



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

February 18, 2020

MONICA VIRGINIA DRAGOMAN, MD
30 Stratford Green Drive
Unit 2
Canfield, OH 44406

TO WHOM IT MAY CONCERN:

LICENSURE VERIFICATION

Please be advised that Connecticut General Statutes, certain matters involving the investigation and rehabilitation of Physician/Surgeon remain confidential. Therefore, in response to your inquiry regarding the status of the Physician/Surgeon identified below, at this time we are providing only publically disclosable information. In order for this office to confirm or deny whether there is any confidential information relevant to your inquiry, a release form from such Physician/Surgeon must be provided.

IF YOU WISH TO ESTABLISH WHETHER CONFIDENTIAL INFORMATION EXISTS CONCERNING THIS Physician/Surgeon, PLEASE HAVE HIM/HER SIGN THE REVERSE SIDE OF THIS FORM, WHICH CONSTITUTES A RELEASE FOR SUCH INFORMATION, AND RETURN IT TO THIS OFFICE. PLEASE NOTE THAT ONLY THIS DEPARTMENT'S RELEASE FORM WILL BE ACCEPTED.

This is to certify that the records of the Connecticut Department of Public Health indicate that:

MONICA VIRGINIA DRAGOMAN

Was issued Connecticut:	Physician/Surgeon License
Date of Issuance:	09/16/2016
License Number:	55728
Expiration Date:	09/30/2017
Status of License:	INACTIVE, LAPSED DUE TO NON-RENEWAL
Past or Pending Disciplinary History:	No

Sincerely,

A handwritten signature in black ink that reads "Stephen B. Carragher".

Stephen B. Carragher
Public Health Services Manager
Practitioner Licensing and Investigation Section

Printed by: Celeste Dowdell



Phone: (860) 509-7603
Telephone Device for the Deaf (860) 509-7191
410 Capitol Avenue - MS # 12 APP
P.O. Box 340308 Hartford, CT 06134
An Equal Opportunity Employer

Application - Physician/Surgeon

Name	MONICA VIRGINIA DRAGOMAN
Credential	Physician/Surgeon

Fee Details

Fee to Query NPDB	\$4.75
Initial Application Fee	\$565.00
	\$569.75

Application Instructions

Thank you for applying for your license online. Please note that as part of this application, you will be required to upload a recent picture of yourself. Please make sure you have one available on the device you are using to file this application.

Please note that you need to arrange for the submission, directly from the source, of a transcript from your medical school, verification of at least 2 years of progressive, post graduate residency training, verification of completion of the required examinations and verification of all licenses held, current or expired.

Applicants who completed medical school outside of the United States are required to arrange for their medical school to send a completed school verification form and a transcript directly to this office verifying completion of medical school. Non-US trained applicants are also required to arrange for the submission of verification of current certification by ECFMG.

For detailed information regarding eligibility and documentation requirements, please visit www.ct.gov/dph/license and select Physician/Surgeon.

As part of this application, you will provide information that will be used to create a profile that will be published on the Department's website. Following issuance of licensure, you will be provided with an opportunity to review and update the profile prior to its publication.

APPLICANTS WHO HAVE HELD A CT PHYSICIAN LICENSE IN THE PAST SHOULD NOT USE THIS SERVICE TO APPLY FOR REINSTATEMENT.

Demographic Information - Initial App

- | | |
|---|------------------------|
| 7. Maiden Name | N/A |
| 1. Please provide your Date of Birth | 09/22/1975 |
| 2. U.S. Social Security Number | 280-84-2112 |
| 3. Gender | Female |
| 4. Race: | White |
| 5. Ethnicity: Please choose one | Not Hispanic or Latino |
| 6. Please attach a recent photo of the applicant. | Untitled.pdf |

Basis of Licensure

Please select a basis for licensure.

Please note the following definitions:

Endorsement: Select this basis of licensure if you were educated in the United States and are, or have been, licensed in any other U.S. state or Canadian province.

Endorsement - FT: Select this basis of licensure if you completed your educational preparation outside of the U.S. and you are, or

