



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*

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*Executive Deputy Commissioner
NYS Department of Health*

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Office of Professional Medical Conduct

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Chair

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

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

September 15, 2006

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Vanesa Quaintance Gregory, D.O.
Redacted Address

Re: License No. 212965

Dear Dr. Gregory:

Enclosed is a copy of the Order Not to Practice Medicine effective September 22, 2006.

Sincerely,

Redacted Signature

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

Enclosure

cc: Thomas A. Saitta, Esq.
Aswad & Ingraham
46 Front Street
Binghamton, NY 13905

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

IN THE MATTER
OF
VANES A QUAINANCE GREGORY D.O.

ORDER FOR
NON PRACTICE OF
MEDICINE

Upon the proposed application and agreement VANES A QUAINANCE GREGORY D.O. (Respondent) for an Order by which Respondent agrees to cease the practice of medicine pending the final disposition of the present Department of Health, Office of Professional Medical Conduct investigation of certain aspects of the Respondent's medical practice, 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 Consent Order to Respondent's attorney, or upon transmission via facsimile to Respondent's attorney, whichever is earliest.

SO ORDERED.

DATED: 9-14-2006

Redacted Signature

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

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

IN THE MATTER
OF
VANES A QUAINANCE GREGORY, DO

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

STATE OF NEW YORK)
COUNTY OF) ss.:

VANES A QUAINANCE GREGORY, D.O., says:

1. That on or about January 21, 1999, I was licensed to practice as a physician in the State of New York, having been issued License No. 212965 by the New York State Education Department.
2. My current address is Redacted Address . 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 hereby agree to the following :
I will not engage in the practice of medicine, which includes self prescribing, until the final decision in the pending State Board of Professional Medical Conduct proceeding against me.

For the purpose of this agreement, "final disposition" shall mean the later of any disposition by administrative closure, or determination of a Hearing Committee of the State Board for Professional Medical Conduct, or determination of the Administrative Review Board of the State Board for Professional Medical Conduct.

5. 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).

6. 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.

7. I presently maintain privileges at Our Lady of Lourdes Memorial Hospital, Binghamton, New York.

8. 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. Finally, I agree that this agreement may be made public in the same manner as a determination of a

Hearing Committee that imposes discipline on a physician, including notice to the National Practitioners' Data Bank.

9. 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.

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

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

12. 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 any 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.

13. 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.

14. 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.

AFFIRMED:

Redacted Signature

~~VANESSA QUAINANCE GREGORY, D.O.~~
RESPONDENT

DATED 9/1/06

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

DATE: 4/1/06

Redacted Signature

THOMAS SIATTA, ESQ.
Attorney for Respondent

DATE: 9/7/06

Redacted Signature

AMY B. MERKLEN
Assistant Counsel
Bureau of Professional
Medical Conduct

DATE: 9/14/06

Redacted Signature

DENNIS GRAZIANO
Director
Office of Professional
Medical Conduct