

IN THE MATTER  
OF  
DANIEL THOMPSON, M.D.

ORDER  
OF CONDITIONS

Upon the application of **DANIEL THOMPSON, M.D.** (Respondent) in the attached Stipulation and Application for an Order of Conditions (Application), which is made a part of this Order of Conditions Pursuant to N.Y. Pub. Health Law § 230 (Order), it is agreed that:

- the Application and its terms are adopted; and
- this Order shall be effective upon issuance by the Board, either by mailing of a copy of this Order by first class mail to Respondent at the address in the attached Application or by certified mail to Respondent's attorney, or upon facsimile transmission to Respondent or Respondent's attorney, whichever is first.

SO ORDERED.

DATE: 1-9-2009

Redacted Signature

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

IN THE MATTER  
OF  
DANIEL THOMPSON, M.D.

**DANIEL THOMPSON, M.D.**, represents that all of the following statements are true:

Respondent is not currently authorized to practice medicine in New York state. There has been no issuance of a license by the New York State Education Department. Respondent was employed as an unlicensed resident from on or about July 1, 2003, to September 1, 2005, at New York City Health and Hospital Cooperation, Harlem Hospital.

My current address is Redacted Address

I am affiliated with the following hospitals and/or facilities: Christiana Care Health Systems, Al Dupont Children's Hospital.

I understand that the New York State Board for Professional Medical Conduct ("the Board") has investigated the issues set forth in attached Exhibit "A."

I request that the Board and the Director of the Office of Professional Medical Conduct ("the Director"), in reliance upon the results of the investigation to date and upon my representation that I have practiced medicine without incident for at least a year before this Application, conclude the investigation of these issues, provided I successfully and without incident comply with the Conditions set forth below. In consideration of the Board and the Director granting this Application, and upon the Board's election not to bring disciplinary charges against me, I agree that the Board and the Director shall issue an Order of Conditions. This Order shall set the following Conditions upon my practice:

A limitation shall be placed precluding the issuance of any license or registration to me to practice medicine in New York State and I am further prohibited from practicing medicine in New York State in any capacity: ie resident, intern, and/or fellow.

I stipulate that my failure to comply with these conditions shall constitute misconduct as defined in N.Y. Educ. Law § 6530(29).

I understand that nothing in this Application shall be construed as an admission by me of any act of alleged misconduct or as a finding of misconduct as to those issues referred to in Exhibit "A." I deny any acts of misconduct and reserve my right to assert all defenses I may have in any later or other proceeding.

I understand and agree that my failure to comply with, successfully complete, or satisfy any of the material conditions of this Order shall vest the Director with the authority, in the exercise of reasonable discretion, to vacate this Agreement and shall permit the Director to pursue further investigation and/or prosecution of misconduct charges against me as to the issues set forth in Exhibit "A" to the full extent authorized by the Public Health Law and the Education Law.

I understand that an Order issued upon this Application does not bar prosecution for professional misconduct based upon allegations of violations of N.Y. Educ. Law § 6530 unrelated to the issues set forth in Exhibit "A," whether those alleged violations occurred before or after this Application. The Director may, at such time, also direct counsel to prepare charges that include allegations as to the issues set forth in Exhibit "A."

I agree that, if the Board grants this Application, the Chair of the Board shall issue an Order of Conditions in accordance with its terms. I further agree that the Department of Health shall notify the Federation of State Medical Boards of this Order of Conditions pursuant to N.Y. Pub. Health Law § 230 and that the change in my licensure status is not disciplinary in nature. This Order of Conditions shall be posted on the Department of Health website(s).

I make this Application of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's acceptance of this Application, I waive my right to contest the Order for which I apply, whether administratively or judicially, I agree to be bound by the Order, and I ask that the Board grant this Application.

I understand and agree that the attorney for the Department of Health, the Director of the Office of Professional Medical Conduct and the Chair of the State Board for Professional Medical Conduct each retain complete discretion either to enter into the proposed agreement and Order, based upon my Application, or to decline to do so. I further understand and agree that no prior or separate written or oral communication can limit that discretion.

12/27/8  
DATE

Redacted Signature  
DANIEL THOMPSON, M.D.  
Respondent

IN THE MATTER  
OF  
DANIEL THOMPSON, M.D.

The undersigned agree to Respondent's attached Application and to the issuance of the proposed Order of Conditions.

DATE: 12-19-08

Redacted Signature

STEVEN SEIDMAN  
Attorney for Respondent

DATE: 5 January 2009

Redacted Signature

ROBERT BOGAN  
Associate Counsel  
Bureau of Professional Medical Conduct

DATE: January 8, 2009

Redacted Signature

KEITH W. SERVIS  
Director  
Office of Professional Medical Conduct