Application - Physician/Surgeon

Name	SAMANTHA DOUGLAS BAER
Credential	Physician/Surgeon

Fee Details

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

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 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 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
   Baer

2. Please provide your Date of Birth
   05/06/1986

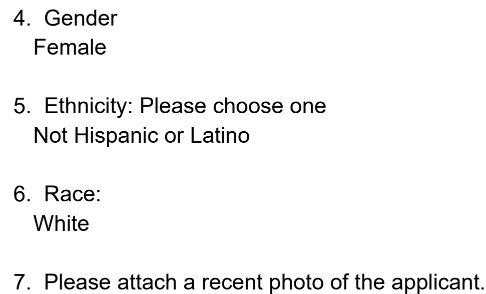
3. U.S. Social Security Number

4. Gender
   Female

5. Ethnicity: Please choose one
   Not Hispanic or Latino

6. Race:
   White

7. Please attach a recent photo of the applicant.



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 have been, licensed in any U.S. state or Canadian province.

Exam: Select this basis of licensure if you were educated in the U.S. and this is the first time you are applying for a license in any jurisdiction.

Exam - FT: Select this basis of licensure if you completed your educational preparation outside of the U.S. and this is the first time you are applying for a license in any jurisdiction.

8. Select Basis for Licensure
   Exam

Federation Credentials Verification Service (FCVS)

FCVS obtains primary-source verification of medical education, postgraduate training, examination history, board action history, board certification and identity. This repository of information allows a physician and/or physician assistant to establish a confidential, lifetime professional portfolio with FCVS which can be forwarded, at the applicant's request, to any state medical and osteopathic board that has established an agreement with FCVS. Please note that this is optional.

9. If you plan to use the Federation Credentials Verification Service (FCVS) to verify your core credentials, enter your FCVS Packet ID here

Medical Education

10. Medical School
    University of Florida

11. Year of Graduation
    2016

Post Graduate Training Information

Please enter any internship, residency or fellowship training you have completed

12. List your postgraduate training:

Site Name	City	State	Country	Start Date	End Date	Level	Type
Tufts Medical Center	Boston	Massachusetts	UNITED STATES	07/01/2016	06/30/2020	Resident	OB/GYN

National Provider Identifier

The National Provider Identifier (NPI) is a 10-digit identifier required on all HIPAA standard electronic transactions. NPIs have replaced all separately issued identifiers, including Medicaid PINs and Medicare UPINs, on HIPAA standard electronic transactions. In the past, health plans assigned an identifying number to each provider with whom they conducted electronic business. Since providers typically work with several health plans, they were likely to have a different identification number for each plan. The NPI has been put in place so that each provider has one unique, United States federal government-issued identifier to be used in transactions with all health plans with which the provider conducts business.

13. Please enter your NPI number here (if you do not know your NPI number, you may retrieve it at https://npiregistry.cms.hhs.gov.) If you do not have an NPI number, please enter ten (10) zeros:
1366891400

Specialty/Board Certification

Please enter your specialty, subspecialty and indicate the date on which you were certified by an ABMS ABMOS specialty board

14. Please indicate practice specialties, subspecialties and the date you were certified by ABMS or ABOMS, if applicable. Board certification is not a requirement for licensure.

Specialty	Subspecialty		Certifying Board	Certification Date
	Subspecialty	Certification Date		
Obstetrics and Gynecology				

Other State License

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

State	Disciplinary Action
Massachusetts	No

Current Practice Information

16. Upon issuance of your Connecticut license, will you practice medicine in Connecticut?
Yes

17. Are you actively involved in patient care?
Yes

18. Enter your practice locations

Practice Name	Address 1	Address 2	Address 3	City	State	Zip Code	Primary Practice	Languages Spoken at this Location

Connecticut Hospitals and Nursing Home Privileges

Please enter the Connecticut hospitals and nursing homes where you will have admitting privileges

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

Facility Name	City	State

Medical Education Responsibilities

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

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

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

Statement of Professional History

Please answer the following questions. If you answer yes to any of the questions regarding your professional history, please provide details in the space available below and arrange for the submission of supporting documentation (e.g. certified court copy with court seal affixed, complaint, answer, judgment, settlement or disposition) that will assist this office's review. Applicant's

answering affirmatively to any question below may be contacted for additional information.

23. Have you ever been censured, disciplined, dismissed or expelled from, had admissions monitored or restricted, had privileges limited, suspended or terminated, been put on probation, or been requested to resign or withdraw from any of the following: Any hospital, nursing home, clinic, or similar institution; Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public; Any professional school, clinical clerkship, internship, externship, preceptorship; or postgraduate training program; Any third party reimbursement program, whether governmental or private?
No

24. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice?
No

25. Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, limited, restricted, suspended or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you?
No

26. Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction?
No

27. Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction?
No

28. Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit?
No

29. Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state?
No

30. Provide details regarding any question(s) above that you may have answered affirmatively.

Medical Malpractice Payment History

Please indicate below any malpractice payments that you have made or have been made on your behalf during the ten (10) year period immediately preceding the date of this application

31. Indicate your malpractice insurance carrier:

32. Indicate the medical malpractice payments that have been made by you or on your behalf within the past ten years.

Resolved Date	Payment Category	Amount Paid	Specialty	Group Count	Payment Count

Felony Conviction History

Please list any felony that you have been convicted of during the ten (10) year period immediately preceding the date of this application

33. Please enter any felony convictions within the previous ten years.

Conviction Date	Conviction

Hospital Discipline

Please list any disciplinary action taken against you by a hospital during the ten (10) year period immediately preceding the date of this application

34. Please enter any felony convictions within the previous ten years.

Conviction Date	Conviction

Publications, Services or Awards

Please indicate any publications, services or awards (this section is voluntary)

35. 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

Application Attestation

36. By filing this application online on the date indicated below, I attest that I am the person referred to in this application and that the photograph attached hereto is a true picture of me and that the statements made herein are true in every respect.

12/01/2019

American Medical Association's Opinions

The Connecticut Medical Examining Board and the Connecticut Department of Public Health encourage you to read the following opinions of the American Medical Association's Code of Medical Ethics related to common reasons for discipline on Connecticut physicians licenses.

AMA Code of Ethics

Opinion 1.2.1 Treating Self or Family

Treating oneself or a member of ones own family poses several challenges for physicians, including concerns about professional objectivity, patient autonomy, and informed consent.

When the patient is an immediate family member, the physician’s personal feelings may unduly influence his or her professional medical judgment. Or the physician may fail to probe sensitive areas when taking the medical history or to perform intimate parts of the physical examination. Physicians may feel obligated to provide care for family members despite feeling uncomfortable doing so. They may also be inclined to treat problems that are beyond their expertise or training.

Similarly, patients may feel uncomfortable receiving care from a family member. A patient may be reluctant to disclose sensitive information or undergo an intimate examination when the physician is an immediate family member. This discomfort may particularly be the case when the patient is a minor child, who may not feel free to refuse care from a parent.

In general, physicians should not treat themselves or members of their own families. However, it may be acceptable to do so in limited circumstances:

(a) In emergency settings or isolated settings where there is no other qualified physician available. In such situations, physicians should not hesitate to treat themselves or family members until another physician becomes available.

(b) For short-term, minor problems.

When treating self or family members, physicians have a further responsibility to:

(c) Document treatment or care provided and convey relevant information to the patient’s primary care physician.

(d) Recognize that if tensions develop in the professional relationship with a family member, perhaps as a result of a negative medical outcome, such difficulties may be carried over into the family member’s personal relationship with the physician.

(e) Avoid providing sensitive or intimate care especially for a minor patient who is uncomfortable being treated by a family member.

(f) Recognize that family members may be reluctant to state their preference for another physician or decline a recommendation for fear of offending the physician.

AMA Principles of Medical Ethics

Opinion 9.1.1 Romantic or Sexual Relationships wth Patients

Romantic or sexual interactions between physicians and patients that occur concurrently with the patient physician relationship are unethical. Such interactions detract from the goals of the patient-physician relationship and may exploit the vulnerability of the patient, compromise the physician's ability to make objective judgments about the patient's health care, and ultimately be detrimental to the patient's well-being.

A physician must terminate the patient-physician relationship before initiating a dating, romantic, or sexual relationship with a patient.

Likewise, sexual or romantic relationships between a physician and a former patient may be unduly influenced by the previous physician-patient relationship. Sexual or romantic relationships with former patients are unethical if the physician uses or exploits trust, knowledge, emotions, or influence derived from the previous professional relationship, or if a romantic relationship would otherwise foreseeably harm the individual.

In keeping with a physician's ethical obligations to avoid inappropriate behavior, a physician who has reason to believe that nonsexual, nonclinical contact with a patient may be perceived as or may lead to romantic or sexual contact should avoid such contact.

Review