



New York State Board for Professional Medical Conduct

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

Antonia C. Novello, M.D., M.P.H., Dr. P.H.
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NYS Department of Health*

Dennis P. Whalen
*Executive Deputy Commissioner
NYS Department of Health*

Dennis J. Graziano, Director
Office of Professional Medical Conduct

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Michael A. Gonzalez, R.P.A.
Vice Chair

Ansel R. Marks, M.D., J.D.
Executive Secretary

Public

November 4, 2005

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Kevin Patterson, M.D.
14 Covell Avenue
Round Lake, NY 12151

Re: License No. 184051

Dear Dr. Patterson:

Enclosed is a copy of Order #BPMC 05-255 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect November 11, 2005.

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 to the 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: Karen A. Butler, Esq.
Thuillez, Ford, Gold, Johnson & Butler
20 Corporate Woods Blvd., 6th Floor
Albany, NY 12111

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

IN THE MATTER
OF
KEVIN PATTERSON, M.D.

CONSENT
ORDER

BPMC No. #05-255

Upon the application of Kevin Patterson, M.D. in the attached Consent Agreement and Order, which is made a part of this Consent Order, it is

ORDERED, that the Consent Agreement, and its terms, are adopted and it is further

ORDERED, that this Order shall be effective upon issuance by the Board, either

- by mailing of a copy of this Consent Order, either by first class mail to Respondent at the address in the attached Consent Agreement or by certified mail to Respondent's attorney, OR
- upon facsimile transmission to Respondent or Respondent's attorney, Whichever is first.

SO ORDERED.

DATED: 11-3-05


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

**IN THE MATTER
OF
Kevin Patterson, M.D.**

**CONSENT
AGREEMENT
AND
ORDER**

Kevin Patterson, M.D., representing that all of the following statements are true, deposes and says:

That on or about September 27, 1990, I was licensed to practice as a physician in the State of New York, and issued License No. 184051 by the New York State Education Department.

My current address is 14 Covell Avenue, Round Lake, New York 12151, and I will advise the Director of the Office of Professional Medical Conduct of any change of address.

I understand that the New York State Board for Professional Medical Conduct has charged me with 5 (five) specifications of professional misconduct.

A copy of the Statement of Charges, marked as Exhibit "A", is attached to and part of this Consent Agreement.

I do not contest the First Specification, in full satisfaction of the charges against me, and agree to the following penalty:

1. My license to practice medicine in the State of New York shall be suspended for a period of 3 (three) years, said suspension to be stayed with 3 years probation in accordance with the terms of Probation attached hereto as Exhibits B and B.1.
2. Pursuant to §230-a(3) of the Public Health Law my license to practice medicine in the State of New York shall be permanently

limited so as to permit me to practice medicine only in a facility licensed pursuant to Article 28 of the New York State Public Health Law.

3. Pursuant to §230-(a) of the Public Health Law my license to practice medicine in the State of New York shall be permanently limited to require compliance with the Chaperone conditions of Exhibit C.

I further agree that the Consent Order shall impose the following conditions:

That Respondent shall maintain active registration of Respondent's license with the New York State Education, Department Division of Professional Licensing Services (except during periods of actual suspension), and shall pay all registration fees. This condition shall take effect thirty (30) days after the Consent Order's effective date and will continue so long as Respondent remains licensed in New York State; and

That Respondent shall cooperate fully with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Order and in its investigations of matters concerning Respondent. Respondent shall respond in a timely manner to all OPMC requests for written periodic verification of Respondent's compliance with this Order. Respondent shall meet with a person designated by the Director of OPMC, as directed. Respondent shall respond promptly and provide all documents and information within

Respondent's control, as directed. This condition shall take effect upon the Board's issuance of the Consent Order and will continue so long as Respondent remains licensed in New York State.

I stipulate that my failure to comply with any conditions of this Order shall constitute misconduct as defined by New York State Education Law §6530(29).

I agree that if I am charged with professional misconduct in future, this Consent Agreement and Order **shall** be admitted into evidence in that proceeding.

I ask the Board to adopt this Consent Agreement.

I understand that if the Board does not adopt this Consent Agreement, none of its terms shall bind me or constitute an admission of any of the acts of alleged misconduct; this Consent Agreement shall not be used against me in any way and shall be kept in strict confidence; and the Board's denial shall be without prejudice to the pending disciplinary proceeding and the Board's final determination pursuant to the Public Health Law.

I agree that, if the Board adopts this Consent Agreement, the Chair of the Board shall issue a Consent Order in accordance with its terms. I agree that this Order shall take effect upon its issuance by the Board, either by mailing of a copy of the Consent Order by first class mail to me at the address in this Consent Agreement, or to my attorney by certified mail, OR upon facsimile transmission to me or my attorney, whichever is first. The Order, this agreement, and all attached Exhibits shall be public documents, with only patient identities, if any, redacted.

I stipulate that the proposed sanction and Order are authorized by Public Health Law Sections 230 and 230-a and that the Board for Professional Medical Conduct and the Office of Professional Medical Conduct have the requisite powers to carry out all included terms. I ask the Board to adopt this Consent Agreement of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's adoption of this Consent Agreement, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive my right to contest the Consent Order for which I apply, whether administratively or judicially, I agree to be bound by the Consent Order, and ask that the Board adopt this Consent Agreement.

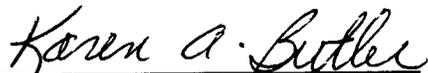
DATED 10/17/05



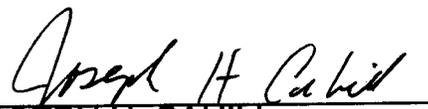
KEVIN PATTERSON, M.D.
RESPONDENT

The undersigned agree to Respondent's attached Consent Agreement and to its proposed penalty, terms and conditions.

DATE: 10/17/05


KAREN BUTLER
Attorney for Respondent

DATE: 10/24/05


JOSEPH H. CAHILL
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 11/01/05

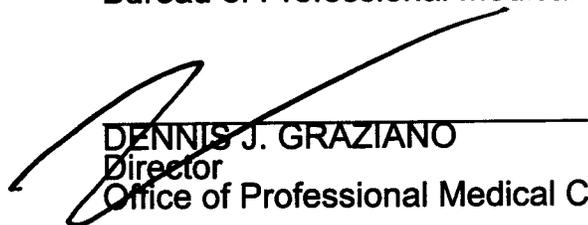

DENNIS J. GRAZIANO
Director
Office of Professional Medical Conduct

EXHIBIT B

Terms of Probation

1. Respondent's conduct shall conform to moral and professional standards of conduct and governing law. Any act of professional misconduct by Respondent as defined by New York State Education Law §6530 or §6531 shall constitute a violation of probation and may subject Respondent to an action pursuant to New York State Public Health Law §230(19).
2. Respondent shall maintain active registration of Respondent's license (except during periods of actual suspension) with the New York State Education Department Division of Professional Licensing Services, and shall pay all registration fees.
3. Respondent shall provide the Director, Office of Professional Medical Conduct (OPMC), Hedley Park Place, 433 River Street Suite 303, Troy, New York 12180-2299 with the following information, in writing, and ensure that such information is kept current: a full description of Respondent's employment and practice; all professional and residential addresses and telephone numbers within and outside New York State; and all investigations, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility, within thirty (30) days of each action.
4. Respondent shall cooperate fully with, and respond in a timely manner to, OPMC requests to provide written periodic verification of Respondent's compliance with the terms of this Consent Order. Upon the Director of OPMC's request, Respondent shall meet in person with the Director's designee.
5. Respondent's failure to pay any monetary penalty by the prescribed date shall subject Respondent to all provisions of law relating to debt collection by New York State, including but not limited to: the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection; and non-renewal of permits or licenses [Tax Law section 171(27)]; State Finance Law section 18; CPLR section 5001; Executive Law section 32].
6. The probation period shall toll when Respondent is not engaged in active medical practice in New York State for a period of thirty (30) consecutive days or more. Respondent shall notify the Director of OPMC, in writing, if Respondent is not currently engaged in, or intends to leave, active medical practice in New York State for a consecutive thirty (30) day period. Respondent shall then notify the Director again at least fourteen (14) days before returning to active practice. Upon Respondent's return to active practice in New York State, the probation period will resume and Respondent shall fulfill any unfulfilled probation terms and such additional requirements as the Director may impose as reasonably relate to the matters set forth in Exhibit "A" or are necessary to protect the public health.

7. The Director of OPMC may review Respondent's professional performance. This review may include but shall not be limited to: a review of office records, patient records and/or hospital charts; and interviews with or periodic visits with Respondent and staff at practice locations or OPMC offices.
8. Respondent shall maintain complete and legible medical records that accurately reflect the evaluation and treatment of patients and contain all information required by State rules and regulations concerning controlled substances.

PRACTICE MONITOR

9. Within thirty days of the effective date of the order, Respondent shall practice medicine only when monitored by a licensed physician, board certified in an appropriate specialty, ("practice monitor") proposed by Respondent and subject to the written approval of the Director of OPMC.
 - a. Respondent shall make available to the monitor any and all records or access to the practice requested by the monitor, including on-site observation. The practice monitor shall visit Respondent's medical practice at each and every location, on a random unannounced basis at least monthly and shall examine a selection (no fewer than 20) of records maintained by Respondent, including patient records, prescribing information and office records. The review will determine whether the Respondent's medical practice is conducted in accordance with the generally accepted standards of professional medical care. Any perceived deviation of accepted standards of medical care or refusal to cooperate with the monitor shall be reported within 24 hours to OPMC.
 - b. Respondent shall be solely responsible for all expenses associated with monitoring, including fees, if any, to the monitoring physician.
 - c. Respondent shall cause the practice monitor to report quarterly, in writing, to the Director of OPMC.
 - d. Respondent shall maintain medical malpractice insurance coverage with limits no less than \$2 million per occurrence and \$6 million per policy year, in accordance with Section 230(18)(b) of the Public Health Law. Proof of coverage shall be submitted to the Director of OPMC prior to Respondent's practice after the effective date of this Order.
10. Respondent shall be subject to a Behavior Monitoring Program in his medical practice for a period of 36 months. A behavior monitor shall be proposed by Respondent and subject to the written approval of the Director of OPMC. The behavior monitor shall not be a family member or personal friend, or be in a professional relationship which could pose a conflict with supervision responsibilities. The behavior monitor should be a licensed or certified health care professional with experience dealing with professional behavior issues. The Behavior Monitor Program shall include, but not be limited to, completion of the Staff Feedback Survey, attached as Exhibit "B.1", by health care professionals with whom Respondent regularly practices medicine. Respondent shall assure that this form is distributed to

all health care professionals with whom Respondent regularly practices medicine. The behavior monitor will collect all survey forms directly during site visits to the hospital/clinic/office, and will review the forms and submit quarterly written reports to the Director of OPMC. These narrative reports shall address the information compiled on the forms, Respondent's on-duty conduct, and other matters regarding Respondent's practice as the behavior monitor deems appropriate to report, and as may be requested by OPMC. The Director of OPMC and the behavior monitor shall have full access to the information collected in the Behavior Monitoring Program and access to staff to the extent necessary for monitoring.

Respondent shall ensure that the behavior monitor is familiar with the order and conditions, and is willing to report to OPMC. Respondent shall ensure that the behavior monitor is in a position to regularly observe and assess Respondent's behavior in his medical practice. The behavior monitor shall report within 24 hours any inappropriate behavior, patient or staff complaints regarding behavior, or possible misconduct to OPMC.

11. Respondent shall comply with any request from OPMC to obtain an independent psychiatric/chemical dependency evaluation by a health care professional proposed by the Respondent and approved, in writing, by the Director of OPMC. Respondent shall bear all expenses of such evaluation.
12. Respondent shall comply with this Order and all its terms, and shall bear all associated compliance costs. Upon receiving evidence of noncompliance with, or violation of, these terms, the Director of OPMC and/or the Board may initiate a violation of probation proceeding, and/or any other such proceeding authorized by law, against Respondent.

EXHIBIT B.1

**HEALTH CARE PROFESSIONALS
FEEDBACK SURVEY**

Name and Title (Please Print) _____

Date _____ Signature _____

In order to monitor and prevent any personal behavior which may contribute to a hostile and/or unprofessional work environment, this Feedback Survey has been developed. This practice endorses your thoughtful, honest completion of this survey. Influence or input by practice management is not appropriate. These surveys are to be confidential. No individual employee decisions are effected by your response. Your answers should be based on your personal experience during the previous month. Please evaluate each area honestly, and circle the appropriate answer, and **return the completed survey form directly to the behavior monitor.**

Dr. Kevin Patterson :

- | | | | | |
|----|---|-----|----|------------|
| 1. | Deals with staff and patients in an ethical manner. | Yes | No | Don't Know |
| 2. | Is always professional and appropriate. | Yes | No | Don't Know |
| 3. | Has not engaged in any inappropriate physical touching. | Yes | No | Don't Know |
| 4. | Has not been verbally offensive. | Yes | No | Don't Know |
| 5. | Has not made any unwelcome comments, gestures, or actions. | Yes | No | Don't Know |
| 6. | Is receptive to feedback regarding any staff harassment issues. | Yes | No | Don't Know |

Please include any specific comments below:

Dr. Kevin Patterson is aware of your completing this survey, and he agrees that your completed form is confidential and that you are to forward this form, irrespective of its content, directly to his behavior monitor during site visits or to the monitor at the following address:

Insert name and address of behavior monitor

You may also contact the behavior monitor immediately upon any inappropriate behavior or questionable conduct on the part of Dr. Kevin Patterson.

EXHIBIT C
CHAPERONE

1. Respondent shall, in the course of practicing medicine in New York State, examine and/ treat any female patient only in the presence of a chaperone. The chaperone shall be a licensed or registered health care professional or other health care worker, shall not be a family member, personal friend, or be in a professional relationship with Respondent which could pose a conflict with the chaperone's responsibilities. The chaperone shall be proposed by Respondent and subject to the written the approval of the Director of OPMC.
2. Prior to the approval of any individual as chaperone, Respondent shall cause the proposed chaperone to execute and submit to the Director of OPMC an acknowledgment of the chaperone's agreement to undertake all of the responsibilities of the role of chaperone. Said acknowledgment shall be made upon a form provided by and acceptable to the Director. Respondent shall provide the chaperone with a copy of the Order and all of its attachments and shall, without fail, cause the approved chaperone to:
 - a. Report quarterly to OPMC regarding the chaperoning of Respondent's practice.
 - b. Report within 24 hours any failure of Respondent to comply with the Order, including, but not limited to, any failure by Respondent to have the chaperone present when required, any sexually suggestive or otherwise inappropriate comments by Respondent to any patient, and any actions of a sexual nature by Respondent in the presence of any patient.
 - c. Confirm the chaperone's presence at each and every examination and treatment of a female patient by Respondent, by placing the chaperone's name, title and date in the patient record for each and every visit, and by maintaining a separate log, kept in the chaperone's own possession, listing the patient name and date of visit for each and every patient visit chaperoned.
 - d. Provide copies of the log described in paragraph c, above, to OPMC at least quarterly and also immediately upon the Director's request.

IN THE MATTER
OF
KEVIN MARK PATTERSON, M.D.

STATEMENT
OF
CHARGES

KEVIN MARK PATTERSON, M.D., the Respondent, was authorized to practice medicine in New York State on or about ♦,1990, by the issuance of license number 184051 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. Respondent provided emergency medicine care to Patient A (patients are identified by name in Appendix A), a 44 year old male who arrived at the Seton Health System Emergency Department on May 16, 2003 at 23:57 with a chief complaint of chest pain for seven hours, blood pressure of 187/114 and history of smoking. Respondent evaluated the patient, ordered an EKG, labs and a chest x-ray. The EKG showed elevated ST segments in the inferior leads with reciprocal changes in V -V3, indicating a likely acute myocardial infarction. Respondent's medical care of Patient A deviated from accepted standards of care in the following respects:
1. Respondent failed to admit Patient A to the intensive care unit for treatment of an acute myocardial infarction.
 2. Respondent inappropriately discharged the patient to his home at 1:50pm on 5/17/03 with a diagnosis of "CP" (chest pain).
 3. Respondent failed to accurately interpret the EKG.
 4. Respondent failed to appropriately diagnose Patient A's acute myocardial infarction.
- B. Respondent provided emergency medical care to Patient B, an 84 year old male who arrived at Seton Health System Emergency Department at 14:49

on 01/24/03 with a chief complaint of shortness of breath for two weeks. The patient also complained of vomiting and diarrhea and congested cough. Patient had positive occult blood. Patient's past medical history included a myocardial infarction, cerebrovascular accident, hypertension, non-insulin dependent diabetes mellitus. Breath sounds were diminished. Respondent interpreted the EKG as negative for an acute myocardial infarction and normal sinus rhythm. The chest x-ray is noted "NAD" by Respondent. Patient's sodium level was low, 127, CPK was elevated at 299 as was the CKMB at 24. Respondent admitted the patient to a non-cardiac monitored floor at 18:20 with a diagnosis of "acute ileus/bronchitis". Respondent's medical care of Patient B deviated from accepted standards of care in the following respects:

1. Respondent failed to properly interpret and address the elevated CKMB and abnormal EKG.
2. Respondent failed to adequately diagnose the patient's condition, which was suggestive of a possible acute myocardial infarction.
3. Respondent failed to admit the patient to a cardiac monitored floor to rule out a possible acute myocardial infarction.
4. Respondent inappropriately diagnosed Patient B with bronchitis, when such diagnosis was not supported by the results of his history and physical examination.

C. Respondent provided emergency medical care to Patient C, a 76 year old female who arrived at the Seton Health System Emergency Department at 21:00 on 6/2/02 with a chief complaint of "unresponsiveness" at home that evening. Nurses note documented increased "shortness of breath today". Respondent noted wheezing in the patient's lungs, a white blood cell count of 23, 800. The radiologist's chest x-ray report described emphysema and no infiltrates. However, Respondent documented a right lower lobe infiltrate. And EKG done at 21:25 showed sinus tachycardia with some ST elevation in

the inferior leads and ST depression across the anterior leads. Respondent documented "S tach, (-) acute MI". Respondent diagnosed a "RLL Pneumonia/COPD exacerbation" and admitted the patient at 22:40. Respondent's care and treatment of Patient C deviated from accepted standards of medical care in the following respects:

1. Respondent misinterpreted the chest x-ray.
2. Respondent misinterpreted the EKG.
3. Respondent failed to adequately diagnose the patient's acute myocardial infarction.

D. Respondent provided emergency medical care to Patient D, a 31 year old female who presented to the Seton Health System Emergency Department on 11/10/02 at 20:18. Patient D was 18 weeks pregnant, had abdominal cramping and bright red blood spots. Respondent obtained a brief history and performed a brief physical examination without a pelvic exam. He did not order a sonogram. He discharged the patient at 21:07 with a diagnosis of "Cystitis/Pregnant". He did not document a consultation with an OB/GYN. Patient D returned to the ED on 11/11 at 23:08 because she developed bright red vaginal bleeding, she passed the fetus at home. She was admitted to the hospital and discharged 18 hours later with a diagnosis of spontaneous miscarriage.

Respondent's medical care of Patient D deviated from accepted standards of care in the following respects:

1. Respondent failed to perform a pelvic exam.
2. Respondent failed to order a complete blood count.
3. Respondent failed to adequately assess the bleeding noted by nursing staff.
4. Respondent failed to adequately investigate the cause of the patient's abdominal pain.

E. Respondent provided emergency medical care to Patient E, a 26 year old female who arrived at the Seton Health Care System Emergency Department on 6/7/03 at 18:55 with chief complaints of spotting and abdominal cramping. Patient E stated she was 5 weeks pregnant. Respondent documented a pelvic examination and he ordered a complete blood count. He did not order a human chorionic gonadotropin test (HCG). Respondent made a diagnosis of "pregnant, spotting" and discharged the patient at 21:16.

Patient E returned to the ED at 1:30 on 6/8 with continued abdominal pain. She was again evaluated by Respondent who ordered a urine analysis and urine culture. He made a diagnosis of "pregnant/UDAP", and discharged her. Respondent's medical care of Patient E. deviated from accepted standards of medical care in the following respects:

1. Respondent failed to order a sonogram during either visit to the Emergency Department.
2. Respondent failed to adequately evaluate Patient E concerning the possibility of an ectopic pregnancy.
3. Respondent failed to adequately investigate the cause of Patient E's abdominal pain and spotting.
4. Respondent failed to obtain a human Chorionic Gonadotropin test to confirm Patient E's pregnancy.

F. Respondent provided emergency medicine care to Patient F, an 82 year old female who arrived at the Seton Health System Emergency Department at 05:34 on 01/02/02 with a chief complaint of abdominal pain and vomiting. Nurses' notes document "? jaundice. Sclera appears yellow" and "severe upper abdominal pain." Respondent's physical examination noted tenderness in the epigastric region. The patient's liver function test results showed elevated levels. Respondent diagnosed "Gastritis".

Respondent discharged the patient at 07:17. The patient subsequently went to her doctor's office and was in turn admitted to the hospital and diagnosed with cholecystitis. An open Cholecystectomy was performed on 1/3/02, the surgeon's operative notes indicated "The gall bladder was markedly distended, full of pus. Cystic duct was impacted with stones". Respondent's medical care of Patient F deviated from accepted standards of care in the following respects:

1. Respondent failed to take an adequate history from Patient F.
2. Respondent's diagnosis of gastritis was not supported by the history he did take.
3. Respondent failed to adequately evaluate the patient for gallstones in light of the patient's symptoms and elevated liver function test results.

G. Respondent provided emergency medical care to Patient G., a 56 year old female who arrived at Seton Health System Emergency Department at 20:50 on 11/24/01 with a chief complaint of right flank pain radiating into the right lower quadrant of her abdomen. Nurses' notes documented "10 out of 10" pain and blood tinged urine. Respondent's physical examination documented tenderness in the right flank and in the right lower quadrant. Patient G's urine showed +3 blood, no white cells. Respondent diagnosed "Acute gastritis/? UTI (urinary tract infection)."

Respondent discharged her at 23:25 with a prescription for an antibiotic and anti-nausea drug. Patient G returned to the Emergency Department at 14:05 on 11/25/01 with worse pain. A CAT scan of her abdomen, ordered by another physician, showed a 2 - 3 mm stone in the right ureter.

Respondent's medical care and treatment of Patient G deviated from accepted standards of medical care in the following respects:

1. Respondent failed to take an adequate history.
 2. Respondent's diagnosis of gastritis was not supported by the Patient's chief complaint.
 3. Respondent's diagnosis of UTI was not supported by the history or the urine test results.
 4. Respondent failed to adequately evaluate the patient for ureteral colic and/or ureteral stones.
 5. Respondent failed to order appropriate diagnostic imaging studies.
- H. On or about March 20, 2004 Respondent acted toward, and spoke to, individual H, a female Emergency Medical Technician intern at Seton Hall Hospital in an inappropriate and unprofessional fashion.
- I. During September on 2003, Respondent acted toward, and spoke to, individual I. a female Respiratory Therapist at Seton Health Center in an inappropriate and unprofessional fashion.
- J. Between the fall of 2003 and January 2004, Respondent, on three separate occasions, acted unprofessionally and inappropriately toward individual J, a female nurse's aid at Seton Health Center.

SPECIFICATION OF CHARGES

FIRST SPECIFICATION

NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with professional misconduct under N.Y. Education Law §6530 (3) by reason of his having practiced medicine with negligence on more than one occasion, in that Petitioner charges:

1. The facts in Paragraphs A and A.1 and/or A and A.2 and/or A and A.3 and/or A and A.4; B and B.1 and/or B and B.2 and/or B and B.3 and/or B and B.4; C and C.1 and/or C and C.2 and/or C and C.3; D and D.1 and/or D and D.2 and D and/or D.3 and D and/or D.4; E and E.1 and/or E and E.2 and/or E and E.3 and/or E and E.4; F and F.1 and/or F and F.2 and/or F and F.3; G and G.1 and/or G and G.2 and/or G and G.3 and/or G and G.4 and/or G and G.5.

SECOND SPECIFICATION

INCOMPETENCE ON MORE THAN ONE OCCASION

Respondent is charged with professional misconduct under N.Y. Education Law §6530 (3) by reason of his having practiced medicine with incompetence on more than one occasion, in that Petitioner charges:

2. The facts in Paragraphs A and A.1 and/or A and A.2 and/or A and A.3 and/or A and A.4; B and B.1 and/or B and B.2 and/or B and B.3 and/or B and B.4; C and C.1 and/or C and C.2 and/or C and C.3; D and D.1 and/or D and D.2 and D and/or D.3 and D and/or D.4; E and E.1 and/or E and E.2 and/or E and E.3 and/or E and E.4; F and F.1 and/or F and F.2 and/or F and F.3; G and G.1 and/or G and G.2 and/or G and G.3 and/or G and G.4 and/or G and G.5.

THIRD THROUGH FIFTH SPECIFICATIONS

Respondent is charged with professional misconduct under N.Y. Education Law §6530 (3) by reason of his having engaged in conduct in the profession of medicine which evidenced moral unfitness to practice medicine, in that Petitioner charges:

3. The facts in paragraph H.
4. The facts in Paragraph I.
5. The facts in paragraph J.

DATED: ~~June 2, 2005~~
October 24
Albany, New York


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