

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

IN THE MATTER
OF
HARRY R. BLACK, M.D.

ORDER FOR
NON PRACTICE OF
MEDICINE

Upon the proposed application and agreement of HARRY R. BLACK, M.D. (Respondent) for an Order by which Respondent agrees to cease the practice of medicine pending the final disposition of the present Department of Health, Office of Professional Medical Conduct investigation of certain aspects of the Respondent's medical practice, which application and agreement is made a part hereof, it is agreed to and

ORDERED, that the application and agreement and the provisions thereof are hereby adopted, and 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 Consent Order to Respondent's attorney, or upon transmission via facsimile to Respondent's attorney, whichever is earliest.

SO ORDERED.

DATED: 6-19-07

Redacted Signature

~~KENDRICK A. SEARS, M.D.~~
Chair
State Board for Professional
Medical Conduct

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

IN THE MATTER
OF
HARRY R. BLACK, M.D.

APPLICATION FOR
AND AGREEMENT
TO
NOT PRACTICE
MEDICINE/
ORDER OF THE
BOARD

STATE OF NEW YORK)
COUNTY OF ONONDAGA) ss.:

HARRY R. BLACK, M.D., being duly sworn, deposes and says:

1. On or about March 22 1974, I was licensed to practice as a physician in the State of New York, having been issued License No. 119574 by the New York State Education Department.

2. My current address is 659 West Onondaga Street, Syracuse, NY 1320. I will advise the Director of the Office of Professional Medical Conduct of any change of my address.

3. I understand that the New York State Board for Professional Medical Conduct (Board) is investigating certain aspects of my medical practice.

4. I agree to the following :

I will not engage in the practice of medicine until the final disposition of the currently open Department of Health, Office of Professional Medical Conduct investigation. I further agree to abide by such final disposition, without waiving any rights to appeal to which I might otherwise be entitled. For the purpose of this agreement, "final disposition" shall mean the later of

any disposition by administrative closure, or determination of a hearing committee of the Board, or determination of the Administrative Review Board.

5. I stipulate that any failure by me to comply with the above condition imposed by this order shall constitute professional misconduct as defined by New York State Education Law §6530(29).

6. I acknowledge that any activity by me that constitutes the practice of medicine at any time after the effective date of this order, and during the pendency of this order, shall constitute the unauthorized practice of medicine within the meaning of N.Y. Educ. Law §6512, defining a Class E felony.

7. I do not maintain hospital privileges at any hospitals nor any Article 28 facilities. I agree to neither exercise nor seek privileges or employment as a physician during the pendency of this agreement.

8. I understand that unless and until I am allowed to resume the practice of medicine under the terms of this agreement, my licensure status is "inactive" and I am not authorized to practice medicine in the State of New York or any other State. I further understand that any practice of medicine while my license is "inactive" shall constitute a violation of N.Y. Educ. Law Section 6530(12), regardless of the location of such practice. I agree that this agreement may be made public in the same manner as a final determination of a the Board that imposes discipline on a physician, including notice to the National Practitioners' Data Bank.

9. I understand that unless and until I am allowed to resume the practice of medicine under the terms of this agreement, I shall notify all persons

who request my medical services that I have ceased the active practice of medicine.

10. I agree to cause a written notice to be placed in a conspicuous location at my office at 659 West Onondaga Street, Syracuse, NY that I have ceased the active practice of medicine and that my licensure status at present is inactive.

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

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

13. I agree that, in the event the Board grants my application, as set forth herein, an order of the chairperson of the Board shall be issued in accordance with same. I agree that the order shall be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of the order to me or my attorney, or upon transmission via facsimile to me or my attorney, whichever is earliest.

14. I am making this application of my own free will and accord and not

