

September 20, 2011

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Michael D. Corrente, D.O.
REDACTED

Re: License No. 234255

Dear Dr. Corrente:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 11-231. This order and any penalty provided therein goes into effect September 27, 2011.

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 to: Office of Professional Medical Conduct, c/o Physician Monitoring Unit, New York State Department of Health, 433 River Street, Suite 303, Troy, NY 12180-2299.

If the document(s) are lost, misplaced or destroyed, you are required to submit to this office an affidavit to that effect. Enclosed for your convenience is an affidavit. Please complete and sign the affidavit before a notary public and return it to the Office of Professional Medical Conduct.

Please direct any questions to: Board for Professional Medical Conduct, 433 River Street, Suite 303, Troy, NY 12180, telephone # (518) 402-0855.

Sincerely,

REDACTED

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

Enclosure

cc: Michael Kelton, Esq.
Abrams, Fensterman, Fensterman, Eisman,
Greenberg, Formato & Einiger, LLP
630 Third Avenue, 5th Avenue
New York, NY 10017

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

IN THE MATTER
OF
MICHAEL D. CORRENTE, D.O.

SURRENDER
ORDER
BPMC No. 11-231

Upon the application of (Respondent) MICHAEL D. CORRENTE, D.O. to Surrender his license as a physician in the State of New York, which is made a part of this Surrender Order, it is

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

ORDERED, that Respondent's name be stricken from the roster of physicians in the State of New York; it is further

ORDERED, that this Order shall be effective upon issuance by the Board, either

- by mailing of a copy of this Surrender Order, either by first class mail to Respondent at the address in the attached Surrender Application or by certified mail to Respondent's attorney, OR
- upon facsimile transmission to Respondent or Respondent's attorney,

Whichever is first.

SO ORDERED.

DATE: 9/19/11

REDACTED

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
MICHAEL D. CORRENTE, D.O.

SURRENDER
of
LICENSE

MICHAEL D. CORRENTE, D.O., represents that all of the following statements are true:

That on or about October 20, 2004, I was licensed to practice as a physician in the State of New York and issued License No. 234255 by the New York State Education Department.

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

I understand that the New York State Board for Professional Medical Conduct has charged me with one specification of professional misconduct.

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

I am applying to the State Board for Professional Medical Conduct for permission to surrender my license as a physician in the State of New York on the grounds that I do not contest the one specification of professional misconduct in full satisfaction of the charges against me.

I ask the Board to accept my Surrender of License, and I agree to be bound by all of the terms set forth in attached Exhibit "B".

I understand that, if the Board does not accept my Surrender of License, none of its terms shall bind me or constitute an admission of any of the acts of misconduct alleged; this application 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 the Public Health Law.

I agree that, if the Board accepts my Surrender of License, the Chair of the Board shall issue a Surrender Order in accordance with its terms. I agree that this Order shall take effect upon its issuance by the Board, either by mailing of a copy of the Surrender Order by first class mail to me at the address in this Surrender of License, or to my attorney by certified mail, or upon facsimile transmission to me or my attorney, whichever is first. The Surrender 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(s). OPMC shall report this action to the National Practitioner Data Bank and the Federation of State Medical Boards, and any other entities that the Director of OPMC shall deem appropriate.

I ask the Board to accept this Surrender of License, which I submit of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's acceptance of this Surrender of License, 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 Surrender Order for which I apply, whether administratively or judicially, and I agree to be bound by the Surrender Order.

I understand and agree that the attorney for the Department, the Director of the Office of Professional Medical Conduct and the Chair of the State Board for Professional Medical Conduct each retain complete discretion either to enter

into the proposed agreement and 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.

DATE 8/30/11

REDACTED

~~MICHAEL D. CORRENTE, D.O.~~
RESPONDENT

The undersigned agree to Respondent's attached Surrender of License and to its proposed penalty, terms and conditions.

DATE: 9/7/11

REDACTED

~~MICHAEL KELTON, ESQ.~~
Abrams, Fensterman, Fensterman,
Eisman, Greenberg, Foramoto, & Einiger,
LLP
Attorney for Respondent

DATE: 9/8/11

REDACTED

~~DANIEL GUENZBURGER~~
ASSOCIATE COUNSEL
Bureau of Professional Medical Conduct

DATE: 9/16/11

REDACTED

~~KEITH W. SERVIS~~
Director
Office of Professional Medical Conduct

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

EXHIBIT A

IN THE MATTER
OF
MICHAEL D. CORRENTE, D. O.

STATEMENT
OF
CHARGES

MICHAEL D. CORRENTE, D.O., the Respondent, was authorized to practice medicine in New York State on or about October 20, 2004 by the issuance of license number 234255 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. On or about October 20, 2010, in the New York State Supreme Court, New York County, Respondent plead guilty to assault in the third degree (Penal Law 120, subdivision 1), a class A misdemeanor, and to attempted assault in the third degree (Penal Law 110/120, subdivision 1), a class B misdemeanor.

SPECIFICATION OF CHARGES

CRIMINAL CONVICTION (N.Y.S.)

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(9)(a)(i) by having been convicted of committing an act constituting a crime under New York state law as alleged in the facts of the following:

1. Paragraph A.

DATE: *Sept*
August 8, 2011
New York, New York

REDACTED

Roy Nemerson
Deputy Counsel
Bureau of Professional Medical Conduct