



STATE OF CONNECTICUT
Department of Public Health
Information Technology Section
Tele: (860) 509-7145

TO: Data Request Customer

FROM: DATA REQUEST OFFICE
Information Technology Section

RE: Health Care Professional Requests – CD or Email

This correspondence is intended to provide information to persons and/or organizations requesting in **Electronic data (CD or Email)** information from the Department of Public Health (DPH) Licensing database.

Guidelines are as follows:

- We require **PREPAYMENT** for all orders. Your order will not be started until payment is received.
- The practitioners on file are referred to as licensed **ACTIVE** for the reason that they are entitled to hold a valid Connecticut license, regardless if they are practicing, not practicing, or retired.
- Our files currently **DO NOT** include any employment data or group practice affiliation.
- Some of the data elements may be incomplete and/or unverified in our files because of the type of information we receive from the professional completing their applications. For example, the address given may be their home or business. We attempt to give you their 'contact' address.
- Routine requests may take up to 4 weeks to process from the date your request is opened and payment is verified for accuracy. If you need overnight shipping as opposed to regular mail, please include your Federal Express billing number on the questionnaire (these charges to be billed directly to you).
- For email requests, files will be sent as a txt file or "zipped" file. Please verify that you can receive zip files as an email attachment.

DISCLAIMER: Upon receiving your request, we ask you to inspect the data as soon as possible. We will not be responsible for any errors/damages after a 2-month period. It will be at the discretion of our department whether to replace any data in this time period.

Procedures:

- **PLEASE PRINT LEGIBLY.** We will not be held responsible if your request is sent to the wrong address because the contact information is illegible.
- When filling in the 'requestor information', complete ALL fields whether you pick-up your CD or are having the data emailed to you.
- We cannot accept payment by credit card at this time.

• NOTE: when writing your check, it must reflect the correct amount and be made payable exclusively to: **"Treasurer, State of Connecticut"**. **Otherwise, checks that are not made payable as indicated or have the wrong amount, will be returned and your request will be delayed until a correct check is received.**

- Upon completion of the forms, please send the form and your check to:

Department of Public Health
Information Technology Section
ATTN: DATA REQUEST OFFICE
410 Capitol Avenue
MS #13DPR
Hartford, Connecticut 06134

If you have questions do not hesitate to contact the Data Request office at (860) 509-7145.

For I.T. Office Use Only:	DATE D.R. E-MAILED:	DATE D.R.SENT OR PICKUP: NAME (pick-up):
<i>Date /Amt. rec'd:</i>	<i>Request Processed:</i>	<i>Data Completed:</i>

FOR CD-ROM/E-MAIL

**State of Connecticut
DPH Information Technology Section
Electronic (CD-ROM or E-mail) Data Request Form**

Requestor Information (Complete **ALL** fields): Date of Request _____
(PLEASE PRINT OR TYPE LEGIBLY)

Contact Person: _____
Company Name: _____
Telephone Number: _____
E-mail: _____
Address: _____

Media type (Check only **one**): A.) CD B.) EMAIL (*Be sure your email address is filled in above*)

Delivery choices (**for CD**):
Regular Mail **Federal Express Overnight?*** (Billing #: _____)

***NOTE:** Your request will only be sent federal express if you provide us with a billing/account number or an address label with your address as recipient and your billing number on the label.

Please allow at least 4 weeks for processing/delivery.

License Status: ACTIVE INACTIVE Retired (Applies to **Dentists & Nursing** professions **ONLY**)

File Format (**Applies to a CD-ROM and E-mail**). (Check only **one**):

ASCII Text Fixed Width (Tab delimited)
Example: **007 000031 BREWSTER JEANETTE 126 HOWE AVE SHELTON CT 06484**

ASCII Text Field (Comma Delimited)
Example: **007,000031,BREWSTER,JEANETTE,126 HOWE AVE,SHELTON,CT,06484**

ASCII Text (Undelimited)
Example: **007000031BREWSTERJEANETTE126HOWEAVESHELTONCT06484**

FEE: For either CD-ROM or Email Attachment

\$40.00 - This fee is for one or many health professionals on one CD or in one file. Each additional CD or file is \$10.00.

PRICES SUBJECT TO CHANGE WITHOUT NOTICE

*****Please keep a copy of PAGE 3 to reference license type codes & definitions*****

Select the profession(s) by placing a check in front of the id.

*Active as of March, 2013

ID	Professional Description	Count*		ID	Professional Description	Count*
1	PHYSICIANS /SURGEONS/OSTEOPATHS	17,044		44	LICENSED ALCOHOL / DRUG CNSLR	779
10	REGISTERED NURSE	58,203		45	CERT ALCOHOL / DRUG CNSLR	275
11	LICENSED PRACTICAL NURSE	13,445		46	PROFESSIONAL COUNSELOR	1,953
12	ADVANCED PRAC. REG. NURSE	3,811		47	VETERINARIANS	1,343
13	DENTAL HYGENIST	3,653		48	OCCUPATIONAL THERAPIST	2,172
14	PHYSICAL THERAPIST	4,644		49	OCCUPATIONAL THERAPIST ASST	230
15	ELECTROLOGISTS	156		5	NATUROPATHIC PHYSICIAN	280
16	NURSE MIDWIFE	214		50	LEAD ABATEMENT CONTRACTOR	123
17	AUDIOLOGIST	270		51	LEAD CONSULTANT CONTRACTOR	35
18	SPEECH & LANGUAGE PATHOLOGIST	2,569		52	LEAD ABATEMENT/CONSULT CNTRTR	24
19	PODIATRIST	304		53	ASBESTOS CONTRACTOR	234
19	PODIATRIST ADV ANKLE SURGERY PERMIT	6		54	ATHLETIC TRAINER	614
19	PODIATRIST STD ANKLE SURGERY PERMIT	12		58	CLINICAL SOCIAL WORKER	5,839
2	DENTIST	3,378		59	DIETITIAN / NUTRITIONIST	812
20	HAIRDRESSER /COSMETICIAN	23,776		63	PHYSICAL THERAPIST ASST	701
21	DENTAL CONSCIOUS SEDATION PMTE	19		64	LEAD ABATEMENT SUPERVISOR	189
22	DENTAL GEN ANES/CONS SEDAT PMTE	132		65	LEAD ABATEMENT WORKER	286
23	PHYSICIAN ASSISTANT	1,902		66	LEAD PLANNER/PROJECT DESIGNER	49
25	BARBERS	1,611		67	LEAD INSPECTOR RISK ASSESSOR	100
26	RESPIRATORY CARE PRAC	1,727		68	LEAD INSPECTOR	62
27	MARRIAGE & FAMILY THERAPIST	1,128		69	EMERGENCY MEDICAL RESPONDER	6,934
28	RADIOGRAPHY TECHNICIAN	4,133		7	CHIROPRACTOR	992
29	MASSAGE THERAPIST	4,771		70	EMERGENCY MEDICAL TECHNICIAN	12,508
3	OPTOMETRIST	654		71	ADVANCED EMERGENCY MEDICAL TECH	882
30	EMBALMER	842		72	PARAMEDIC	2,182
31	FUNERAL DIRECTOR	54		73	EMERGENCY MED SRVCS INSTRUCTOR	571
32	SUB-SURFACE SEWER CLEANER	299		78	OPTICIAN APPRENTICE	282
33	SUB-SURFACE SEWER INSTALLER	2,325		8	PSYCHOLOGIST	1,917
35	REGISTERED SANITARIAN	401		83	PERFUSIONIST	92
36	NURSING HOME ADMINISTRATOR	753		9	HOMEOPATHIC PHYSICIAN	9
37	HEARING INSTRUMENT SPECIALIST	133		90	ASBESTOS ABATEMENT WORKER	1,261
38	OPTICIAN	693		91	ASBESTOS ABATEMENT SUPERVISOR	1,235
39	ASBESTOS CONSULT.-INSPECTOR	264		96	ASBESTOS TRAINING PROVIDER	16
40	ASBESTOS CONSULT.-INSP MGMT PLNR	111		97	LEAD TRAINING PROVIDER	13
41	ASBESTOS CONSULT.-PROJ. DESIGNER	120		101	Phase 1 – SUBSURFACE SEWAGE CERT	4
42	ASBESTOS CONSULT.-PROJ. MONITOR	221		FH	FUNERAL HOME	294
43	ACUPUNCTURIST	343		OSP	OPTICAL SELLING PERMIT	226