

## Application - Physician

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Name	Vanita Kumar
Credential	Physician

### Fee Details

DR - Original License Fee	\$275.00
DR - Peer Fee Application	\$140.00
	<b>\$415.00</b>

## Physician - Welcome

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### Physician Application | Welcome

Please complete the information on the following pages. All questions with a red asterisk (\*) are required.

Welcome to Online Physician Application. Before you begin, please review the important information below:

There are two methods you may use to become licensed. To apply by one of the available methods you will have to have already completed, or have in your possession verification of the below. Please use the links below for the specific requirements:

- [Physician by Original](#)

- Graduation from an approved medical college. If you have not graduated yet, do not apply.
- Completion of at least 1 year of an internship or post graduate training approved by the Colorado Medical Board. If you have not completed at least 1 year, do not apply.
- Have achieved a passing score on the appropriate examination(s). If you have not achieved a passing score yet, do not apply.

- [Physician by Endorsement](#)

- Hold or have held an active license as a physician in another state or jurisdiction. If you do not currently hold or previously held a physician license, do not apply.
- Have practiced as a physician in another state or jurisdiction for 5 of the past 7 years. If you have not, do not apply.

Basically, if you don't have the above, it is best for you to wait until you can secure it. Otherwise you will not be able to qualify for a Physician license. We'll ask more specific information later in the application about the above items. Remember, you can stop and cancel this application at any time before submitting. However, if you submit the application, pay the fee and do not provide the information as requested, submit incomplete documentation or do not qualify, your application may be rejected and no refunds or transfers will be given.

Still ready to go? OKAY, let's start by selecting the "Next" button below.

## Application - Applicant Information

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### Application | Applicant Information

1. To begin, we need to know a little more about you. The questions below help us to learn about you and provide some information needed in order to process your application as quickly and efficiently as possible.

Have you ever had a legal name change, used an alternate name in the past or have you ever practiced under a different name than you registered your account with?

If you answer yes, you will be prompted on the next page to provide your other name(s) and upload any necessary name change documentation.

No

2. What is your Date of Birth?

██████████

## Application - Military

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### Application | Military

5. Are you an active member of the U.S. Military, National Guard or Military Reserves?

No

6.

- If yes to the above, what branch of the military are you currently serving in?

7.

- If yes to the above, what is the Duty Station you are located at?

8. Are you a Veteran of the U.S. Military?

No

9.

- If yes to the above, what was the date of your discharge from the U.S. Military?

10. Are you the spouse of an active military member who has been relocated to Colorado AND currently hold a valid and Active credential to practice your profession in another U.S. state?

No

## Physician - School and Method

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### Physician Application | Education/School Information

11. Enter the name of the approved, medical college or university from which you graduated:

George Washington University

12. Enter the address of the college or university (Street, City, State and Zip):

2300 Eye Street, N.W., Washington, D.C 20037

13. How many years did you attend this college or university?:

4

14. Enter the date you graduated:

05/21/2000

15. Enter your title:

Medical Doctor

16. Is the above medical college or university based in a foreign country (non-United States)?

No

17.

- If you said "yes" to the question above and your medical college or university is based in a foreign country, you must attest to the below:
  - Your school's medical program has been approved by the Liaison Committee or Medical Education (LCME) or the American Osteopathic Association (AOA); OR
  - Your school is not approved by the LCME or AOA but you wish the board to conduct it's own investigation of the educational standards and facilities (Note\* if not approved by the board, you may not be eligible for licensure):  
OR
  - You hold a current specialty board certification conferred by the American Board of Medical Specialties or the American Osteopathic Association;  
AND
  - You have at least 3 years post graduate training approved by the Colorado Medical Board verified with a Certificate of Completion.

18. Ready to move on? Great!

To move on to the next part of the application select your license method in the drop-down box below. Remember you can apply via:

- [Physician by Original](#)
- [Physician by Endorsement](#)

Endorsement

**Physician - Endorsement Information**

**Physician Application | Endorsement Information**

29. Have you completed and passed an examination approved by the Colorado Medical Board (CMB), the National Board of Medical Examiners (NBME), the National Board of Osteopathic Medical Examiners (NBOME), or the Federation of State Medical Boards (FSMB)?

■

30. To apply by Endorsement you must have completed an internship or post graduate training approved by the Board:

- United States medical school graduates must complete 1 year of internship or post graduate training
- Foreign medical school graduates must complete 3 years of post graduate training

If you have not completed the appropriate amount of post graduate training, you cannot apply.

Can you attest that you have done one of the above options depending on your medical school location?

Yes

31. Have you practiced as a physician in Colorado or another state or jurisdiction for at least 5 of the last 7 years?

Yes

32. Please list, in chronological order including specific dates (format: mm/yy - mm/yy), your practice history for the last 7 years:

-Planned Parenthood of New York City; 7/2003 - 12/2019 -Montefiore Medical Group - Williamsbridge Family Practice Center; 8/2003 - 7/2016 -All Women's Medical OBS, PLLC; 7/2016 - 6/2017 -NURX (Propel Network, LLC); 4/2019 - PRESENT  
 -Planned Parenthood of Greater New York; 1/2020 - PRESENT -HeyJane; 6/2021 - PRESENT

33. Do you currently hold or have you ever held a physician license in Colorado or any other state?

Yes

34.

- If you said "yes" to the question above you must list ALL licenses below:

Name of License Holder	State	LicenseType	LicenseNumber	License Status	LicenseIssuedDate	License Expiration Date	Disciplinary Action	Type of Endorsement (s)
Vanita Kumar	Tennessee	MD					No	
Vanita Kumar	Illinois	MD					No	
Vanita Kumar	North Carolina	MD					No	
Vanita Kumar	New Jersey	MD					No	
Vanita Kumar	Alabama	MD					No	
Vanita Kumar	Connecticut	MD					No	
Vanita Kumar	Georgia	MD					No	
	New York	MD					No	

Vanita Kumar								
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35.

- If you said "yes" to the question above you must also scan and upload verification ALL licenses (including Training Licenses) below:

This verification can be a screen capture from another state website, but must indicate the original issue date and show any disciplinary actions that have been taken against your license. If you are unable to access verification from another state site, you will need to request one from them and upload it here. \*Pictures or copies of Wallet Cards/Wall Certificates are not sufficient. Do not apply if you cannot supply this verification.

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document to use, select the "Upload Document" button to complete uploading the document(s).

36.

- If you said "yes" to the question above you must also scan and upload any National Practitioner Data Bank (NPDB) certified report, pending or final disciplinary action or malpractice actions against any license you hold or have ever held in any state or jurisdiction.

The NPDB report must be dated within four months of submission of this application. To obtain this report you may contact NPDB through their website: [www.npdb.hrsa.gov](http://www.npdb.hrsa.gov).

If you have never held an active Physician license before, you do not need to submit this report.

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document to use, select the "Upload Document" button to complete uploading the document(s).

37. You must arrange for your Physician Initiated Profile Request to be sent to our office from the Federation of State Medical Boards (FSMB). This report will be electronically submitted to the Colorado Medical Board upon your request. There is no fee for this request and you will receive an email confirmation from FSMB when completed. To complete this request you must login/create an account at: [FSMB Physician Initiated Profile Request](#).

Once in your FSMB account you will need to complete the process to have the FSMB Report sent to our office.

Have you arranged for your FSMB Physician Initiated Profile Report to be sent to our office?

Yes

38. Prior to practicing as a licensed Physician in Colorado, you must complete the following:

- Obtain Professional Liability Insurance, or be covered by an exemption; AND
- Develop a written plan to ensure the security of patient medical records

You may review the laws and rules regarding professional liability and security of patient medical records on the [Physician Laws, Rules and Policies webpage](#).

By selecting "Yes" below, you are attesting that you have obtained or will obtain, prior to practicing in Colorado, professional liability insurance or that you are covered by an exemption AND that you have developed a written patient medical records security plan.

Yes

## Application - Screening MEDICAL Questions

### Application | Screening Questions

If you select "Yes" to any of the questions below, please complete the additional explanation questions at the bottom of this screen.

**Within the past five years, have you engaged in any conduct or exhibited any behaviors that resulted in:**

39.

- An arrest, discipline, sanction or warning?

No

40.

- Loss or suspension of any license?

No

41.

- Termination or suspension from school or employment?

No

42.

- Endangering the safety of others?

No

43.

- A breach of fiduciary obligations?

No

44.

- A violation of workplace or academic conduct rules?

No

45.

- An impairment of your ability to practice in a safe, competent, ethical and professional manner?

*You may answer No if you have been formally evaluated by Colorado Physician Health Program (CPHP) and you are in compliance with all CPHP's requirements for treatment and/or monitoring. The Board recognizes that licensed medical professionals encounter physical and mental health conditions, including those involving substance use disorders. The Board expects its licensees to address any health concerns to ensure their wellness and patient safety. As a licensee, you have the benefit of proactively and confidentially, self-referring to the [Colorado Physician Health Program \(CPHP\)](#) at no cost to address any health concerns, including psychosocial matters such as burnout and family problems. CPHP is the peer assistance program dedicated to improving the health and wellness of licensed medical professionals in a confidential manner.*

*Participation in the CPHP program does not eliminate any licensee's reporting responsibilities to the Board. Failure to adequately report and address a health condition that impacts the licensee's ability to practice with reasonable skill and safety may result in the Board taking action against the license to practice.*

*By answering this question you are attesting that you have read and understand the above advisory.*

46.

- Abusing or excessively using any habit forming drug, including alcohol, or any illegal or controlled substance resulting in any discipline for misconduct, failure to meet professional responsibilities, or affecting your ability to practice safely and competently?

*You may answer No if you have been formally evaluated by Colorado Physician Health Program (CPHP) and you are in compliance with all CPHP's requirements for treatment and/or monitoring. The Board recognizes that licensed medical professionals encounter physical and mental health conditions, including those involving substance use disorders. The Board expects its licensees to address any health concerns to ensure their wellness and patient safety. As a licensee, you have the benefit of proactively and confidentially, self-referring to the [Colorado Physician Health Program \(CPHP\)](#) at no cost to address any health concerns, including psychosocial matters such as burnout and family problems. CPHP is the peer assistance program dedicated to improving the health and wellness of licensed medical professionals in a confidential manner.*

*Participation in the CPHP program does not eliminate any licensee's reporting responsibilities to the Board. Failure to adequately report and address a health condition that impacts the licensee's ability to practice with reasonable skill and safety may result in the Board taking action against the license to practice.*

*By answering this question you are attesting that you have read and understand the above advisory.*

47.

- Claiming the illegal use of a substance as a defense, in mitigation, or as an explanation for any conduct that impairs your ability to practice in a safe, competent, ethical, and professional manner?

You may answer No if you have been formally evaluated by Colorado Physician Health Program (CPHP) and you are in compliance with all CPHP's requirements for treatment and/or monitoring. The Board recognizes that licensed medical professionals encounter physical and mental health conditions, including those involving substance use disorders. The Board expects its licensees to address any health concerns to ensure their wellness and patient safety. As a licensee, you have the benefit of proactively and confidentially, self-referring to the [Colorado Physician Health Program \(CPHP\)](#) at no cost to address any health concerns, including psychosocial matters such as burnout and family problems. CPHP is the peer assistance program dedicated to improving the health and wellness of licensed medical professionals in a confidential manner.

Participation in the CPHP program does not eliminate any licensee's reporting responsibilities to the Board. Failure to adequately report and address a health condition that impacts the licensee's ability to practice with reasonable skill and safety may result in the Board taking action against the license to practice.

By answering this question you are attesting that you have read and understand the above advisory.

For each "yes" response above you will be required to provide:

- A description and explanation of the behavior(s) or practice(s)
- Dates of the event(s)
- Locations(s)/Court(s)
- Current status(es)/outcome(s)
- Any accompanying documentation

Please make sure to provide as much information as possible. Any missing information will cause a delay in processing and could result in rejection of the application.

48. Provide a brief description and explanation of your behavior or practice that led to the issues noted above:

49. Enter the date(s) of the event(s)/offense(s):

50. Enter the location(s)/court(s):

51. Provide the current status/outcome of the event(s)/offense(s):

52. Upload copies of ALL accompanying documentation related to the issues noted above. This includes but not limited to:

- Copies of legal documents relating the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you
- Copies of court documents

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document(s) to use, select the "Upload Document" button to complete uploading the document(s).

## Application - Screening Inquiry Questions

### Application | Screening Questions

If you select "Yes" to any of the questions below, please complete the additional explanation questions at the bottom of this screen.

**Have you ever had any inquiry, investigation or administrative/judicial proceeding by:**

53.

- A Licensing Authority other than a Colorado State Board or Program?

No

54.

- A Government Agency?

No

55.

- A Court?

No

56.

- An Employer?

No

57.

- An Educational Institution?

No

58.

- A Professional Organization?

No

59.

- In connection with an employment disciplinary or termination procedure?

No

**For each "yes" response above you will be required to provide:**

- A description and explanation of the behavior(s) or practice(s)
- Dates of the event(s)
- Locations(s)/Court(s)
- Current status(es)/outcome(s)
- Any accompanying documentation

**Please make sure to provide as much information as possible. Any missing information will cause a delay in processing and could result in rejection of the application.**

60. Provide a brief description and explanation of your behavior or practice that led to the issues noted above:

61. Enter the date(s) of the event(s)/offense(s):

62. Enter the location(s)/court(s):

63. Provide the current status/outcome of the event(s)/offense(s):

64. Upload copies of ALL accompanying documentation related to the issues noted above. This includes but not limited to:

- Copies of legal documents relating the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you
- Copies of court documents

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document(s) to use, select the "Upload Document" button to complete uploading the document(s).

## **Application - Screening Medical Healthcare Questions**

### **Application | Screening Questions**

If you select "Yes" to any of the questions below, please complete the additional explanation questions at the bottom of this screen.

**Have you ever had the below occur:**

65.

- Been refused malpractice insurance, had malpractice insurance cancelled or rated at a higher premium due to past claims experience?

No

66.

- Additionally, within the last 5 years, has any medical malpractice claim been filed against you that is still pending?

No

67.

- Had your staff membership or clinical privileges at any hospital or healthcare facility, or your DEA registration been reduced, limited, placed on probation, not renewed, relinquished, denied, revoked or suspended?

No

For each "yes" response above you will be required to provide:

- A description and explanation of the behavior(s) or practice(s)
- Dates of the event(s)
- Locations(s)/Court(s)
- Current status(es)/outcome(s)
- Any accompanying documentation

Please make sure to provide as much information as possible. Any missing information will cause a delay in processing and could result in rejection of the application.

68. Provide a brief description and explanation of your behavior or practice that led to the issues noted above:

69. Enter the date(s) of the event(s)/offense(s):

70. Enter the location(s)/court(s):

71. Provide the current status/outcome of the event(s)/offense(s):

72. Upload copies of ALL accompanying documentation related to the issues noted above. This includes but not limited to:

- Copies of legal documents relating the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you
- Copies of court documents

Select the "Choose File" button to search for the scanned document(s) on your computer. After deciding which document(s) to use, select the "Upload Document" button to complete uploading the document(s).

## Physician - Attestation

### Physician Application | Attestation

73. By submitting this online application you attest to the following statements:

- The information contained in this application is true and correct to the best of my knowledge.
- False statements made on my application could result in a violation of the practice act.

Additionally, this is a final reminder that you are submitting a Physician application. If you submit the application and do not provide the information as requested, submit incomplete documentation, submit the wrong application or do not qualify, your application may be rejected. You will NOT be allowed to transfer fees and there will be NO REFUNDS given.

Please enter today's date below and select the "Next" button to agree to the above conditions:

01/24/2022



**Healthcare Profile - Physician Introduction****Healthcare Professions Profile | Introduction**

Please be aware that this profile is only for your PHYSICIAN license. Do not provide information for other license types you hold on this profile. You will be required to complete a profile for every license you hold that is included in the profiling requirement.

All information provided in this profile must be updated within 30 days of any change of information unless your profession's statute says otherwise, or unless the question specifies otherwise.

**Healthcare Profile - Location of Practice****Healthcare Professions Profile | Location of Practice**

74. Are you currently practicing in the healthcare profession associated with this profile?

Yes

**Healthcare Profile - Location of Practice if Yes (WF)****Healthcare Professions Profile | Location of Practice**

75. Practice Locations:

Address	City	State	Zip Code	Phone Number
2578 Broadway #580	New York	New York	10025	n/a
21 Grand Street	Kingston	New York	12401	n/a
1125 Mission st, 2nd Fl.	San Francisco	California	94103	n/a

**Healthcare Profile - Medical Education and Training****Healthcare Professions Profile | Education and Training**

76. School or Education Level:

The George Washington Uni Sch of Med and Hlth Sci

77. Please enter the year your initial Degree was achieved: *Only enter the year in YYYY format*

2000

**Healthcare Profile - Other Licenses****Healthcare Professions Profile | Other Licenses**

78. Have you ever held, or do you currently hold any other licenses in this profession from any other state, country or province?

Yes

**Healthcare Profile - Other Licenses if Yes****Healthcare Professions Profile | Other Licenses**

79. Other Licenses:

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State	License Status	Year Originally Issued
Illinois	Active	2021
Tennessee	Active	2020
North Carolina	Active	2020
New Jersey	Active	2020
Alabama	Active	2020
Connecticut	Active	2018
Georgia	Active	2018
New York	Active	2003

### Healthcare Profile - Board Certifications

#### Healthcare Professions Profile | Board Certifications

80. Do you hold any current Board Certifications?

Yes

### Healthcare Profile - Medical Board Certifications if Yes

#### Healthcare Professions Profile | Board Certifications

81. Board Certifications:

Certification
Family Medicine

### Healthcare Profile - Practice Specialties

#### Healthcare Professions Profile | Practice Specialties

82. Do you have a practice specialty in which you are appropriately trained and actively practicing?

Yes

### Healthcare Profile - Medical Practice Specialties if Yes

#### Healthcare Professions Profile | Practice Specialties

83. Practice Specialties:

Specialty
Family Medicine

### Healthcare Profile - Colorado Hospital Affiliations

#### Healthcare Professions Profile | Colorado Hospital Affiliations

84. Do you have a current affiliation or clinical privileges with any Colorado Hospital?

No

### Healthcare Profile - Other Facility and Out of State Hospital Affiliations

**Healthcare Professions Profile | Other Facility and Out of State Hospital Affiliations**

86. Do you have a current affiliation with any healthcare facility or a non-Colorado hospital?

No

**Healthcare Profile - Business Ownership****Healthcare Professions Profile | Business Ownership**

88. Do you have a current business ownership interest in any healthcare-related business?

No

**Healthcare Profile - Employer****Healthcare Professions Profile | Employer**

90. Do you have an employer in the profession in which you are licensed or are applying for a license?

Yes

**Healthcare Profile - Employer if Yes****Healthcare Professions Profile | Employer**

91. Employer:

Employer Name	Address	City	State	Zip Code	Phone Number
HeyJane	2578 Broadway	New York	New York	10025	(646) 456-1428
Planned Parenthood of Greater New York	21 Grand Street	Kingston	New York	12401	(646) 456-1428
NURX (Propel Network, LLC)	1125 Mission st. 2nd Fl.	San Francisco	California	94103	(646) 456-1428

**Healthcare Profile - Employment Contracts****Healthcare Professions Profile | Employment Contracts**

92. Do you have a contract with any business whose mission relates to healthcare services or products where the value is greater than \$5000 annually?

No

**Healthcare Profile - Disciplinary Actions****Healthcare Professions Profile | Disciplinary Actions**

94. Have you ever had public disciplinary action taken against your license by any board or licensing agency in any state or country?

No

**Healthcare Profile - Restrictions and Suspensions**

**Healthcare Professions Profile | Restrictions and Suspensions**

96. Have you ever entered into any agreement or stipulation to temporarily cease your practice or had a board order issued restricting or suspending your license?

No

**Healthcare Profile - Healthcare Facility Actions**

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**Healthcare Professions Profile | Healthcare Facility Actions**

98. Since September 1, 1990, have you had any final actions resulting in involuntary limitations or probationary status on or reduction, nonrenewal, denial, revocation or suspension of medical staff membership or clinical privileges at a hospital or healthcare facility? You are not required to report a precautionary or administrative suspension unless you resigned your medical staff membership or clinical privileges while the suspension was pending.

No

**Healthcare Profile - Termination of Employment**

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**Healthcare Professions Profile | Termination of Employment**

100. Have you ever been terminated by an employer for a reason that would be considered a violation of your profession's practice law?

No

**Healthcare Profile - DEA Registration**

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**Healthcare Professions Profile | DEA Registration**

102. Have you ever had to involuntarily surrender your United States Drug Enforcement Agency Administration Registration?

No

**Healthcare Profile - Convictions**

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**Healthcare Professions Profile | Convictions**

105. Since you were issued a license to practice your profession in any state or country, have you had any final criminal conviction(s) or plea arrangement(s) resulting from the commission or alleged commission of a felony or crime of moral turpitude in any jurisdiction?

No

**Healthcare Profile - Malpractice Claims**

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**Healthcare Professions Profile | Malpractice Claims**

107. Since September 1, 1990, have you had any final judgment, entered into a settlement, or paid an arbitration award for malpractice?

Yes

**Healthcare Profile - Malpractice Claims if Yes**

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**Healthcare Professions Profile | Malpractice Claims**

108. Malpractice Claims:

Year	State	Claim Type	Arbitrator, Mediator or Court
2019	New York	Arbitration Award	unknown

**Healthcare Profile - Malpractice Carrier Refusal****Healthcare Professions Profile | Malpractice Carrier Refusal**

109. Have you been denied liability insurance, or has your liability insurance coverage been limited, restricted or terminated by the insurance carrier?

No

**Healthcare Profile - Optional Narrative****Healthcare Professions Profile | Optional Narrative**

111. Optional Narrative:

**Healthcare Profile - Attestation****Healthcare Professions Profile | Attestation**

By submitting this Healthcare Professions Profile to the Division of Professions and Occupations you are attesting that:

- I am the person identified in this profile; or
- You are authorized to submit information on behalf of the person identified in this profile; and
- The information contained herein is true and correct to the best of my knowledge.

112. Submission Date:

01/24/2022

**Review**

It's a good idea to print this screen for your records as after you submit your application you will not be able to access it again. To do so follow the below steps:

- Select the "Print Review" button in the upper right hand corner of this page
- The Print Review window will open in a new browser tab. In that window select "Print" and your document will print to your selected printer.
- After printing, close the Print Review browser tab.

After you close the Print Review tab, you will be returned to this page and can complete your submission.



## Office of the Professions

### Verification Searches

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The information furnished at this web site is from the Office of Professions' official database and is updated daily, Monday through Friday. The Office of Professions considers this information to be a secure, primary source for license verification.

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#### License Information \*

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01/25/2022

**Name :** KUMAR VANITA  
**Address :** NEW YORK NY  
**Profession :** MEDICINE  
**License No:** 228029  
**Date of Licensure :** 04/10/2003  
**Additional Qualification :**  
**Status :** REGISTERED  
**Registered through last day of :** 05/22  
**Medical School:** GEORGE WASHINGTON UNIV    **Degree Date :** 05/21/2000

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(Use your browser's back key to return to licensee list.)

\* Use of this online verification service signifies that you have read and agree to the [terms and conditions of use](#). See [HELP glossary](#) for further explanations of terms used on this page.

**Note:** The Board of Regents does not discipline *physicians(medicine), physician assistants, or specialist assistants*. The status of individuals in these professions may be impacted by information provided by the NYS Department of Health. To search for the latest discipline actions against individuals in these professions, please check the New York State Department of Health's [Office of Professional Medical Conduct](#) homepage.

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Further information on physicians may be found on the following external sites (The State Education Department is not responsible for the accuracy or completeness of information located on external Internet addresses.):

[American Board of Medical Specialties](#)

[American Medical Association:](#)

- For the general public: [AMA Physician Select, On-line Doctor Finder](#)
- For organizations that verify physician credentials: [AMA Physician Profiles](#)

[American Osteopathic Association, AOA-Net](#)

[Association of State Medical Board Executive Directors-\(A.I.M,"DOCFINDER"\)](#)

[New York State Department of Health Physician Profiles](#)

The following sites provide additional information concerning the medical profession:

[CLEAR \(Council on Licensure, Enforcement and Regulation\)](#)

[Federation of State Medical Boards](#)





STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

JAN 27 2022 09:46  
DPO 994

January 25, 2022

COLORADO MEDICAL BOARD  
1560 BROADWAY, STE 1350  
DENVER, CO 80202

**LICENSURE VERIFICATION**

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

**VANITA KUMAR**

Was issued a Connecticut:	Physician/Surgeon
Date Issued:	August 8, 2018
License Number:	61740
Basis for Licensure:	Endorsement
Expiration Date:	June 30, 2022
Status of License:	ACTIVE
Public Disciplinary History	No
Subject of a Pending Investigation	No

Please note that this is the only verification provided by this office. The Connecticut Department of Public Health does not affix a raised seal to this document. Please note that the information contained in this letter can be verified online at <https://www.elicense.ct.gov>.

Sincerely,

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





**CREDENTIAL STATUS HISTORY SUMMARY****Name:** Vanita Kumar**Date:** 7/20/2022**License:** Physician DR.0068031**License Status:** Active**License Status Reason:** CURRENT**First Issuance date:** 01/25/2022**License expiration date:** 04/30/2023

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This is to certify that a good faith search of our records revealed the following information:

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<b>Status</b>	<b>Reason</b>	<b>Date Changed</b>	<b>User</b>
Active	CURRENT	01/25/2022	Automated
Pending	QUALITY ASSURANCE	01/25/2022	Automated
Pending Supervisor Review	PENDING SUPERVISOR REVIEW	01/25/2022	Automated
Online Application Received	ONLINE APPLICATION RECEIVED		New License

