



***New York State Board for Professional Medical Conduct***

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

*Richard F. Daines, M.D.  
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NYS Department of Health  
James W. Clyne, Jr.  
Executive Deputy Commissioner  
Keith W. Servis, Director  
Office of Professional Medical Conduct*

PUBLIC

*Kendrick A. Sears, M.D.  
Chair  
Carmela Torrelli  
Vice Chair  
Katherine A. Hawkins, M.D., J.D.  
Executive Secretary*

May 24, 2010

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

Jeffrey Reyes, RPA

REDACTED

Re: License No. 009420

Dear Mr. Reyes:

Enclosed is a copy of BPMC #10-88 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect May 31, 2010.

Sincerely,

REDACTED

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

Enclosure

cc: William D. Shanahan, Esq.  
William D. Shanahan, P.C.  
224 Seventh Street, Ste. 201  
Garden City, New York 11530

**IN THE MATTER  
OF  
JEFFREY REYES, R.P.A.**

CONSENT  
ORDER

BPMC #: 10-88

Upon the application of (Respondent) JEFFREY REYES, R.P.A. in the attached Consent Agreement and Order, which is made a part of this Consent Order, it is

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

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

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

SO ORDERED.

DATE: 05/21/2010

REDACTED

KENDRICK A. SEARS, M.D.  
Chair  
State Board for Professional Medical Conduct

**IN THE MATTER  
OF  
JEFFREY REYES, R.P.A.**

**CONSENT  
AGREEMENT  
AND  
ORDER**

JEFFREY REYES, R.P.A., represents that all of the following statements are true:

That on or about July 30, 2003, I was authorized to practice as a registered physician assistant in New York State, and issued Registration Number 009420 (hereafter "license") by the New York State Education Department.

My current address is CHD Meridian Healthcare, 420 Lexington Avenue, New York, N.Y. 10017, 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 (Board) 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 Consent Agreement.

I do not contest the First Specification, Practicing The Profession Beyond Its Authorized Scope, in full satisfaction of the charges against me, and agree to the following penalty:

Pursuant to N.Y. Pub. Health Law § 230-a(1), I shall be subject to a Censure and Reprimand.

I further agree that the Consent Order shall impose the following Conditions:

That Respondent shall enroll in and complete a continuing education program, to include the areas of medical ethics and appropriate prescribing practices. This continuing education program is subject to the Director of OPMC's prior written approval and shall be completed within 90 days of the Consent Order's effective date.

That Respondent shall remain in continuous compliance with all requirements of N.Y. Educ Law § 6502 including but not limited to the requirements that a licensee shall register and continue to be registered with the New York State Education Department (except during periods of actual suspension) and that a licensee shall pay all registration fees. Respondent shall not exercise the option provided in N.Y. Educ. Law § 6502(4) to avoid registration and payment of fees. This condition shall take effect 120 days after the Consent Order's effective date and will continue so long as Respondent remains a licensee in New York State; and

That Respondent shall cooperate fully with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Consent Order and in its investigations of matters concerning Respondent. Respondent shall respond in a timely manner to all OPMC requests for written periodic verification of Respondent's compliance with this Consent Order. Respondent shall meet with a person designated by the Director of OPMC, as directed.

Respondent shall respond promptly and provide all documents and information within Respondent's control, as directed. This condition shall take effect upon the Board's issuance of the Consent Order and will continue so long as Respondent remains licensed in New York State.

I stipulate that my failure to comply with any conditions of this Consent Order shall constitute misconduct as defined by N.Y. Educ. Law § 6530(29).

I agree that, if I am charged with professional misconduct in future, this Consent Agreement and Order **shall** be admitted into evidence in that proceeding.

I ask the Board to adopt this Consent Agreement.

I understand that if the Board does not adopt this Consent Agreement, none of its terms shall bind me or constitute an admission of any of the acts of alleged misconduct; this Consent Agreement 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 N.Y. Pub. Health Law.

I agree that, if the Board adopts this Consent Agreement, the Chair of the Board shall issue a Consent Order in accordance with its terms. I agree that this Consent Order shall take effect upon its issuance by the Board, either by mailing of a copy of the Consent Order by first class mail to me at the address in this Consent Agreement, or to my attorney by certified mail, OR upon facsimile transmission to me or my attorney, whichever is first. The Consent 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.

I stipulate that the proposed sanction and Consent Order are authorized by N.Y. Pub. Health Law §§ 230 and 230-a, and that the Board and OPMC have the requisite powers to carry out all included terms. I ask the Board to adopt this Consent Agreement of my own free will and not under duress, compulsion or

restraint. In consideration of the value to me of the Board's adoption of this Consent Agreement, 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 Consent Order for which I apply, whether administratively or judicially, I agree to be bound by the Consent Order, and I ask that the Board adopt this Consent Agreement.

I understand and agree that the attorney for the Department, the Director of OPMC and the Chair of the Board each retain complete discretion either to enter into the proposed agreement and Consent 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 5/10/2010

REDACTED

~~JEFFREY REYES~~, R.P.A.  
RESPONDENT

The undersigned agree to Respondent's attached Consent Agreement and to its proposed penalty, terms and conditions.

DATE: May 10, 2010

REDACTED

WILLIAM D. SHANAHAN, ESQ.  
Attorney for Respondent

DATE: May 17, 2010

REDACTED

MARCIA E. KAPLAN  
Associate Counsel  
Bureau of Professional Medical Conduct

DATE: May 21, 2010

REDACTED

KEITH W. SERVIS  
Director  
Office of Professional Medical Conduct

**EXHIBIT "A"**

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

**IN THE MATTER  
OF  
JEFFREY REYES, R.P.A.**

**STATEMENT  
OF  
CHARGES**

JEFFREY REYES, R.P.A., the Respondent, was authorized to practice as a registered physician assistant in New York State on or about July 30, 2003, by the issuance of Registration Number 009420 (hereafter "license") by the New York State Education Department.

**FACTUAL ALLEGATIONS**

- A. On or about July 21, 2006, Respondent inappropriately wrote a prescription for Vicodin, a controlled substance, without the authorization of the physician whose name was on the prescription, for an individual who was not a patient of the physician. (The physician and the individual for whom he wrote the prescription are identified in "Appendix A".)

**SPECIFICATION OF CHARGES**

**FIRST SPECIFICATION**

**PRACTICING THE PROFESSION BEYOND ITS AUTHORIZED SCOPE**

Respondent is charged with committing professional misconduct as defined by N.Y. Educ. Law § 6530(2) by practicing as a physician assistant beyond the authorized scope of the profession, as alleged in the facts of the following:

1. Paragraph A.

DATE: <sup>May</sup>~~April~~ 18, 2010  
New York, New York

REDACTED

~~ROY NEMERSON~~  
Deputy Counsel  
Bureau of Professional Medical Conduct