



New York State Board for Professional Medical Conduct

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

Barbara A. DeBuono, M.D., M.P.H.
Commissioner of Health

Patrick F. Carone, M.D., M.P.H.
Chair
Ansel R. Marks, M.D., J.D.
Executive Secretary

September 25, 1998

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Sander M. Rabin, M.D.
RR1, Box 281
Red Hook, New York 12571

RE: License No. 163496

Dear Dr. Rabin:

Enclosed please find Order #BPMC 98-224 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect **October 2, 1998.**

If the penalty imposed by the Order is a surrender, revocation or suspension of this license, you are required to deliver to the Board the license and registration within five (5) days of receipt of the Order.

Board for Professional Medical Conduct
New York State Department of Health
Hedley Park Place, Suite 303
433 River Street
Troy, New York 12180

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 1315
Empire State Plaza
Albany, New York 12237

Sincerely,



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

Enclosure

cc: Jeffrey K. Hass, Esq.
Hass & Gottlieb
670 White Plains Road, Suite 121
Scarsdale, New York 10583

Wayne E. Olinzock, Esq.

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

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IN THE MATTER : CONSENT
OF : AGREEMENT
SANDER MARC RABIN, M.D. : AND ORDER
: BPMC # 98-224

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SANDER MARC RABIN, M.D., says:

On or about July 29, 1985, I was licensed to practice as a physician in the State of New York, having been issued license number 163496 by the New York State Education Department.

My current address is RR 1 Box 281 Red Hook, New York 12571 and I will advise the Director of the Office of Professional Medical Conduct of any change of my address.

I understand that I have been charged with one specification of professional misconduct as set forth in the Statement of Charges, annexed hereto, made a part hereof, and marked as Exhibit A.

I do not contest the Factual Allegations and Specification set forth in Exhibit A in full satisfaction of the charges against me.

I hereby agree to the following penalties:

- 1) A Censure and Reprimand.
- 2) A civil penalty in the amount of two thousand five hundred dollars (\$2,500.00), which must be paid in full within thirty days (30) of the effective date of this Consent Order.

Payment must be made to the Bureau of Accounts Management, New York State Department of Health, Empire State Plaza, Corning Tower, Room 1245, Albany, New York, 12237. I understand that if I do not pay said civil penalty in full by the required date, I shall be subject to all provisions of law relating to debt collection by the State of New York, and all such other penalties or procedures as are authorized under New York State Law, including but not limited to the imposition of interest, late payment charges, and collection fees; referral to the New York State Department of Taxation and Finance for collection; and the denial of applications to renew my registration to practice medicine with the New York State Education Department. I further understand that if I do not pay said civil penalty in full by the required date, my failure to do so will be considered professional misconduct under N.Y. Education Law §6530(29), and I will be subject to prosecution accordingly.

I agree that in the event that I am charged with professional misconduct in the future, this agreement and order, including Exhibit A, shall be admitted into evidence in any such misconduct proceeding.

I agree that, as a condition of this Order, I will maintain current registration of my license with the New York State Education Department, Division of Professional Licensing Services, and pay all registration fees. This condition will remain in effect except during periods of actual suspension, if any, imposed by this Order. This condition shall be in effect beginning thirty days after the effective date of this Order and will continue until the full term of the Order has run, and until

any associated period of probation and all probation terms have been completed and satisfied. I understand that any failure by me to comply with this condition shall constitute misconduct as defined by New York State Education Law §6530(29).

I understand that, in the event that the Board does not grant this application, 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 the 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.

I agree that, in the event the State Board for Professional Medical Conduct grants my application, an order of the Chairperson of the Board shall be issued in accordance with same.

I make this application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner.


SANDER MARC RABIN, M.D.
RESPONDENT

Subscribed before me this
4 day of September, 1998.


NOTARY PUBLIC

BETTY A'BRUAL
NOTARY PUBLIC STATE OF NY
RESIDING IN DUTCHESS COUNTY
4831805
MY COMMISSION EXP. MARCH 30, 99

AGREED TO:

DATE: 9/9/98

Jeffrey K. Hass
JEFFREY K. HASS
Attorney for Respondent

DATE: 9-10-98

Wayne E. Olinzock
WAYNE E. OLINZOCK
ASSISTANT COUNSEL
Bureau of Professional
Medical Conduct

DATE: September 18, 1998

Anne F. Saile
ANNE F. SAILE
DIRECTOR
Office of Professional
Medical Conduct

ORDER

Upon the proposed agreement of SANDER MARC RABIN, M.D. (Respondent) for Consent Order, which proposed agreement is made a part hereof, it is AGREED TO and

ORDERED, that the proposed agreement and the provisions thereof are hereby adopted; and it is further

ORDERED, that this order shall take effect as of the date of the personal service of this order upon Respondent, upon receipt by Respondent of this order via certified mail, or seven days after mailing of this order by certified mail, whichever is earliest.

DATED: 9/22/98


PATRICK F. CARONE, M.D., M.P.H.
Chair
State Board for Professional
Medical Conduct

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

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IN THE MATTER : STATEMENT
OF : OF
SANDER MARC RABIN, M.D. : CHARGES

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SANDER MARC RABIN, M.D., the Respondent, was authorized to practice medicine in New York State on July 29, 1985 by the issuance of license number 163496 by the New York State Education Department.

FACTUAL ALLEGATIONS

1. Respondent, under the Health Education Assistance Loan program, borrowed over \$27,000.00 during the approximate period of 1982 through 1984 to aid his medical education and agreed to repay these loans.
2. Respondent failed to comply with his agreement to repay the Health Education Assistance Loans and, as of July 1998 owed approximately \$112,400.00 in principal and interest.

SPECIFICATION

Respondent is charged with professional medical conduct under N.Y. Educ. Law §6530(42) by reason of his failing to comply with a signed agreement entered into to aid his medical education, in that, Petitioner charges the facts in Paragraphs 1 and 2.

DATED: *September 11, 1998*
Albany, New York

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