



New York State Board for Professional Medical Conduct

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

Dennis P. Whalen
Executive Deputy Commissioner of Health
Anne F. Saile, Director
Office of Professional Medical Conduct
William J. Corniskey, Chief Counsel
Bureau of Professional Medical Conduct

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Chair
Denise M. Bolan, R.P.A.
Vice Chair
Ansel R. Marks, M.D., J.D.
Executive Secretary

March 17, 1999

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Jack M. Shapiro, M.D.
147 Bacon Road
Old Westbury, New York 11568

RE: License No. 140155

Dear Dr. Shapiro:

Enclosed please find Order #BPMC 99-56 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect **March 17, 1999**.

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

Sincerely,

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

Enclosure

cc: Jerome T. Levy, Esq.
Arent, Fox, Kintner, Plotkin & Kahn, PLLC
1675 Broadway, 25th Floor
New York, New York 10019

Robert Bogan, Esq.

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

IN THE MATTER
OF
JACK M. SHAPIRO, M.D.

CONSENT
AGREEMENT
AND
ORDER

BPMC #99-56

STATE OF NEW YORK)
COUNTY OF NEW YORK)

JACK M. SHAPIRO, M.D., (Respondent) being duly sworn, deposes and says:

That on or about October 5, 1979, I was licensed to practice as a physician in the State of New York, having been issued License No. 140155 by the New York State Education Department.

My current address is 147 Bacon Road, Old Westbury, New York 11568, and I will advise the Director of the Office of Professional Medical Conduct of any change of my 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 is annexed hereto, made a part hereof, and marked as Exhibit "A".

I do not contest the specification, in full satisfaction of the charges against me. I hereby agree to the following penalty:

a Censure and Reprimand and to pay a fine in the amount of \$2,000.00.

I further agree that the Consent Order for which I hereby apply shall impose the following conditions:

That, except during periods of actual suspension, Respondent shall maintain current registration of Respondent's 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 the Consent Order and will continue while the licensee possesses his/her license; and

That Respondent shall fully cooperate in every respect with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Order and in its investigation of all matters regarding Respondent.

Respondent shall respond in a timely manner to each and every request by OPMC to provide written periodic verification of Respondent's compliance with the terms of this Order. Respondent shall meet with a person designated by the Director of OPMC as directed. Respondent shall respond promptly and provide any and all documents and information within Respondent's control upon the direction of OPMC. This condition shall be in effect beginning upon the effective date of the Consent Order and will continue while the licensee possesses his/her license.

I hereby stipulate that any failure by me to comply with such conditions shall constitute misconduct as defined by New York State Education Law §6530(29)(McKinney Supp 1999).

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

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

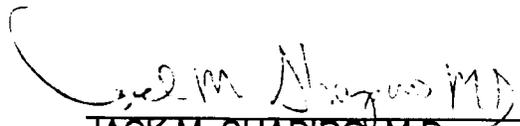
I understand that, in the event that this Application is not granted by the Board, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me, such Application shall not be used against me in any way and shall be kept in strict 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 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 Consent Order to me at the address set forth in this agreement, or to my attorney, or upon transmission via facsimile to me or my attorney, whichever is earliest.

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, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive any right I may have to contest the Consent Order for which I hereby apply, whether administratively or judicially, and ask that the Application be granted.

AFFIRMED:

DATED March 2, 1999



JACK M. SHAPIRO, M.D.
RESPONDENT

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

DATE: March 11, 1999


JEROME T. LEVY, ESQ.
Attorney for Respondent

DATE: 11 March 1999


ROBERT BOGAN
Assistant Counsel
Bureau of Professional
Medical Conduct

DATE: March 15 1999


ANNE F. SAILE
Director
Office of Professional
Medical Conduct

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

-----X

IN THE MATTER : STATEMENT
OF : OF
JACK M. SHAPIRO, M.D. : CHARGES

-----X

JACK M. SHAPIRO, M.D., the Respondent, was authorized to practice medicine in New York State on October 5, 1979 by the issuance of license number 140155 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. On or about March 13, 1998 in the United States District Court in the District of Alaska, the Respondent entered a plea of guilty and was found guilty of one count of Unauthorized Criminal Possession of Official Identification Card, 18 U.S.C. Section 701, a crime.

B. As a result of the conviction referred to in paragraph A above the Respondent was sentenced to probation for a term of one (1) year and to pay, an Assessment of \$10.00, a Fine of \$5,000, and Restitution of \$5,375.00.

C. The Conviction referred to in paragraphs A and B above was as the result of Indictment A97-149CR dated December 16, 1997 and Filed December 17, 1997.

EXHIBIT A

SPECIFICATION

Respondent is charged with professional misconduct under N.Y. Educ. Law §6530(9)(a)(ii) by reason of having been convicted of committing an act constituting a crime under federal law.

The facts in Paragraph A, B, and/or C.

DATED: *October 28*, 1998
Albany, New York


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

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

IN THE MATTER
OF
JACK M. SHAPIRO, M.D.

CONSENT
ORDER

Upon the proposed agreement of JACK M. SHAPIRO, M.D. (Respondent) for Consent Order, which application is made a part hereof, it is agreed to and ORDERED, that the application 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 Respondent at the address set forth in this agreement or to Respondent's attorney by certified mail, or upon transmission via facsimile to Respondent or Respondent's attorney, whichever is earliest.

SO ORDERED.

DATED: 3/16/99


WILLIAM P. DILLON, M.D.
Chair
State Board for Professional
Medical Conduct