



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

February 18, 2020

VANITA KUMAR, MD  
200 CABRINI BLVD APT 91  
NEW YORK, NY 10033-1121

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:

### VANITA KUMAR

<b>Was issued Connecticut:</b>	Physician/Surgeon License
<b>Date of Issuance:</b>	08/08/2018
<b>License Number:</b>	61740
<b>Expiration Date:</b>	06/30/2020
<b>Status of License:</b>	ACTIVE, CURRENT
<b>Past or Pending Disciplinary History:</b>	No

Sincerely,

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



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	VANITA KUMAR
Credential	Physician/Surgeon

**Fee Details**

Fee to Query NPDB	\$4.75
Initial Application Fee	\$565.00
	<b>\$569.75</b>

**Past Connecticut Licensure/Certification**

Please do not complete this application if you currently hold or have held a CT license/certificate for this profession.

This application is for individuals APPLYING for a license/certificate for the FIRST TIME. It is not for applicants who are attempting to renew a license/certificate or to reinstate a lapsed license/certificate.

If you are trying to renew a license/certificate and do not have your assigned user ID and password, please DO NOT CONTINUE with this application.

Please email [oplc.dph@ct.gov](mailto:oplc.dph@ct.gov) and include, for your protection, your name, profession, date of birth and the last four digits of your Social Security number and your user ID and password will be emailed to you.

Please note that not all profession types allow for online renewal at this time.

To continue this application, select the 'Next' button at the bottom left corner of the screen.

**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 be advised that application fees submitted to the department are non-refundable.

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](http://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 Application**

1. Maiden Name  
Kumar
2. Please provide your Date of Birth  
06/15/1974
3. U.S. Social Security Number  
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