



New York State Board for Professional Medical Conduct

433 River Street, Suite 303 Troy, New York 12180-2299 • (518) 402-0863

Barbara A. DeBuono, M.D., M.P.H.
Commissioner of Health

Patrick F. Carone, M.D., M.P.H.
Chair
Ansel R. Marks, M.D., J.D.
Executive Secretary

August 13, 1998

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Peter D. Farr, M.D.
Inmate #04967-027
Federal Prison Terre Haute
PO Box 33
Terre Haute, Indiana 47808

RE: License No. 164453

Dear Dr. Farr:

Enclosed please find Order #BPMC 98-174 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect **August 13, 1998.**

If the penalty imposed by the Order is a surrender, revocation or suspension of this license, you are required to deliver to the Board the license and registration within five (5) days of receipt of the Order.

Board for Professional Medical Conduct
New York State Department of Health
Hedley Park Place, Suite 303
433 River Street
Troy, New York 12180

Sincerely,

Ansel R. Marks, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: John F. Ellis, Esq.
57685 County Road 9
Elkhart, Indiana 46517

Roy Nemerson, Esq.

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
PETER DONALD FARR, M.D.

SURRENDER
OF
LICENSE
BPMC #98-174

STATE OF INDIANA)
COUNTY OF) ss.:

PETER DONALD FARR, M.D., being duly sworn, deposes and says:

On or about October 16, 1985, I was licensed to practice medicine as a physician in the State of New York having been issued License No. 164453 by the New York State Education Department.

My current address is : Inmate #04967-027, Federal Prison Terre Haute, P.O. Box 33, Terre Haute, Indiana 47808, and I will advise the Director of the Office of Professional Medical Conduct of any change of my address.

I understand that I have been charged with one specification of professional misconduct as set forth in the Statement of Charges, annexed hereto, made a part hereof, and marked as Exhibit "A".

I am applying to the State Board for Professional Medical Conduct for permission to surrender my license as a physician in the State of New York on the grounds that I admit the specification in full satisfaction of the Statement of Charges.

I hereby make this application to the State Board for Professional Medical Conduct and request that it be granted.

I understand that, in the event that the application is not granted by the State Board for Professional Medical Conduct, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me, such application shall not be used against me in any way, and shall be kept in strict confidence during the pendency of the professional misconduct disciplinary proceeding; and such denial by the State Board for Professional Medical Conduct shall be made without prejudice to the continuance of any disciplinary proceeding and the final determination by a Committee on Professional Medical Conduct pursuant to the provisions of the Public Health Law.

I agree that, in the event the State Board for Professional Medical Conduct grants my application, an order shall be issued striking my name from the roster of physicians in the State of New York without further notice to me. I agree that such order shall be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of the Surrender Order to me at the address set forth in this agreement, or to my attorney, or upon transmission via facsimile to me or my attorney, whichever is earliest.

I am making this Application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner. In consideration of the value to me of the acceptance by the Board of this Application, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive any right I may have to contest the Surrender Order for which I hereby apply, whether administratively or judicially, and ask that the Application be granted.

AFFIRMED:

DATED 6-16-98


PETER DONALD FARR, M.D.
RESPONDENT

The undersigned agree to the attached application of the Respondent to surrender his license.

Date: _____

Attorney for Respondent (if any)
[Leave blank if unrepresented]

Date: 8/3/98



ROY NEMERSON
Deputy Counsel
Bureau of Professional
Medical Conduct

Date: August 5, 1998



ANNE F. SAILE
Director
Office of Professional Medical Conduct

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
PETER DONALD FARR, M.D.

SURRENDER
ORDER

Upon the proposed agreement of PETER DONALD FARR, M.D.
(Respondent) to Surrender his license as a physician in the State of New York,
which proposed agreement is made a part hereof, it is agreed to and

ORDERED, that the application and the provisions thereof are hereby
adopted; it is further

ORDERED, that the name of Respondent be stricken from the roster of
physicians in the State of New York; it is further

ORDERED, that this order shall be effective upon issuance by the Board,
which may be accomplished by mailing, by first class mail, a copy of the Surrender
Order to Respondent at the address set forth in this agreement or to Respondent's
attorney by certified mail, or upon transmission via facsimile to Respondent or
Respondent's attorney, whichever is earliest.

SO ORDERED.

DATED: August 7, 1998


PATRICK F. CARONE, M.D., M.P.H.
Chairperson
State Board for Professional
Medical Conduct

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
PETER DONALD FARR, M.D.

STATEMENT
OF
CHARGES

PETER DONALD FARR, M.D., the Respondent, was authorized to practice medicine in New York State on or about October 16, 1985, by the issuance of license number 164453 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. On or about October 29, 1997, in the United States District Court for the Northern District of Indiana, Respondent was sentenced to incarceration for a term of 24 months upon pleading guilty to committing criminal acts as defined by 42 USC §1302a-7b(b)(1) [Illegal Kickbacks], 42 USC §1320a-7b(a)(1) [Medical Billing Fraud], and 18 USC §287 [False or Fraudulent Claims].

SPECIFICATION OF CHARGES

CRIMINAL CONVICTION (Federal)

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(9)(a)(ii)(McKinney Supp. 1998) by having been convicted of committing an act constituting a crime under federal law as alleged in the facts of the following:

1. Paragraph A.

DATED: May , 1998
New York, New York

ROY NEMERSON
Deputy Counsel
Bureau of Professional
Medical Conduct

EXHIBIT "A"