

NEW YORK
state department of
HEALTH

Public

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

April 30, 2013

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Cesar R. Hernandez, M.D.
REDACTED

RE: License No. 199728

Dear Dr. Hernandez:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 13-119. This Modification Order and any penalty provided therein goes into effect May 7, 2013.

If the penalty imposed by the Order is a fine, please write the check payable to the New York State Department of Health. Noting the BPMC Order number on your remittance will assist in proper crediting. Payments should be directed to the following address:

Bureau of Accounts Management
New York State Department of Health
Corning Tower, Room 2784
Empire State Plaza
Albany, New York 12237

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

IN THE MATTER
OF
CESAR R. HERNANDEZ, M.D.

MODIFICATION
ORDER

Upon the proposed Application for a Modification Order of, **CESAR R. HERNANDEZ, M.D.** (Respondent), that is made a part of this Modification Order, it is agreed and

ORDERED, that the attached Application and its terms, are adopted and it is further

ORDERED, that this Modification 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 or email transmission to Respondent or Respondent's attorney, whichever is first.

SO ORDERED.

DATE: 4/29/2013

REDACTED

Arthur S. Hengerer, 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 **APPLICATION FOR**
OF **MODIFICATION ORDER**
CESAR R HERNANDEZ, M.D.

CESAR R HERNANDEZ, M.D., represents that all of the following statements are true:

That on or about June 21, 1995, I was licensed to practice as a physician in the State of New York, having been issued license number 199728 by the New York State Education Department.

My current address REDACTED . I will advise the Director of the Office of Professional Medical Conduct of any change of address.

I am currently subject to BPMC No. Order # 00-322 , (hereinafter "Original Order"), annexed hereto, made a part, hereof, and marked as Exhibit 1, which was issued upon an Application for Consent Order signed by me on October 20, 2000 (hereinafter "Original Application") adopted by the Original Order with an effective date of November 16, 2000.

I apply to the State Board for Professional Medical Conduct for a Modification Order (hereinafter "Modification Order"), modifying the Original Order, as follows: to delete the paragraphs in the Original Order that state:

"My license shall be suspended for two years with said suspension stayed to become a two year period of probation under the terms and conditions attached hereto, made part hereof, and marked as Exhibit B . The stayed suspension and probation shall be tolled until such time as I resume the active practice of medicine in New York State."

"That, except for periods of actual suspension, Respondent shall maintain current registration of his license with the New York State Education Department Division of Professional Licensing Services, and pay all registration fees. This condition shall be in effect beginning thirty days after the effective date of this order and will continue while the licensee possesses his/her license; and

And deleting Exhibit B, Terms of Probation; and

Substituting for the words:

"Respondent shall never practice medicine in New York State as a physician, activate his registration to practice medicine as a physician in New York State or seek to reapply for a license to practice medicine as a physician in New York State [Limitation on registration or issuance of any further license pursuant to Public Health Law Section 230-a (6)]."

"I shall be subject to a Condition that I comply with attached Exhibit "2," "Requirements For Closing a Medical Practice Following a Revocation, Surrender, Limitation or Suspension (Of 6 Months or More) of a Medical License."

"Pursuant to Public Health Law §§ 230 – a (7) and (9), I shall be subject to a fine in the amount of \$1,000.00, to be paid in full within 30 days of the effective date of this Order. Payments must be made to:

Bureau of Accounts Management
New York State Department of Health
Empire State Plaza
Corning Tower, Room 2748
Albany New York, 12237."

The Modification Order to be issued will not constitute a new disciplinary action against me, but will substitute the proposed language for the above described language in the Original Order. All remaining terms and conditions will continue as written in the Original Order.

I make this Application of my own free will and accord and not under duress, compulsion or restraint, and seek the anticipated benefit of the requested Modification. In consideration of the value to me of the acceptance of the Board of this Application, I knowingly waive the right to contest the Original Order or the Modification Order for which I apply, both administratively and judicially, and ask that the Board grant this Application.

I understand and agree that the attorney for the Bureau of Professional Medical Conduct, the Director of the Office of Professional Medical Conduct, and the Chair of the State Board for Professional Medical Conduct each retain complete discretion to either enter into the proposed Agreement and Modification 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.

AFFIRMED:

DATED:

04/20/13

REDACTED

CESAR R. HERNÁNDEZ, M.D.
Respondent

The undersigned agree to the attached Application of Respondent and to the proposed penalty based on the terms and conditions thereof.

DATE: 4-22-13

REDACTED

LEE A. DAVIS
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 4/26/13

REDACTED

KEITH W. SERVIS
Director
Office of Professional Medical Conduct