



New York State Board for Professional Medical Conduct

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

Richard F. Daines, M.D.
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NYS Department of Health
Wendy E. Saunders
Executive Deputy Commissioner
Keith W. Servis, Director
Office of Professional Medical Conduct

Public

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Chair
Michael A. Gonzalez, R.P.A.
Vice Chair
Katherine A. Hawkins, M.D., J.D.
Executive Secretary

July 29, 2009

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Theresa Sharon Clarke, R.P.A.

Redacted Address

Re: License No. 005857

Dear Ms. Clarke:

Enclosed is a copy of BPMC #09-145 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect August 5, 2009.

If the penalty imposed by this Order is a surrender, revocation or suspension, you are required to deliver your license and registration within five (5) days of receipt of this Order and return it to the Office of Professional Medical Conduct, New York State Department of Health, 433 River Street, Suite 303, Troy, NY 12180-2299

Sincerely,

Redacted Signature

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

Enclosure

cc: Kenneth N. Barnes, Esq.
9 Kyle Drive
Garner, NC 27529

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

IN THE MATTER
OF
THERESA SHARON CLARKE, R.P.A.

CONSENT
ORDER

BPMC No. #09-145

Upon the application of **THERESA SHARON CLARKE, R.P.A.**, (Respondent), 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 Consent 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: 7-29-2009

Redacted Signature

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

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

IN THE MATTER
OF
THERESA SHARON CLARKE, R.P.A.
PM-08-12-7633-A

CONSENT
AGREEMENT
AND ORDER

THERESA SHARON CLARKE, R.P.A., Respondent, representing that all of the following statements are true, deposes and says:

That on or about March 12, 1997, I was licensed to practice medicine as a physician assistant in the State of New York, and issued license number 005857 by the New York State Education Department.

My current address is Redacted Address, and I will advise the Director of the Office of Professional Medical Conduct of any change of my address thirty (30) days, thereof.

I understand that the New York State Board for Professional Medical Conduct (Board) has charged me with two (2) Specifications of professional misconduct.

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

The New York State Department of Health has offered to settle this matter by my agreeing to a Censure and Reprimand, a \$2,500.00 fine, that I pay the \$500.00 fine and New York State registration fees retroactive to July 15, 2007, as imposed by BPMC Order No. 07-118, and that I keep my New York state license registration active.

As I have not practiced medicine in New York state in many years and I do not intend to return to practice medicine in New York state, I do not contest the two (2) Specifications, and:

I agree, in lieu of the settlement offered by the State of New York:

to never practice medicine as a physician assistant in New York state
or activate my registration to practice medicine as a physician assistant in New York state.

I stipulate that my failure to comply with any conditions of this Consent Order shall constitute misconduct as defined by New York 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 New York 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 Consent 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 Consent Order, this agreement, and all attached Exhibits shall be public documents, with only patient identities, if any, redacted. As public documents, they may be posted on the Department's website.

I stipulate that the proposed sanction and Consent Order are authorized by New York Public Health Law §§ 230 and 230-a, and that the Board and OPMC 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 I ask that the Board adopt this Consent Agreement.

I understand and agree that the attorney for the Department, the Director of OPMC and the Chair of the Board each retain complete discretion either to enter into the proposed agreement and Consent 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.

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

IN THE MATTER
OF
THERESA SHARON CLARKE, R.P.A.
PM-08-12-7633-A

STATEMENT
OF
CHARGES

THERESA SHARON CLARKE, R.P.A., Respondent, was authorized to practice medicine as a Physician Assistant in New York State on March 12, 1997, by the issuance of license number 005857 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. From on or about June 15, 2007, to the present, Respondent, was and is subject to Consent Order BPMC No. 07-118 (hereinafter "New York Order"), with the New York State, Department of Health, State Board for Professional Medical Conduct (hereinafter "New York Board"), wherein, inter alia, she was required to pay a \$500.00 fine within thirty (30) days of June 15, 2007, and was required to maintain active registration of her license with the New York Education Department Division of Professional Licensing Services (except during periods of actual suspension), and shall pay all registration fees and continue so long as Respondent remains licensed in New York State.

B. From on or about July 15, 2007, to the present, Respondent has failed to pay the \$500.00 fine set forth in Paragraph A, above.

C. From on or about July 15, 2007, to the present, Respondent has failed to maintain active registration of her license with the New York State Education Department and pay all registration fees, in violation of the New York Order, set forth in Paragraph A, above.

SPECIFICATIONS

FIRST AND SECOND SPECIFICATIONS

Respondent violated New York State Education Law §6530(29) by violating any term of probation or condition or limitation imposed on the licensee, in that Petitioner charges:

1. The facts in Paragraphs A and/or B.
2. The facts in Paragraphs A and/or C.

DATED: *May 14*, 2009
Albany, New York

Redacted Signature

PETER D. VAN BUREN
Deputy Counsel
Bureau of Professional Medical Conduct