



New York State Board for Professional Medical Conduct

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

Dennis P. Whalen
Executive Deputy Commissioner of Health
Anne F. Salle, Director
Office of Professional Medical Conduct
William J. Comiskey, Chief Counsel
Bureau of Professional Medical Conduct

William P. Dillon, M.D.
Chair
Denise M. Bolan, R.P.A.
Vice Chair
Ansel R. Marks, M.D., J.D.
Executive Secretary

April 1, 1999

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

William Blank, M.D.
310 South Crouse Avenue
Suite 203
Syracuse, New York 13210

RE: License No. 148813

Dear Dr. Blank:

Enclosed please find Order #BPMC 99-67 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect **April 1, 1999**.

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

If the penalty imposed by the Order is a fine, please write the check payable to the New York State Department of Health. Noting the BPMC Order number on your remittance will assist in proper crediting. Payments should be directed to the following address:

Bureau of Accounts Management
New York State Department of Health
Corning Tower, Room 1315
Empire State Plaza
Albany, New York 12237

Sincerely,



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

Enclosure

cc: Bradley Pinsky, Esq.
Pinsky and Skandalis
5790 Widewaters Parkway
PO Box 250
Syracuse, New York 13214-0250

Kalimah J. Jenkins, Esq.

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

IN THE MATTER
OF
WILLIAM BLANK, M.D.

CONSENT
AGREEMENT
AND
ORDER
BPMC #99-67

WILLIAM BLANK, M.D., (Respondent) says:

That on or about December 11, 1981, I was licensed to practice as a physician in the State of New York, having been issued License No. 148813 by the New York State Education Department.

My current address is 310 South Crouse Avenue, Suite 203, Syracuse, New York 13210, and I will advise the Director of the Office of Professional Medical Conduct of any change of my address.

I understand that the New York State Board for Professional Medical Conduct has charged me with one specification of professional misconduct.

A copy of the Statement of Charges is annexed hereto, made a part hereof, and marked as Exhibit "A".

I do not contest the allegations in the Statement of Charges, in full satisfaction of the charges against me. I hereby agree to the following penalty:

Censure and Reprimand
One Thousand Dollar (\$1,000) Fine

I further agree that the Consent Order for which I hereby apply shall impose the following conditions:

That, except during periods of actual suspension,
Respondent shall maintain current registration of

Respondent's license with the New York State Education Department Division of Professional Licensing Services, and pay all registration fees. This condition shall be in effect beginning thirty days after the effective date of the Consent Order and continuing until the full term of the Order has run, and until any associated period of probation and all probation terms have been completed and satisfied; and

That Respondent shall fully cooperate in every respect with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Order and in its investigation of all matters regarding Respondent.

Respondent shall respond in a timely manner to each and every request by OPMC to provide written periodic verification of Respondent's compliance with the terms of this Order.

Respondent shall meet with a person designated by the Director of OPMC as directed. Respondent shall respond promptly and provide any and all documents and information within Respondent's control upon the direction of OPMC.

I hereby stipulate that any failure by me to comply with such condition shall constitute misconduct as defined by New York State Education Law §6530(29) (McKinney Supp 1999).

I agree that in the event I am charged with professional misconduct in the future, this agreement and order shall be admitted into evidence in that

proceeding.

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

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, 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 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.

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 such 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 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 Consent Order for which I hereby apply, whether administratively or judicially, and ask that the Application be granted.

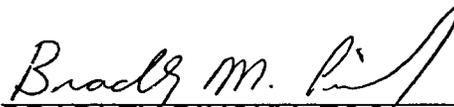
AFFIRMED:

DATED 3/16/99


WILLIAM BLANK, M.D.
RESPONDENT

The undersigned agree to the attached application of the Respondent and to the proposed penalty based on the terms and conditions thereof.

DATE: 3/16/99


BRADLEY PINSKY, ESQ.
Attorney for Respondent

DATE: 3/18/99


KALIMAH J. JENKINS
Assistant Counsel
Bureau of Professional
Medical Conduct

DATE: 3/19/99


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
WILLIAM BLANK, M.D.

CONSENT
ORDER

Upon the proposed agreement of WILLIAM BLANK, M.D. (Respondent) for Consent Order, which application is made a part hereof, it is agreed to and ORDERED, that the application and the provisions thereof are hereby adopted and so ORDERED, 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 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: 3/26/99


WILLIAM P. DILLON, M.D.
Chair
State Board for Professional
Medical Conduct

EXHIBIT "A"

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

-----X

IN THE MATTER : STATEMENT
OF : OF
WILLIAM BLANK, M.D. : CHARGES

-----X

WILLIAM BLANK, M.D., the Respondent, was authorized to practice medicine in New York State on December 11, 1981, by the issuance of license number 148813 by the New York State Education Department. The Respondent is currently registered with the New York State Education Department to practice medicine for the period November 1, 1997, through October 31, 1999, with a registration address of 310 South Crouse Avenue, Suite 203, Syracuse, New York 13210.

FACTUAL ALLEGATIONS

1. Respondent, on approximately January 21, 1998, submitted an application to the North Medical Community Health Plan, Inc.
 - a. Respondent answered "no" to the application question, "Have you had a conviction of a felony," when, in fact, Respondent was convicted of a felony in 1978.

- b. Respondent indicated that he had active privileges at the SUNY Health Science Center, the Crouse Irving Hospital and the Community General Hospital when, in fact, he did not.

SPECIFICATION

FILING A FALSE REPORT

Respondent is charged with professional misconduct under N.Y. Education Law §6530(21) by reason of his making or filing a false report, in that Petitioner charges:

1. The facts in paragraphs 1 and 1a, and/or 1 and 1b.

DATED: *March 17*, 1999
Albany, New York

Peter D. Van Buren
PETER D. VAN BUREN
Deputy Counsel
Bureau of Professional
Medical Conduct