

**NEW YORK**  
state department of  
**HEALTH**

Public

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

Sue Kelly  
Executive Deputy Commissioner

November 22, 2011

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

Tahir Usman Mir, M.D.  
[REDACTED]

Re: License No. 146840

Dear Dr. Mir:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 11-279. This Order Not to Practice Medicine goes into effect November 29, 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

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

IN THE MATTER  
OF  
TAHIR USMAN MIR, M.D.

ORDER FOR  
NON PRACTICE OF  
MEDICINE

BPMC No. 11-279

Upon the application and agreement of TAHIR USMAN MIR, M.D. for an Order by which TAHIR USMAN MIR, M.D. 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 medical practice of TAHIR USMAN MIR, 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 Consent Order to TAHIR USMAN MIR, M.D., or upon transmission via facsimile to TAHIR USMAN MIR, whichever is earliest.

SO ORDERED.

DATED: 11/22/11

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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  
TAHIR USMAN MIR, M.D.

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

COMMONWEALTH OF PENNSYLVANIA )  
COUNTY OF Indiana ) ss.:

TAHIR USMAN MIR, M.D., states:

1. That on or about July 10, 1981, I was licensed to practice as a physician in the State of New York, having been issued License No. 146840, by the New York State Education Department.
2. My current address is [REDACTED] [REDACTED] 0, 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 pending the final disposition of the present Department of Health, Office of Professional Medical Conduct investigation of certain aspects of the medical practice of TAHIR USMAN MIR, M.D..

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: 10-31-11

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TAHIR USMAN MIR, M.D.  
RESPONDENT

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

DATE: 10-31-11

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TAHIR USMAN MIR, M.D.  
Respondent

DATE: 11/9/11

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JOEL E. ABELove  
Associate Counsel  
Bureau of Professional  
Medical Conduct

DATE: 11/19/11

\_\_\_\_\_  
KEITH W. SERVIS  
Director  
Office of Professional  
Medical Conduct