

**Profile - 1.027173**

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 FRANCES W GINSBURG  
 Credential 1.027173

**Current Practice Locations**

Are you currently practicing your licensed profession in Connecticut?

Yes

Are you actively involved in patient care?

No

Enter your practice locations

| Practice Name         | Address 1                               | Address 2 | Address 3 | City     | State       | Zip Code | Primary Practice | Languages Spoken at this Location |
|-----------------------|---|-----------|-----------|----------|-------------|----------|------------------|-----------------------------------|
| The Stamford Hospital | Department of Obstetrics and Gynecology |           |           | Stamford | Connecticut | 06904    | Yes              |                                   |

**Connecticut Staff Privileges**

Indicate the Connecticut hospitals or nursing homes for which you have staff privileges

| Facility Name          | City | State |
|------------------------|------|-------|
| STAMFORD HOSPITAL, THE |      |       |

**Medical School**

Medical School

New York University School Of Medicine

Year of Graduation

1980

**Post Graduate Training**

List your postgraduate training:

| Site Name                | City     | State    | Country       | Start Date | End Date   | Level      | Type   |
|--------------------------|----------|----------|---------------|------------|------------|------------|--------|
| Bellevue Hospital Center | New York | New York | UNITED STATES | 07/01/1980 | 06/30/1984 | Resident   | OB/GYN |
| Bellevue Hospital Center | New York | New York | UNITED STATES | 07/01/1984 | 06/30/1986 | Fellowship | OB/GYN |

**Specialty Area/American Board Certification**

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               | American Board of Obstetrics and Gynecology | 11/01/1987         |
|                           | Reproductive Endocrinology |   |                    |

**Medical Education Responsibilities**

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

No

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

Do you have current responsibility for graduate medical education?

Yes

### Publications, Professional Services, Activities, and Awards

In this section, you may add any publications, professional services, activities, and awards that you would think useful to viewers of your profile.

| Publisher/Issuer                            | Title/Award Name                       | Date       |
|---|--|------------|
| Alpha Omega Alpha                           | Honorary Society                       |            |
| Columbia College of Physicians and Surgeons | Assistant Professor of Clinical OB/GYN | 07/01/1998 |
| Castle Connelley                            |  |            |

### Medical Malpractice Information

Information in this section is currently the subject of a dispute and is therefore not currently available.

### 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.

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### Other State License

Indicate states outside of CT where licenses are held, current or expired

| State | Disciplinary Action |
|-------|---------------------|
|       |                     |

### Connecticut Licensure Disciplinary Actions

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

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

### Felony Convictions

Please enter any 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 my profession in Connecticut.

Attestation Date

02/17/2011

### Review