



New York State Board for Professional Medical Conduct

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

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Ansel R. Marks, M.D., J.D.
Executive Secretary

March 10, 2000

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Hussein Omar, M.D.
M.T. Morris Road #27
Liberty, NY 12754

RE: License No. 154839

Dear Dr. Omar:

Enclosed please find Order #BPMC 00-72 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect **March 10, 2000.**

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: James A. Steinberg, Esq.
27 Garden Street
Poughkeepsie, NY 12601

Michael McTighe, Esq.

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

-----X APPLICATION
IN THE MATTER : FOR
OF : CONSENT
HUSSEIN OMAR, M.D. : AGREEMENT
AND ORDER
-----X
BPMC # 00-72

HUSSEIN OMAR, M.D., the Respondent in this matter, being duly sworn, deposes and says:

1. I was authorized to practice medicine in New York State on or about July 1, 1983, by the issuance of license number 154839 by the New York State Education Department.
2. I am currently registered with the New York State Education Department, and have a registration address at M.T. Morris Road #27, Liberty, New York 12754.
3. I understand that the New York State Board for Professional Medical Conduct ("the Board") has charged me with two (2) specifications of professional misconduct; a copy of the Statement of Charges is annexed hereto as Exhibit "A", and made a part hereof.
4. I hereby make application for a Consent Order to dispose of this matter, and to that end I agree: (i) not to contest the First Specification set forth in Exhibit "A", to the extent that it is premised on Factual Allegation A; and (ii) not to contest the Board's imposition of the penalty Censure and Reprimand provided this penalty is limited to the First Specification and premised on Factual Allegation A.
5. I specifically deny the Second Specification set forth in Exhibit "A", and Factual Allegation B.

6. Imposition of the penalty Censure and Reprimand shall constitute full satisfaction of the charges against me in this matter.

7. I further agree that in the event I am charged with professional misconduct in the future, this document together with Exhibit "A" , and the Board's Order, shall be admitted into evidence at the administrative proceeding convened to determine those charges of misconduct.

8. I understand that in the event 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, nor be used against me in any way, but shall be kept in strict confidence during the pendency of the professional misconduct disciplinary proceeding convened to determine this matter, and that 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.

9. I agree that in the event the Board grants my Application, an Order of the Chairperson of the Board shall be effective upon issuance, which may be accomplished by mailing, by first class mail, a copy of the Order to me at the address set forth in this Application, to my attorney, or upon transmission by facsimile to me or to my attorney, whichever occurs earliest.

10. I hereby affirm that I am making this Application of my own free will and not under any duress, compulsion, or restraint of any kind, and that my decision to make this Application has been made after consultation with my attorney. In consideration of the relief this disposition affords me from the risks and burdens of participation in an administrative proceeding to determine these charges, I knowingly and voluntarily waive any rights I might otherwise have administratively or judicially to contest or appeal this disposition of my case.

11. I now make this Application to the Board, and request that it be granted.

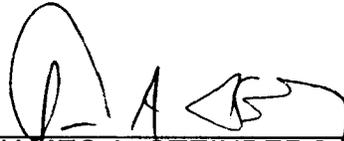
AFFIRMED:
Date:



HUSSEIN OMAR, M.D.
RESPONDENT

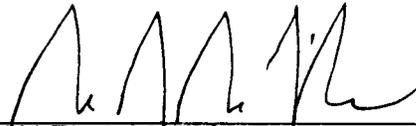
The undersigned agree to the attached Application of the Respondent and to the proposed penalty based on the terms and conditions stated in the Application.

DATE: 2/24/00



JAMES A. STEINBERG, ESQ.
Attorney for the Respondent

DATE: Feb. 28, 2000



MICHAEL J. MCTIGHE
Senior Attorney
Bureau of Professional Medical Conduct

DATE: 3/2/00



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 :
OF : CONSENT
HUSSEIN OMAR, M.D. : ORDER

X

Upon the Application of HUSSEIN OMAR, M.D. (Respondent) for this 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 his Application, or to Respondent's attorney by certified mail, or upon transmission by facsimile to Respondent or to Respondent's attorney, whichever is earliest.

SO ORDERED.

DATED: 3/6/00



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

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

-----X

IN THE MATTER : STATEMENT
OF : OF
HUSSEIN OMAR, M.D. : CHARGES

-----X

HUSSEIN OMAR, M.D., the Respondent, was authorized to practice medicine in New York State by the issuance of license number 154839 on July 1, 1983, by the New York State Education Department. Respondent is currently registered with the New York State Education Department with a registration address of M.T. Morris Road #27, Liberty, NY 12754.

FACTUAL ALLEGATIONS

A. Respondent is Director of Anesthesiology at Community General Hospital of Sullivan County in Harris, New York. In 1998 Respondent had evidence that an anesthesiologist in his group had practiced while impaired due to use of intravenous drugs, however, Respondent failed to make a timely report to the Office of Professional Medical Conduct.

B. On or about December 30, 1998, an OPMC investigator interviewed Respondent concerning possible impairment of an anesthesiologist in Respondent's group. Respondent failed to provide the investigator with several written complaints of the alleged impairment in response to the investigator's

Exhibit "A"

request for the anesthesiologist's file.

SPECIFICATIONS

FIRST SPECIFICATION

Respondent is charged with professional misconduct as defined by N.Y.Educ.Law Sec. 6530(16) by willfully failing to comply with substantial provisions of federal, state, or local laws, rules, or regulations governing the practice of medicine, as alleged in the facts of the following:

1. Paragraphs A and/or B.

SECOND SPECIFICATION

Respondent is charged with professional misconduct as defined by N.Y.Educ.Law Sec. 6530(21) by willfully failing to file a report required by law or by the Department of Health or willfully impeding or obstructing such filing or inducing another person to do so.

2. Paragraphs A and/or B.

DATED: *February 23*
~~January~~, 2000
Albany, New York

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