

October 21, 2011

***CERTIFIED MAIL-RETURN RECEIPT REQUESTED***

Chelsea M. Foster, M.D.

REDACTED

Re: License No. 247207

Dear Dr. Foster:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 11-251. This Order Not to Practice Medicine goes into effect October 28, 2011.

Please direct any questions to: Board for Professional Medical Conduct, 90 Church Street, 4th Floor, New York, NY 10007-2919, telephone # 212-417-4445.

Sincerely,

REDACTED

Katherine A. Hawkins, M.D., J.D.  
Executive Secretary  
Board for Professional Medical Conduct

Enclosure

cc: David E. Zukher, Esq.  
Weisberg, Zukher & Vanstry, LLP  
109 South Warren Street, Suite 410  
Syracuse, NY 13202

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

IN THE MATTER  
OF  
CHELSEA M. FOSTER, M.D.

BPMC No. 11-251

ORDER FOR  
NON PRACTICE OF  
MEDICINE

Upon the application and agreement of **CHELSEA M. FOSTER, M.D.**, for an Order by which **CHELSEA M. FOSTER, M.D.** agrees to cease the practice of medicine in the state of New York pending the final disposition of the present Department of Health, Office of Professional Medical Conduct investigation of certain aspects of the medical practice of **CHELSEA M. FOSTER, M.D.**, 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 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 Order to **CHELSEA M. FOSTER, M.D.** or upon transmission via facsimile to **CHELSEA M. FOSTER, M.D.** , whichever is earliest.

SO ORDERED.

DATED: 10/20/11

REDACTED

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

NEW YORK STATE

DEPARTMENT OF HEALTH

IN THE MATTER

OF

CHELSEA M. FOSTER, M.D.

STATE BOARD FOR  
PROFESSIONAL  
MEDICAL CONDUCT

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

STATE OF NEW YORK )  
COUNTY OF ONONDAGA)

ss.:

CHELSEA M. FOSTER, M.D., states:

1. That on or about January 3, 2008, I was licensed to practice as a physician in the State of New York, having been issued License No. 247207 by the New York State Education Department.
2. My current address is 4441 Millstream Drive, Clay, New York 13041, and 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 is investigating certain aspects of my medical practice to determine if I may have engaged in professional misconduct.
4. I voluntarily make this Application to the State Board for Professional Medical Conduct (the Board) and request that it be granted.

5. I hereby agree to the following :

I will not engage in the practice of medicine from the effective date of this agreement until four months following notification by Respondent as to the final disposition of Respondent's currently pending criminal case in Clay Town Court.

For the purpose of this agreement, "final disposition shall mean the later of any disposition by conviction, dismissal, or other adjudication of the pending criminal charge in Clay Town Court .

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

7. **Further, I hereby 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 the Order, shall constitute the unauthorized practice of medicine within the meaning of N.Y. Educ. Law §6512, defining a Class E felony.**

8. I agree not to seek privileges or employment as a physician during the pendency of this agreement.

9. 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.

10. I agree that this agreement may be made public, including notice to the National Practitioners' Data Bank, Federation of State Medical Boards, and posting on the NYS Department of Health's website.

11. 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.

12. I understand that the Department of Health, Office of Professional Medical Conduct shall notify each hospital or facility at which I presently hold privileges, that I have ceased the active practice of medicine, and that my licensure status during the pendency of the agreement is inactive. I also agree that I have ceased the active practice of medicine.

13. 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. This

Application shall not be used against me in any way in any professional misconduct disciplinary proceeding.

14. 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 Order to my attorney, or upon transmission via facsimile to my attorney, whichever is earliest.

15. 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, I knowingly waive any right I may have to contest the Order for which I hereby apply, whether administratively or judicially, and ask that the Application be granted.

DATED: 10/6/11

REDACTED

~~CHELSEA M. FOSTER, M.D.~~  
RESPONDENT

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

DATE: 10/6/11

REDACTED

CHELSEA M. FOSTER, M.D.  
Respondent

DATE: 10/6/11

REDACTED

DAVID ZUKHER, ESQ.  
Counsel for Respondent

DATE: 10/11/11

REDACTED

JOEL E. ABELOVE  
Associate Counsel  
Bureau of Professional  
Medical Conduct

DATE: 10/14/11

REDACTED

KEITH W. SERVIS  
Director  
Office of Professional  
Medical Conduct