



New York State Board for Professional Medical Conduct

Corning Tower • Empire State Plaza • Albany, NY 12237 • (518) 474-8357

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

Charles J. Vacanti, M.D.
Chair

September 30, 1996

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

James M. Barnes, D.O.
1269 Debbar Drive
Silver Creek, New York 14136

RE: License No. 083186
Effective Date: 10/07/96

Dear Dr. Barnes:

Enclosed please find Order #BPMC 96-233 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect upon receipt of this letter or seven (7) days after the date of this letter, whichever is earlier.

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
Empire State Plaza
Tower Building-Room 438
Albany, New York 12237-0756

Sincerely,

Charles Vacanti, M.D.
Chair
Board for Professional Medical Conduct

Enclosure

cc: Kevin Donovan, Esq.

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

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IN THE MATTER :
OF : ORDER
JAMES M. BARNES, D.O. : BPMC #96-233

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Upon the Application of JAMES M. BARNES, D.O., to Surrender his license as a physician in the State of New York, which application is made a part hereof, it is

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 take effect as of the date of the personal service of this Order upon Respondent, upon receipt by Respondent of this Order via certified mail, or seven days after mailing of this Order via certified mail, whichever is earliest.

SO ORDERED,

DATED: 27 September 1996


CHARLES J. VACANTI, M.D.
Chairperson
State Board for Professional
Medical Conduct

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

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IN THE MATTER : APPLICATION TO
OF : SURRENDER
JAMES M. BARNES, D.O. : LICENSE

-----X

STATE OF NEW YORK)

ss.:

COUNTY OF CHAUTAUQUA)

JAMES M. BARNES, D.O., being duly sworn, deposes and says:

On or about September 16, 1959, I was licensed to practice medicine as a physician in the State of New York having been issued License No. 83186 by the New York State Education Department.

I am currently registered with the New York State Education Department to practice as a physician in the State of New York for the period April 1, 1996, through March 31, 1998.

By Consent Order BPMC #95-256 of the State Board for Professional Medical Conduct dated 29 October 1995, I was ordered to comply with certain terms of probation, including the completion of training programs or tutorials. In view of my intent to no longer practice medicine, and in lieu of complying with the Terms of Probation of the Consent Order, I hereby apply

to the State Board for Professional Medical Conduct for permission to surrender my license as a physician in the State of New York.

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 am making this Application of my own free will and accord and not under duress, compulsion, or restraint of any kind or manner.


JAMES M. BARNES, D.O.
Respondent

Sworn to before me this
20 day of Sept. , 1996


NOTARY PUBLIC

KENDRICK D. BENTHAM
Notary Public, State of New York
Qualified in Cattaraugus County
No. 5003552
Commission Expires 10/26/98

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

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IN THE MATTER : APPLICATION TO
OF : SURRENDER
JAMES M. BARNES, D.O. : LICENSE

-----X

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

Date: 9/20, 1996

James M. Barnes, D.O.
JAMES M. BARNES, D.O.
Respondent

Date: Sept 21, 1996

Kevin P. Donovan
KEVIN P. DONOVAN
Associate Counsel
Bureau of Professional
Medical Conduct

Date: 9/25, 1996

Cynthia Helmer & Associates
Anne F. Saile
ANNE F. SAILE
ACTING DIRECTOR
Office of Professional Medical
Conduct

Date: 27 September 1996

Charles J. Vacanti
CHARLES J. VACANTI, M.D.
Chairperson, State Board
for Professional Medical Conduct