicine and the medical specialties		89
Surgery and the surgical specialties		89
Obstetrics and Gynecology		89
Public Health and Preventive Medicine		88
Pediatrics		90
Psychiatry		89
<u>(Minimum Passing Grade 290/75) TOTAL GRADE/AVERAGE**</u>		89.0
<u>PART III passed 03/65</u>		
A General Test of Clinical Competence		
<u>(Minimum Passing Grade 290/75) AVERAGE</u>		86.0
<u>GENERAL AVERAGE (Parts I, II, and III)</u>		88.0 (Scale Score)

*Examinations taken since June 1971 are reported with both Standard and Scale Score Equivalents.

**Since 1966 National Board criteria for certification are based upon candidate's Total Grade in Part I, Part II, and Part III, and not scores of individual subjects within each Part.

Ann K. Severling
Secretary for Certification
4-5-82

SEAL

Date

Leon I. Mann, M.D.

Chairman

John Van S. Maeck, M.D.

Herbert A. Durfee, Jr., M.D.

John D. Boardman, M.D.

John D. Lewis, M.D.

James F. Clapp III, M.D.

Theodore E. Braun, Jr., M.D.

Philip B. Mead, M.D.

Gerald G. Anderson, M.D.

Jerome L. Belinson, M.D.

Lester Silberman, M.D.

Mark Gibson, M.D.

Susan F. Smith, M.D.

RECEIVED
DEPARTMENT OF HEALTH SERVICES

APR 13 1982

DIVISION OF MEDICAL
QUALITY ASSURANCE

University Associates in
Obstetrics and Gynecology, Inc.
COLLEGE OF MEDICINE
UNIVERSITY OF VERMONT
ONE SOUTH PROSPECT STREET · BURLINGTON, VERMONT 05401

April 2, 1982

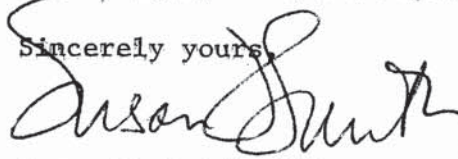
Connecticut Medical Examining Board
79 Elm Street
Hartford, CT 06115

Re: Lester Silberman, M.D.

TO WHOM MAY CONCERN:

I have known Lester Silberman, M.D. for five years. It gives me great pleasure to recommend him to the Connecticut Medical Examining Board as a person of outstanding moral character and high personal integrity.

Sincerely yours,



Susan F. Smith, M.D.

SFS/bmt

Leon I. Mann, M.D.

Chairman

John Van S. Maeck, M.D.

Herbert A. Durfee, Jr., M.D.

John D. Boardman, M.D.

John D. Lewis, M.D.

James F. Clapp III, M.D.

Theodore E. Braun, Jr., M.D.

Philip B. Mead, M.D.

Gerald G. Anderson, M.D.

Jerome L. Belinson, M.D.

Lester Silberman, M.D.

Mark Gibson, M.D.

Susan F. Smith, M.D.

RECEIVED

University Associates in
Obstetrics and Gynecology, Inc.

COLLEGE OF MEDICINE

UNIVERSITY OF VERMONT

ONE SOUTH PROSPECT STREET · BURLINGTON, VERMONT 05401

April 5, 1982

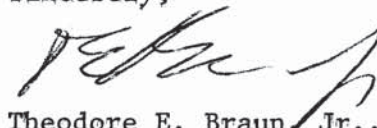
Connecticut Medical Examining Board
79 Elm Street
Hartford, CT 06115

Re: Dr. Lester Silberman

Dear Sirs:

I have known Dr. Lester Silberman over the past 12 years while he has been in the practice of Obstetrics and Gynecology. He is an outstanding physician of high ethical and moral standing and should be an excellent candidate for licensure in the State of Connecticut.

Sincerely,



Theodore E. Braun, Jr., M.D.

TEB/bmt

STATE OF CONNECTICUT

DEPARTMENT OF HEALTH SERVICES

DEPAR.

DIVISION OF MEDICAL QUALITY ASSURANCE

MAY 19 1982

DIVISION OF
QUALITY ASSC

April 22, 1982

APR 26 1982

MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE
James G. Nagle, Executive Secretary
Room 1511 Leverett Saltonstall Bldg.
100 Cambridge, Mass. 02202

Dear Sir:

The Connecticut Medical Examining Board has received an application for licensure to practice medicine in the State of Connecticut from:

NAME: Lester Silberman, M.D.
PRESENT ADDRESS: RD 3 Box 3195 Shelburne Vt. 05482
DATE AND PLACE OF BIRTH: 8/2/39 Brooklyn NY
MEDICAL DEGREE: Downstate Medical School 1964

We note on his application that he is licensed in the State of Massachusetts

Will you please give this Board any information you have concerning the moral, professional or ethical character of this physician? Has the captioned Doctor's license ever been restricted, suspended or revoked for any reason?

Sincerely,

Cert. No. 38803 Issued: 10/16/75
Currently registered and in good standing.
Mass. Board of Registration in Medicine.

Gary W. DeWitt, Ph.D.
Examination Coordinator

S. h. Mangano M.D.

GWD:

STATE OF CONNECTICUT

DEPARTMENT OF HEALTH SERVICES

DIVISION OF MEDICAL QUALITY ASSURANCE

April 22, 1982

MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE

James G. Madala, Executive Secretary
Room 1511 Leverett Saltonstall Bldg.
100 Cambridge, Mass. 02202

Dear Sir:

The Connecticut Medical Examining Board has received an application for licensure to practice medicine in the State of Connecticut from:

NAME: Lester Gilberman, M.D.
PRESENT ADDRESS: RD 3 Box 3195 Shelburne Vt. 05482
DATE AND PLACE OF BIRTH: 8/2/39 Brooklyn NY
MEDICAL DEGREE: Downstate Medical School 1964

We note on his application that he is licensed in the State of
Massachusetts

Will you please give this Board any information you have concerning the moral, professional or ethical character of this physician? Has the captioned Doctor's license ever been restricted, suspended or revoked for any reason?

Sincerely,

Gary W. DeWitt, Ph.D.
Examination Coordinator

GWD:



State of Vermont
Office of Secretary of State

RECEIVED
DEPARTMENT OF HEALTH
MAY 25 1982

PROFESSIONAL CERTIFICATE

I hereby certify that the following named persons are fully qualified to practice

Medicine

in the State of Vermont.

(Profession)

Lester Silberman, M.D.

License #42-0003000

This license is current and in good standing.



IN TESTIMONY WHEREOF, I have hereunto set my

hand and affixed the official seal of

Vermont Board of Medical Practice

(Regulating Board or Court)

at Montpelier, in the

County of Washington,

State of Vermont, this twentieth day of

May, A.D., 19 82.

Paul Gillies

(Signature and Title)

Paul Gillies

Deputy Secretary of State

STATE OF CONNECTICUT

DEPARTMENT OF HEALTH SERVICES

DIVISION OF MEDICAL QUALITY ASSURANCE

April 22, 1982

VERMONT DEPARTMENT OF HEALTH SERVICES
Sarah A. Ferris, Executive Director
109 State Street
Montpelier, VT 05612

Dear Sir:

The Connecticut Medical Examining Board has received an application for licensure to practice medicine in the State of Connecticut from:

NAME: Lester Silberman, M.D.
PRESENT ADDRESS: RR 3 Box 3195 Shelburne, VT 05482
DATE AND PLACE OF BIRTH: 8/2/39 Brooklyn, NY
MEDICAL DEGREE: Downstate Medical School 1964

We note on his application that he is licensed in the State of Vermont

Will you please give this Board any information you have concerning the moral, professional or ethical character of this physician? Has the captioned Doctor's license ever been restricted, suspended or revoked for any reason?

Sincerely,

Gary W. DeWitt, Ph.D.
Examination Coordinator

GWD:

Lester Silberman

1-5-82

Does Application need to
be reviewed by the Board? _____

The following information regarding Licensure through endorsement was
mailed on this date:

1. Application
2. Fee Information
3. Addendum
4. National Board Card
5. Document Information (For graduates of foreign
medical schools - See page 4 of Application) _____
6. FLEX letter with FLEX address
7. LMCC letter with LMCC address
8. Residency Verification Forms

Other:

12-18-81

Lesley Williams, MD,
Rd # 3, Box 3195
St Albans, VT 05402

St Albans, VT
Lic - VT

Cert - ob/gyn

MS
APP

Credential Profile - 1.023640

This profile contains information that may be used as a starting point in evaluating a health care provider. This profile should not, however, be the sole basis for selecting a health care provider. Please direct questions and comments about this profile to: Connecticut Department of Public Health, Physician Profiles, 410 Capitol Ave., M.S. 12 APP, P.O. Box 340308, Hartford, CT 06134-0308, oplc.dph@ct.gov.

Name LESTER SILBERMAN
 Credential 1.023640

Current Practice Locations

1. Are you currently practicing medicine in Connecticut?

Yes

2. Are you actively involved in Patient Care?

No

3. Enter your practice locations

Practice Name	Address 1	Address 2	Address 3	City	State	Zip Code	Primary Practice	Languages Spoken at this Location
Danbury Office Of Physician Service	Danbury Hospital	24 Hospital		Danbury	Connecticut	06810	Yes	

Connecticut Staff Privileges

4. Indicate the Connecticut Hospitals or Nursing Homes for which you have Staff privileges.

Facility Name	City	State
DANBURY HOSPITAL, THE		

Medical School

5. Medical School

DownState Medical School Brooklyn NY

6. Enter the Year of Graduation from Medical School

1964

Post Graduate Training

7. List your postgraduate training:

Site Name	City	State	Country	Start Date	End Date	Level	Type
Medical Center Hospital Of VT	Burlington	Vermont	UNITED STATES	07/01/1965	06/30/1969	Resident	OB/GYN
Mary Fletcher Hospital	Burlington	Vermont	UNITED STATES	07/01/1964	06/30/1965	Intern	Rotating

Specialty Area/American Board Certification

This physician has reported the Certification information below. For more information regarding Board Certification please contact:

- The American Board of Medical Specialties at www.abms.org, or
- The American Osteopathic Association at www.am-osteo-assn.org.

8. Please indicate practice specialties, subspecialties and the date you were certified by ABMS or ABOMS.

Specialty	Subspecialty	Certifying Board	Certification Date
Obstetrics and Gynecology	Subspecialty Certification Date	American Board of Obstetrics and Gynecology	11/12/1971

Medical Education Responsibilities

9. Are you a member of the faculty of a Connecticut medical school?

No

10. Select the state medical schools at which you are a member of the faculty.

University of Connecticut School of Medicine

11. Do you have current responsibility for graduate medical education?

Yes

Publications, Professional Services, Activities, and Awards

12. Publications, Professional Services, Activities, and Awards

Publisher/Issuer	Title/Award Name	Date
------------------	------------------	------

Medical Malpractice Information

13. Indicate your malpractice insurance carrier:

14. Indicate the Medical Malpractice Payments you have made within the past ten years.

Some studies have shown that there is no significant correlation between malpractice history and a physician's competence. At the same time, consumers should have access to malpractice information. This profile contains information about the malpractice payment history of the physician. Payment amounts have been placed into three statistical categories: below average, average and above average. To make the best health care decisions, you should view this information in perspective. You could miss an opportunity for high quality care by selecting a doctor based solely on malpractice history.

When considering malpractice data, please keep in mind:

- *Malpractice histories tend to vary by specialty. Some specialties are more likely than others to be the subject of litigation. This report compares physicians only to the members of their specialty, not all physicians, in order to make an individual physician's history more meaningful.*
- *This malpractice information reflects data for the last 10 years of the physician's practice. For physicians practicing less than 10 years, the data covers their total years of practice. You should take into account how long the doctor has been in practice when considering malpractice averages.*
- *The incident causing the malpractice claim may have happened years before payment is finally made. Sometimes it takes a long time for a malpractice lawsuit to move through the legal system.*
- *Some physicians work primarily with high-risk patients. These physicians may have malpractice histories that are higher than average because they specialize in cases or patients who are at very high risk of problems.*
- *Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred. For example, an insurer may choose to settle a case even if the physician opposes such settlement.*

You may wish to discuss the information provided in this report, and malpractice generally, with your physician.

Payments made by or on behalf of this healthcare provider:

Resolved Date	Payment Category	Specialty
---------------	------------------	-----------

Connecticut Hospital Discipline

This section contains categories disciplinary actions taken by hospitals during the past ten years which are specifically required by law to be released in the physician's profile.

16. Hospital Discipline

Hospital Name	City	State	Country	Discipline Date	Disciplinary Action
---------------	------	-------	---------	-----------------	---------------------

Other State License

18. Indicate States outside of CT where licenses are held.

State	Disciplinary Action
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Connecticut Licensure Disciplinary Actions

19. The following lists any past disciplinary actions taken against this licensee. If there is no data present, there have been no disciplinary action taken.

Date of Action	Action	License Status
----------------	--------	----------------

Felony Convictions

20. Felony Convictions within the previous ten years.

Conviction Date	Conviction
-----------------	------------

Profile 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 revocation of my license to practice medicine in Connecticut.

21. Enter the date.

Review

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

1. Biographical and Current Practice Information

CT License Number: 023640

Social Security No.: [REDACTED] - [REDACTED] - [REDACTED]

Last Name: Silberman

First Name: Lester MI: -

Telephone No. (Where you may be reached, 8:30 a.m.-4:30 p.m. (203) 797 - 7466

Are you currently practicing medicine in Connecticut? YES NO

Primary Practice Location-Name of Practice: Danbury Office of Physician Services

Address: Danbury Hospital

24 Hospital Ave

City, State Zip: Danbury CT 06810

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

Other Practice Location(s)-Name of Practice: _____

Address: _____

City, State Zip: _____

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

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

Name/City, State	Name/City, State
<u>Danbury Hospital / Danbury CT</u>	

2. Medical School

Medical School: Downstate Medical School (Brooklyn NY) Year of Graduation 1964

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

Site: Mary Fletcher Hospital City: Burlington VT Country: USA
Inclusive Dates: From: 7/1/64 To: 6/30/65 Intern Resident Fellowship (Please check one)
Type of Training (i.e. Pediatrics, Internal Medicine): Rotating

Site: Medical Center Hospital of VT City: Burlington VT Country: USA
Inclusive Dates: From: 7/1/65 To: 6/30/69 Intern Resident Fellowship (Please check one)
Type of Training (i.e. Pediatrics, Internal Medicine): Obstetrics-Gynecology

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: Obstetrics and Gynecology 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: 11 / 12 / 1971
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

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. _____
2. _____
3. _____
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>
1983	\$ 100,000	Obstetrics + Gynecology
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

<u>Hospital, City, State, Country</u>	<u>Date</u>	<u>Disciplinary Action</u>
N/A	_____	_____
_____	_____	_____
_____	_____	_____

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

<u>Date of Conviction</u>	<u>Conviction</u>
N/A	_____
_____	_____
_____	_____

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.

Walter Silbermann (M)
Signature

1/31/90
Date

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.

Renewal - 1.023640

Name LESTER SILBERMAN
Credential 1.023640

Fee Details

Renewal Application Fee	\$565.00
	\$565.00

Address Maintenance

Demographic Information

2. Please provide your Date of Birth.
08/02/1939

Workforce Survey Introduction

Dear Licensee:

Thank you for renewing your license online. It IS NOT necessary that you mail your hardcopy renewal application to the Department after you have renewed online.

The purpose of the next several questions is to allow the Department of Public Health to collect valuable workforce data that is currently unavailable but critical in identifying and addressing healthcare workforce shortage issues.

Thank you for assisting the Department in this important initiative.

Current Workforce Status

3. What is your current work status in Medicine?
Part-time (less than 30 hours per week)

Workforce Survey

4. In the next 12 months, do you plan to (please mark all that apply):
Retire from patient care?

5. If you are **NOT** working in your licensed profession, please indicate your plans for returning to work in your licensed field.

6. Please provide the number of hours per week that you provide DIRECT PATIENT CARE in your primary professional position.

If you do not provide hours in this category, please indicate 0.
0

7. Please provide the number of hours per week that you work as an ADMINISTRATOR/MANAGER in your primary professional position.

If you do not provide hours in this category, please indicate 0.
15

8. Please provide the number of hours per week that you work as an EDUCATOR/FACULTY in your primary professional position.
If you do not provide hours in this category, please indicate 0.
0

9. Please provide the number of hours per week that you work as a RESEARCHER in your primary professional position. If you do not provide hours in this category, please indicate 0.
0

10. If your primary professional position is in a category other than those above, please provide that category in the box below and indicate the number of hours per week.

If you do not provide hours in this category, please indicate 0.

11. Please indicate the setting of your primary professional employment.

Enter comments if "Other" is selected.

Outpatient Clinic

12. Gender

Male

13. Race: Choose all that apply:

14. Ethnicity: Please choose one:

Not Hispanic or Latino

Practice Location

If you are providing direct patient care, please identify the location of the primary site where you spend the most time providing direct patient care.

15. Address 1

N/A

16. Address 2

17. City

N/A

18. State

N/A

19. Zip Code

N/A

Primary Source of Payment

What percent of your patients have the following source of Payment?

20. Medicare

less than 10%

21. Medicaid

less than 10%

22. Self-Pay

26 - 50%

23. Private Insurance

11 - 25%

24. Other

less than 10%

Attestation

25. Have you been convicted of a felony since your last application?

No

26. Have you had any disciplinary action taken against you or any such actions pending by another State's licensing/certification authority since your last application?

No

By completing this renewal online, I verify that all the information I have provided is accurate and that I satisfy the renewal requirements that apply to my license.

Important Note

Please note that you will receive your new licensing documents (2 wallet-sized cards and 1 suitable for posting) during the third week of next month. DO NOT submit the hardcopy renewal application with an additional fee.

To continue processing your renewal, please click "Next" below.

On the review screen, click "**Add to Invoice.**"

On the top right of the invoice screen, you will be given the option to "**Pay Invoice**" or "**Print Invoice.**" When you are ready to pay the renewal fee, choose "**Pay Invoice**" to process your credit card payment.

Thank you for processing your renewal online.

Review

Renewal - 1.023640

Name LESTER SILBERMAN
Credential 1.023640

Fee Details

Renewal Application Fee	\$565.00
	\$565.00

Address Maintenance

Demographic Information

2. Please provide your Date of Birth.
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Workforce Survey Introduction

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The purpose of the next several questions is to allow the Department of Public Health to collect valuable workforce data that is currently unavailable but critical in identifying and addressing healthcare workforce shortage issues.

Thank you for assisting the Department in this important initiative.

Current Workforce Status in Medicine

3. What is your current work status in Medicine?
Inactive in the profession

Workforce Survey

4. In the next 12 months, do you plan to (please mark all that apply):

5. If you are **NOT** working in your licensed profession, please indicate your plans for returning to work in your licensed field.

6. Please provide the number of hours per week that you provide DIRECT PATIENT CARE in your primary professional position.

If you do not provide hours in this category, please indicate 0.

7. Please provide the number of hours per week that you work as an ADMINISTRATOR/MANAGER in your primary professional position.

If you do not provide hours in this category, please indicate 0.

8. Please provide the number of hours per week that you work as an EDUCATOR/FACULTY in your primary professional position. If you do not provide hours in this category, please indicate 0.

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10. If your primary professional position is in a category other than those above, please provide that category in the box below and indicate the number of hours per week.

If you do not provide hours in this category, please indicate 0.

11. Please indicate the setting of your primary professional employment.

Enter comments if "Other" is selected.

12. Gender

13. Race: Choose all that apply:

14. Ethnicity: Please choose one:

Practice Location

If you are providing direct patient care, please identify the location of the primary site where you spend the most time providing direct patient care.

15. Address 1

16. Address 2

17. City

18. State

19. Zip Code

Primary Source of Payment

What percent of your patients have the following source of Payment?

20. Medicare

21. Medicaid

22. Self-Pay

23. Private Insurance

24. Other

Attestation

25. Have you been convicted of a felony since your last application?

No

26. Have you had any disciplinary action taken against you or any such actions pending by another State's licensing/certification authority since your last application?

No

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Thank you for processing your renewal online.

Review

Credential - Search [hide criteria]

Credential Number CSP 26597 -

Credential Status

Name Contact DBA Legal

SSN/FEIN

Date Of Birth Today

Public Address Mailing Address

Address Name

Street Address

City, State, Zip

County -- n/a --

Country UNITED STATES

Phone

Federal ID

Search Options

Search Previous Names and Addresses Open results in new window

Board ▲	Credential ●	Name	Status (Reason)	Exp Date	SSN/FEIN	Date Of Birth	Address	Country
---------	--------------	------	-----------------	----------	----------	---------------	---------	---------

No Results Found for Specified Input

Credential View Screen [update]



<p>LESTER SILBERMAN Address: <input checked="" type="radio"/> Public <input type="radio"/> Mail</p> <div style="border: 1px solid black; padding: 5px;"> <p>[change public address] LESTER SILBERMAN 48 HOWE STREET NEW HAVEN, CT 06511</p> </div>	<table> <tr><td>ID</td><td>275645</td></tr> <tr><td>Warnings</td><td></td></tr> <tr><td>SSN/FEIN</td><td>██████████</td></tr> <tr><td>Contact Standing</td><td>---</td></tr> <tr><td>Contact Type</td><td>INDIVIDUAL</td></tr> <tr><td>Birth Date</td><td>08/02/1939</td></tr> <tr><td>Public File</td><td>YES</td></tr> <tr><td>Mailing List</td><td></td></tr> <tr><td>US Citizen</td><td></td></tr> <tr><td>Other License:</td><td>023640</td></tr> <tr><td>Email:</td><td>lsilber@charter.net</td></tr> </table>	ID	275645	Warnings		SSN/FEIN	██████████	Contact Standing	---	Contact Type	INDIVIDUAL	Birth Date	08/02/1939	Public File	YES	Mailing List		US Citizen		Other License:	023640	Email:	lsilber@charter.net	<p>Contact Audit Enforcemen Cont. Edu Documents Owned By/ Exams Experience Notes Schools Librarian Other State Background Online Info</p>
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Public File	YES																							
Mailing List																								
US Citizen																								
Other License:	023640																							
Email:	lsilber@charter.net																							

Comments:

CONTROLLED SUBSTANCE REGISTRATION FOR PRACTITIONER [update] [form letter]

<table> <tr><td>Credential #</td><td>CSP.0023596</td></tr> <tr><td>Application Date</td><td></td></tr> <tr><td>Effective Date</td><td>08/31/1995</td></tr> <tr><td>Expiration Date</td><td>02/28/1996</td></tr> <tr><td>First Issuance Date</td><td></td></tr> </table>	Credential #	CSP.0023596	Application Date		Effective Date	08/31/1995	Expiration Date	02/28/1996	First Issuance Date		<table> <tr><td>Credential Status</td><td>INACTIVE (12/15/2005)</td></tr> <tr><td>Status Reason</td><td>NONE</td></tr> <tr><td>Amount Due</td><td>\$0.00</td></tr> <tr><td>Date Last Activity</td><td>3/8/2010 12:22:33 PM</td></tr> <tr><td>Last Updated by</td><td>ElliottMi</td></tr> <tr><td>Certificate Sent Date</td><td></td></tr> </table>	Credential Status	INACTIVE (12/15/2005)	Status Reason	NONE	Amount Due	\$0.00	Date Last Activity	3/8/2010 12:22:33 PM	Last Updated by	ElliottMi	Certificate Sent Date		<p>Audit Documents Verification Workflow Key Mgmt Fees Notes Print Docs Comp. Audit Renewal License Stat</p>
Credential #	CSP.0023596																							
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Last Updated by	ElliottMi																							
Certificate Sent Date																								

Comments: RENEWAL APPLIC RETURNED AGAIN 4/30/97

- Specialty
- User Defined License Data
- Workflow

Specialty [show all] [add]

Description	Active	Inactive
No active classifications.		

Credential View Screen [update] 

<p>LESTER SILBERMAN Address: <input checked="" type="radio"/> Public <input type="radio"/> Mail</p> <div style="border: 1px solid black; padding: 5px;"> <p>[change public address] LESTER SILBERMAN PLANNED PARENTHOOD OF CT 345 WHITNEY AVENUE NEW HAVEN, CT 06511</p> </div>	<table> <tr><td>ID</td><td>275645</td></tr> <tr><td>Warnings</td><td></td></tr> <tr><td>SSN/FEIN</td><td>██████████</td></tr> <tr><td>Contact Standing</td><td>---</td></tr> <tr><td>Contact Type</td><td>INDIVIDUAL</td></tr> <tr><td>Birth Date</td><td>08/02/1939</td></tr> <tr><td>Public File</td><td>YES</td></tr> <tr><td>Mailing List</td><td></td></tr> <tr><td>US Citizen</td><td></td></tr> <tr><td>Other License:</td><td>023640</td></tr> <tr><td>Email:</td><td>lsilber@charter.net</td></tr> </table>	ID	275645	Warnings		SSN/FEIN	██████████	Contact Standing	---	Contact Type	INDIVIDUAL	Birth Date	08/02/1939	Public File	YES	Mailing List		US Citizen		Other License:	023640	Email:	lsilber@charter.net	<ul style="list-style-type: none"> Contact Audit Enforcemen Cont. Edu Documents Owned By/k Exams Experience Notes Schools Librarian Other State Background Online Info
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Warnings																								
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Mailing List																								
US Citizen																								
Other License:	023640																							
Email:	lsilber@charter.net																							

Comments:

CONTROLLED SUBSTANCE REGISTRATION FOR PRACTITIONER [update] [form letter]

<table> <tr><td>Credential #</td><td>CSP.0026595</td></tr> <tr><td>Application Date</td><td>03/02/1998</td></tr> <tr><td>Effective Date</td><td>03/01/2009</td></tr> <tr><td>Expiration Date</td><td>02/28/2011</td></tr> <tr><td>First Issuance Date</td><td></td></tr> </table>	Credential #	CSP.0026595	Application Date	03/02/1998	Effective Date	03/01/2009	Expiration Date	02/28/2011	First Issuance Date		<table> <tr><td>Credential Status</td><td>LAPSED (03/04/2011)</td></tr> <tr><td>Status Reason</td><td></td></tr> <tr><td>Approved By</td><td>RiddickMa, DCP</td></tr> <tr><td>Amount Due</td><td>\$0.00</td></tr> <tr><td>Date Last Activity</td><td>3/4/2011 4:23:43 PM</td></tr> <tr><td>Last Updated by</td><td>ElliottMi</td></tr> <tr><td>Certificate Sent Date</td><td>02/05/2009</td></tr> </table>	Credential Status	LAPSED (03/04/2011)	Status Reason		Approved By	RiddickMa, DCP	Amount Due	\$0.00	Date Last Activity	3/4/2011 4:23:43 PM	Last Updated by	ElliottMi	Certificate Sent Date	02/05/2009	<ul style="list-style-type: none"> Audit Documents Verification Workflow Key Mgmt Fees Notes Print Docs Comp. Audit Renewal License Status
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Comments:

- Specialty
- User Defined License Data
- Workflow

Specialty [show all] [add]

Description	Active	Inactive
No active classifications.		

Credential View Screen [update]



<p>LESTER SILBERMAN Address: <input checked="" type="radio"/> Public <input type="radio"/> Mail</p> <div style="border: 1px solid black; padding: 5px;"> <p>[change public address] LESTER SILBERMAN 1558 WASHINGTON BLVD STAMFORD, CT 06360</p> </div>	<p>ID 275645 Warnings SSN/FEIN [REDACTED] Contact Standing --- Contact Type INDIVIDUAL Birth Date 08/02/1939 Public File YES Mailing List US Citizen Other License: 023640 Email: lsilber@charter.net</p>	<p>Contact Audit Enforcemen Cont. Edu Documents Owned By/k Exams Experience Notes Schools Librarian Other State Background Online Info</p>
<p>Comments:</p>		

CONTROLLED SUBSTANCE REGISTRATION FOR PRACTITIONER [update] [form letter]

<p>Credential # CSP.0023599 Application Date Effective Date 08/31/1995 Expiration Date 02/28/1996 First Issuance Date</p>	<p>Credential Status INACTIVE (01/26/2009) Status Reason Amount Due \$0.00 Date Last Activity 3/8/2010 12:21:27 PM Last Updated by ElliottMi Certificate Sent Date</p>	<p>Audit Documents Verification Workflow Key Mgmt Fees Notes Print Docs Comp. Audit Renewal License Status</p>
<p>Comments:</p> <ul style="list-style-type: none"> • Specialty • User Defined License Data • Workflow 		

Specialty [show all] [add]

Description	Active	Inactive
<p>No active classifications.</p>		

Credential View Screen [update] 

<p>LESTER SILBERMAN Address: <input checked="" type="radio"/> Public <input type="radio"/> Mail</p> <div style="border: 1px solid black; padding: 2px;"> <p>[change public address] LESTER SILBERMAN 1030 NEW BRITAIN AVENUE WEST HARTFORD, CT 06133</p> </div>	<table> <tr><td>ID</td><td>275645</td></tr> <tr><td>Warnings</td><td></td></tr> <tr><td>SSN/FEIN</td><td>██████████</td></tr> <tr><td>Contact Standing</td><td>---</td></tr> <tr><td>Contact Type</td><td>INDIVIDUAL</td></tr> <tr><td>Birth Date</td><td>08/02/1939</td></tr> <tr><td>Public File</td><td>YES</td></tr> <tr><td>Mailing List</td><td></td></tr> <tr><td>US Citizen</td><td></td></tr> <tr><td>Other License:</td><td>023640</td></tr> <tr><td>Email:</td><td>lsilber@charter.net</td></tr> </table>	ID	275645	Warnings		SSN/FEIN	██████████	Contact Standing	---	Contact Type	INDIVIDUAL	Birth Date	08/02/1939	Public File	YES	Mailing List		US Citizen		Other License:	023640	Email:	lsilber@charter.net	<p>Contact Audit Enforcemen Cont. Edu Documents Owned By/ Exams Experience Notes Schools Librarian Other State Background Online Info</p>
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Comments:

CONTROLLED SUBSTANCE REGISTRATION FOR PRACTITIONER [update] [form letter]

<table> <tr><td>Credential #</td><td>CSP.0023598</td></tr> <tr><td>Application Date</td><td></td></tr> <tr><td>Effective Date</td><td>03/01/1996</td></tr> <tr><td>Expiration Date</td><td>02/28/1997</td></tr> <tr><td>First Issuance Date</td><td></td></tr> </table>	Credential #	CSP.0023598	Application Date		Effective Date	03/01/1996	Expiration Date	02/28/1997	First Issuance Date		<table> <tr><td>Credential Status</td><td>INACTIVE (12/15/2005)</td></tr> <tr><td>Status Reason</td><td>NONE</td></tr> <tr><td>Amount Due</td><td>\$0.00</td></tr> <tr><td>Date Last Activity</td><td>11/2/2009 12:15:52 PM</td></tr> <tr><td>Last Updated by</td><td>LEGACYDATA</td></tr> <tr><td>Certificate Sent Date</td><td></td></tr> </table>	Credential Status	INACTIVE (12/15/2005)	Status Reason	NONE	Amount Due	\$0.00	Date Last Activity	11/2/2009 12:15:52 PM	Last Updated by	LEGACYDATA	Certificate Sent Date		<p>Audit Documents Verification Workflow Key Mgmt Fees Notes Print Docs Comp. Audit Renewal License Stat</p>
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Last Updated by	LEGACYDATA																							
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Comments:

- Specialty
- User Defined License Data
- Workflow

Specialty [show all] [add]

Description	Active	Inactive
No active classifications.		

Credential View Screen [update] 

<p>LESTER SILBERMAN Address: <input checked="" type="radio"/> Public <input type="radio"/> Mail</p> <div style="border: 1px solid black; padding: 5px;"> <p>[change public address] LESTER SILBERMAN PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND INC 12 CASE ST NORWICH, CT 06360-2222</p> </div>	<table> <tr><td>ID</td><td>275645</td></tr> <tr><td>Warnings</td><td></td></tr> <tr><td>SSN/FEIN</td><td>██████████</td></tr> <tr><td>Contact Standing</td><td>---</td></tr> <tr><td>Contact Type</td><td>INDIVIDUAL</td></tr> <tr><td>Birth Date</td><td>08/02/1939</td></tr> <tr><td>Public File</td><td>YES</td></tr> <tr><td>Mailing List</td><td></td></tr> <tr><td>US Citizen</td><td></td></tr> <tr><td>Other License:</td><td>023640</td></tr> <tr><td>Email:</td><td>lsilber@charter.net</td></tr> </table>	ID	275645	Warnings		SSN/FEIN	██████████	Contact Standing	---	Contact Type	INDIVIDUAL	Birth Date	08/02/1939	Public File	YES	Mailing List		US Citizen		Other License:	023640	Email:	lsilber@charter.net	<ul style="list-style-type: none"> Contact Audit Enforcemen Cont. Edu Documents Owned By/# Exams Experience Notes Schools Librarian Other State Background Online Info
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Comments:

CONTROLLED SUBSTANCE REGISTRATION FOR PRACTITIONER [update] [form letter]

<table> <tr><td>Credential #</td><td>CSP.0023597</td></tr> <tr><td>Application Date</td><td></td></tr> <tr><td>Effective Date</td><td>08/31/1995</td></tr> <tr><td>Expiration Date</td><td>02/28/1996</td></tr> <tr><td>First Issuance Date</td><td></td></tr> </table>	Credential #	CSP.0023597	Application Date		Effective Date	08/31/1995	Expiration Date	02/28/1996	First Issuance Date		<table> <tr><td>Credential Status</td><td>INACTIVE (12/15/2005)</td></tr> <tr><td>Status Reason</td><td>NONE</td></tr> <tr><td>Amount Due</td><td>\$0.00</td></tr> <tr><td>Date Last Activity</td><td>3/8/2010 12:21:48 PM</td></tr> <tr><td>Last Updated by</td><td>ElliottMi</td></tr> <tr><td>Certificate Sent Date</td><td></td></tr> </table>	Credential Status	INACTIVE (12/15/2005)	Status Reason	NONE	Amount Due	\$0.00	Date Last Activity	3/8/2010 12:21:48 PM	Last Updated by	ElliottMi	Certificate Sent Date		<ul style="list-style-type: none"> Audit Documents Verification Workflow Key Mgmt Fees Notes Print Docs Comp. Audit Renewal License Statu
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Comments:

- Specialty
- User Defined License Data
- Workflow

Specialty [show all] [add]

Description	Active	Inactive
No active classifications.		

Credential View Screen [update]



<p>LESTER SILBERMAN Address: <input checked="" type="radio"/> Public <input type="radio"/> Mail</p> <p>[change public address] LESTER SILBERMAN PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND INC 12 CASE ST NORWICH, CT 06360-2222</p>	<table> <tr> <td>ID</td> <td>275645</td> </tr> <tr> <td>Warnings</td> <td></td> </tr> <tr> <td>SSN/FEIN</td> <td>[REDACTED]</td> </tr> <tr> <td>Contact Standing</td> <td>---</td> </tr> <tr> <td>Contact Type</td> <td>INDIVIDUAL</td> </tr> <tr> <td>Birth Date</td> <td>08/02/1939</td> </tr> <tr> <td>Public File</td> <td>YES</td> </tr> <tr> <td>Mailing List</td> <td></td> </tr> <tr> <td>US Citizen</td> <td></td> </tr> <tr> <td>Other License:</td> <td>023640</td> </tr> <tr> <td>Email:</td> <td>lsilber@charter.net</td> </tr> </table>	ID	275645	Warnings		SSN/FEIN	[REDACTED]	Contact Standing	---	Contact Type	INDIVIDUAL	Birth Date	08/02/1939	Public File	YES	Mailing List		US Citizen		Other License:	023640	Email:	lsilber@charter.net	<p>Contact Audit Enforcement Cont. Edu Documents Owned By/k Exams Experience Notes Schools Librarian Other State Background Online Info</p>
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Warnings																								
SSN/FEIN	[REDACTED]																							
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Comments:

CONTROLLED SUBSTANCE REGISTRATION FOR PRACTITIONER [update] [form letter]

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Comments:

- Specialty
- User Defined License Data
- Workflow

Specialty [show all] [add]

Description	Active	Inactive
No active classifications.		

Credential View Screen [update]



<p>LESTER SILBERMAN Address: <input checked="" type="radio"/> Public <input type="radio"/> Mail [change public address] LESTER SILBERMAN 48 HOWE STREET NEW HAVEN, CT 06511</p>	<p>ID: 275645 Warnings: [REDACTED] SSN/FEIN: [REDACTED] Contact Standing: INDIVIDUAL Contact Type: 08/02/1939 Birth Date: YES Public File: Mailing List: US Citizen: Other License: 023640 Email: lsilber@charter.net</p>	<p>Contact Audit Enforcemen Cont. Edu Documents Owned By/k Exams Experience Notes Schools Librarian Other State Background Online Info</p>
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Comments:

CONTROLLED SUBSTANCE REGISTRATION FOR PRACTITIONER [update] [form letter]

<p>Credential # CSP.0023596 Application Date Effective Date 08/31/1995 Expiration Date 02/28/1996 First Issuance Date</p>	<p>Credential Status INACTIVE (12/15/2005) Status Reason NONE Amount Due \$0.00 Date Last Activity 3/8/2010 12:22:33 PM Last Updated by ElliottMi Certificate Sent Date</p>	<p>Audit Documents Verification Workflow Key Mgmt Fees Notes Print Docs Comp. Audit Renewal License Statu</p>
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Comments: RENEWAL APPLIC RETURNED AGAIN 4/30/97

- Specialty
- User Defined License Data
- Workflow

Specialty [show all] [add]

Description	Active	Inactive
No active classifications.		

Credential View Screen [\[update\]](#)



<p>LESTER SILBERMAN Address: <input checked="" type="radio"/> Public <input type="radio"/> Mail</p> <div style="border: 1px solid black; padding: 5px;"> <p>[change public address] PLANNED PARENTHOOD OF CT ATTN: MORIAH RITSON PO Box 362 Candlewood Isle New Fairfield, CT 06812</p> </div>	<table border="0"> <tr><td>ID</td><td>275645</td></tr> <tr><td>Warnings</td><td></td></tr> <tr><td>SSN/FEIN</td><td>XXXXXXXXXX</td></tr> <tr><td>Contact Standing</td><td>---</td></tr> <tr><td>Contact Type</td><td>INDIVIDUAL</td></tr> <tr><td>Birth Date</td><td>08/02/1939</td></tr> <tr><td>Public File</td><td>YES</td></tr> <tr><td>Mailing List</td><td></td></tr> <tr><td>US Citizen</td><td></td></tr> <tr><td>Other License:</td><td>023640</td></tr> <tr><td>Email:</td><td>lsilber@charter.net</td></tr> </table>	ID	275645	Warnings		SSN/FEIN	XXXXXXXXXX	Contact Standing	---	Contact Type	INDIVIDUAL	Birth Date	08/02/1939	Public File	YES	Mailing List		US Citizen		Other License:	023640	Email:	lsilber@charter.net	<p>Contact Audit Enforcemen Cont. Edu Documents Owned By/k Exams Experience Notes Schools Librarian Other State Background Online Info</p>
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Email:	lsilber@charter.net																							

Comments:

CONTROLLED SUBSTANCE REGISTRATION FOR PRACTITIONER [\[update\]](#) [\[form letter\]](#)

<table border="0"> <tr><td>Credential #</td><td>CSP.0016601</td></tr> <tr><td>Application Date</td><td></td></tr> <tr><td>Effective Date</td><td>03/01/2011</td></tr> <tr><td>Expiration Date</td><td>02/28/2013</td></tr> <tr><td>First Issuance Date</td><td></td></tr> </table>	Credential #	CSP.0016601	Application Date		Effective Date	03/01/2011	Expiration Date	02/28/2013	First Issuance Date		<table border="0"> <tr><td>Credential Status</td><td>ACTIVE (02/14/2011)</td></tr> <tr><td>Status Reason</td><td>NONE</td></tr> <tr><td>Amount Due</td><td>\$0.00</td></tr> <tr><td>Date Last Activity</td><td>2/14/2011 11:52:38 AM</td></tr> <tr><td>Last Updated by</td><td>McMahonE</td></tr> <tr><td>Certificate Sent Date</td><td>02/14/2011</td></tr> </table>	Credential Status	ACTIVE (02/14/2011)	Status Reason	NONE	Amount Due	\$0.00	Date Last Activity	2/14/2011 11:52:38 AM	Last Updated by	McMahonE	Certificate Sent Date	02/14/2011	<p>Audit Documents Verification Workflow Key Mgmt Fees Notes Print Docs Comp. Audit Renewal License Status</p>
Credential #	CSP.0016601																							
Application Date																								
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Comments:

- Specialty
- User Defined License Data
- Workflow

Specialty [\[show all\]](#) [\[add\]](#)

Description	Active	Inactive
No active classifications.		

Credential View Screen [\[update\]](#)



<p>LESTER SILBERMAN Address: <input checked="" type="radio"/> Public <input type="radio"/> Mail</p> <div style="border: 1px solid black; padding: 5px;"> <p>[change public address] LESTER SILBERMAN PO Box 362 11 Lake Drive North New Fairfield, CT 06812</p> </div>	<p>ID 275645 Warnings SSN/FEIN ██████████ Contact Standing --- Contact Type INDIVIDUAL Birth Date 08/02/1939 Public File YES Mailing List US Citizen Other License: 023640 Email: lsilber@charter.net</p>	<p>Contact Audit Enforcement Cont. Edu Documents Owned By/k Exams Experience Notes Schools Librarian Other State Background Online Info</p>
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Comments:

CONTROLLED SUBSTANCE REGISTRATION FOR PRACTITIONER [\[update\]](#) [\[form letter\]](#)

<p>Credential # CSP.0010959 Application Date Effective Date 03/01/2011 Expiration Date 02/28/2013 First Issuance Date</p>	<p>Credential Status ACTIVE (02/14/2011) Status Reason NONE Approved By ElliottMi, DCP Amount Due \$0.00 Date Last Activity 2/14/2011 4:00:56 PM Last Updated by ElliottMi Certificate Sent Date 02/14/2011</p>	<p>Audit Documents Verification Workflow Key Mgmt Fees Notes Print Docs Comp. Audit Renewal License Status</p>
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Comments:

- Specialty
- User Defined License Data
- Workflow

Specialty [\[show all\]](#) [\[add\]](#)

Description	Active	Inactive
No active classifications.		

Credential View Screen [update]



<p>LESTER SILBERMAN Address: <input checked="" type="radio"/> Public <input type="radio"/> Mail</p> <div style="border: 1px solid black; padding: 2px;"> <p>[change public address] LESTER SILBERMAN PO Box 362 New Fairfield, CT 06812</p> </div>	<table> <tr><td>ID</td><td>275645</td></tr> <tr><td>Warnings</td><td></td></tr> <tr><td>SSN/FEIN</td><td>██████████</td></tr> <tr><td>Contact Standing</td><td>---</td></tr> <tr><td>Contact Type</td><td>INDIVIDUAL</td></tr> <tr><td>Birth Date</td><td>08/02/1939</td></tr> <tr><td>Public File</td><td>YES</td></tr> <tr><td>Mailing List</td><td></td></tr> <tr><td>US Citizen</td><td></td></tr> <tr><td>Other License:</td><td>023640</td></tr> <tr><td>Email:</td><td>lsilber@charter.net</td></tr> </table>	ID	275645	Warnings		SSN/FEIN	██████████	Contact Standing	---	Contact Type	INDIVIDUAL	Birth Date	08/02/1939	Public File	YES	Mailing List		US Citizen		Other License:	023640	Email:	lsilber@charter.net	<ul style="list-style-type: none"> Contact Audit Enforcemen Cont. Edu Documents Owned By/* Exams Experience Notes Schools Librarian Other State Background Online Info:
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Comments:

CONTROLLED SUBSTANCE REGISTRATION FOR PRACTITIONER [update] [form letter]

<table> <tr><td>Credential #</td><td>CSP.0026596</td></tr> <tr><td>Application Date</td><td>03/02/1998</td></tr> <tr><td>Effective Date</td><td>03/01/2011</td></tr> <tr><td>Expiration Date</td><td>02/28/2013</td></tr> <tr><td>First Issuance Date</td><td></td></tr> </table>	Credential #	CSP.0026596	Application Date	03/02/1998	Effective Date	03/01/2011	Expiration Date	02/28/2013	First Issuance Date		<table> <tr><td>Credential Status</td><td>ACTIVE (02/14/2011)</td></tr> <tr><td>Status Reason</td><td>NONE</td></tr> <tr><td>Amount Due</td><td>\$0.00</td></tr> <tr><td>Date Last Activity</td><td>2/14/2011 12:52:20 PM</td></tr> <tr><td>Last Updated by</td><td>ElliottMi</td></tr> <tr><td>Certificate Sent Date</td><td>02/14/2011</td></tr> </table>	Credential Status	ACTIVE (02/14/2011)	Status Reason	NONE	Amount Due	\$0.00	Date Last Activity	2/14/2011 12:52:20 PM	Last Updated by	ElliottMi	Certificate Sent Date	02/14/2011	<ul style="list-style-type: none"> Audit Documents Verification Workflow Key Mgmt Fees Notes Print Docs Comp. Audit Renewal License Statu:
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Comments:

- Specialty
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- Workflow

Specialty [show all] [add]

Description	Active	Inactive
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