



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.
Commissioner
NYS Department of Health
James W. Clyne, Jr.
Executive Deputy Commissioner
Keith W. Servis, Director
Office of Professional Medical Conduct

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

Public

September 9, 2010

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Richard F. Jensen, RPA

REDACTED

Re: License No. 005546

Dear Mr. Jensen:

Enclosed is a copy of BPMC #10-162 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect September 16, 2010.

Sincerely,

REDACTED

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

Enclosure

IN THE MATTER
OF
RICHARD JENSEN, R.P.A.

CONSENT
ORDER

BPMC#: 10-162

Upon the application of (Respondent) RICHARD JENSEN, 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.

REDACTED

DATE: 09/08/2010

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

**IN THE MATTER
OF
RICHARD F. JENSEN, R.P.A..**

**CONSENT
AGREEMENT
AND
ORDER**

RICHARD F. JENSEN, R.P.A., represents that all of the following statements are true:

That on or about August 6, 1996, I was licensed to practice as a physician in the State of New York, and issued License No. 005546 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 (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 plead guilty to the First Specification, in full satisfaction of the charges against me, and agree to the following penalty:

Pursuant to Section 230-a(1) of the New York Public Health Law, my license to practice medicine as a Registered Physician Assistant shall be subject to a Censure and Reprimand.

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

That Respondent shall remain in continuous compliance with all requirements of New York Education 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 New York Education 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 as a Registered Physician Assistant in New York State.

I stipulate that my failure to comply with any conditions of this Consent Order shall constitute misconduct as defined by New York Education 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 New York Public 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 New York Public 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: August 26, 2010

REDACTED

RICHARD F. JENSEN, R.P.A. —
RESPONDENT

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

DATE: _____

None
Attorney for Respondent

DATE: August 27, 2010

REDACTED
JENNIFER U. CONKLIN, ESQ.
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 9/7/10

REDACTED
KEITH W. SERVICE
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
RICHARD F. JENSEN, R.P.A.	:	CHARGES

-----X

Richard F. Jensen, R.P.A., the Respondent, was authorized to practice medicine as a Registered Physician Assistant, in New York State on August 6, 1996, by the issuance of license number 005546 by the New York State Education Department. The Respondent is currently registered with the New York State Education Department to practice medicine as a Registered Physician Assistant, and resides at 553 Stevenson Road, Westport, New York 12993.

FACTUAL ALLEGATIONS

1. On or after September 20, 1994, Respondent obtained a loan in the amount of \$47,853.00 from the Health Education Assistance Loans (HEAL) program for the purpose of payment for his medical education. The Respondent was obliged to repay the amount according to terms of HEAL loan agreement, a program of the Federal Department of Health and Human Services. Respondent failed to repay said loan, pursuant to the aforesaid loan agreement. On or about February 1, 2005, a civil judgement against the Respondent was entered in the United States District Court for the Northern District of New York, in the amount of \$98,021.18, plus costs in the amount of \$150.00, and continuing interest because he was

declared in default of a loan borrowed through the HEAL program. The Respondent failed to repay said loan pursuant to the aforesaid loan agreement.

SPECIFICATION OF CHARGES

FIRST SPECIFICATION

FAILING TO COMPLY WITH AN AGREEMENT
ENTERED INTO TO AID HIS MEDICAL EDUCATION

Respondent is charged with professional misconduct under New York Education Law Section 6530(42) by reason of his having failed to comply with his agreement to repay a loan borrowed through the Health Education Assistance Loan Program in that Petitioner charges the facts in paragraph one.

DATED: August 30, 2010
Albany, New York

REDACTED

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