



New York State Board for Professional Medical Conduct

Corning Tower • Empire State Plaza • Albany, NY 12237 • (518) 474-8357

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

Charles J. Vacanti, M.D.
Chair

January 11, 1996

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Alfred E. Boyce, D.O.
7001 N.W. 91st Terrace
Tamarac, Florida 33321

Re: License No. 102501

Dear Dr. Boyce:

Effective Date: 01/18/96

Enclosed please find Order #BPMC 96-6 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect upon receipt of this letter or seven (7) days after the date of this letter, whichever is earlier.

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
Empire State Plaza
Tower Building-Room 438
Albany, New York 12237-0756

Sincerely,

Charles J. Vacanti, M.D.

Chair

Board for Professional Medical Conduct

Enclosure

cc: Peter Van Buren, Esq.

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

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IN THE MATTER :
OF : ORDER
ALFRED E. BOYCE, D.O. : BPMC #96-6

-----X

Upon the Application of ALFRED E. BOYCE, D.O., to Surrender his license as a physician in the State of New York, which application is made a part hereof, it is

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

ORDERED, that the name of Respondent be stricken from the roster of physicians in the State of New York; 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 via certified mail, whichever is earliest.

SO ORDERED,

DATED: July 1, 1975



CHARLES J. VACANTI, M.D.
Chairperson
State Board for Professional
Medical Conduct

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

-----X

IN THE MATTER : APPLICATION TO
OF : SURRENDER
ALFRED E. BOYCE, D.O. : LICENSE

-----X

STATE OF FLORIDA)

ss.:

COUNTY OF BROWARD)

ALFRED E. BOYCE, D.O., being duly sworn, deposes and says:

On or about September 10, 1959 I was licensed to practice medicine as a physician in the State of New York having been issued License No. 102501 by the New York State Education Department.

I am not currently registered with the New York State Education Department to practice as a physician in the State of New York. My address is 7001 N.W. 91st Terrace, Tamarac, Florida 33321.

On or about April 15, 1994, I entered into an Agreed Order with the Texas State Board of Medical Examiners wherein I surrendered my Texas Medical 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 in that I do not wish to contest any proceeding which the New York State Board for Professional Medical Conduct could bring resulting from the Texas State Board of Medical Examiners' Agreed Order.

I hereby make this application to the State Board for Professional Medical Conduct and request that it be granted.

I understand that, in the event that the application is not granted by the State Board for Professional Medical Conduct, 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 State Board for Professional Medical Conduct shall be made without prejudice to the continuance of any disciplinary proceeding and the final determination by a Committee on Professional Medical Conduct 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 shall be issued striking my name from the roster of physicians in the State of New York without further notice to me. I further agree that I will not re-apply for licensure in the State of New York. I

understand that this is a disciplinary surrender of my license.

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

Alfred E. Boyce

ALFRED E. BOYCE, D.O.
Respondent

FL DL

Sworn to before me this
25th day of December, 1995

Indu P. Sharma
NOTARY PUBLIC



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

-----X

IN THE MATTER : APPLICATION TO
OF : SURRENDER
ALFRED E. BOYCE, D.O. : LICENSE

-----X

The undersigned agree to the attached application of the Respondent to surrender his license.

Date: _____, 1995

ALFRED E. BOYCE, D.O.
Respondent

Date: _____, 1995

_____, Esq.
Attorney for Respondent

Date: January 2, 1996

Peter D. Van Buren

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

Date: Jan 1, 1995

Anne Saile

ANNE F. SAILE
Acting Director, Office of
Professional Medical Conduct

Date: 10 January, 1995

Charles J. Vacanti

CHARLES J. VACANTI, M.D.
Chairperson, State Board
for Professional Medical Conduct