



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

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

Antonia C. Novello, M.D., M.P.H., Dr. P.H.  
*Commissioner  
NYS Department of Health*

Dennis P. Whalen  
*Executive Deputy Commissioner  
NYS Department of Health*

Dennis J. Graziano, Director  
*Office of Professional Medical Conduct*

**PUBLIC**

Michael A. Gonzalez, R.P.A.  
*Vice Chair*

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

August 13, 2003

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

Young S. Yoon, M.D.  
1335 5th Avenue  
Eastman, GA 31060

Re: License No. 163915

Dear Dr. Yoon:

Enclosed please find Modification Order #BPMC 03-117 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect August 20, 2003.

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 the 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: Christopher Ray, Esq.  
Oliver, Maner & Gray, LLP  
218 West State Street  
Savannah, GA 31401

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

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IN THE MATTER	:	APPLICATION TO
OF	:	MODIFY ORDER
	:	and
YOUNG S. YOON, M.D.	:	SURRENDER LICENSE
	:	BPMC # 03-117

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YOUNG S. YOON, M.D., Respondent, states that I was authorized to practice medicine in New York State on August 30, 1985, by the issuance of License No. 163915 by the New York State Education Department.

I am not currently registered with the New York State Education Department to practice in the State of New York. My address is 1335 5<sup>th</sup> Avenue, Eastman, GA 31060.

I am the subject of BMC Order No. 03-117 annexed hereto, made a part hereof, and marked as Exhibit 1. I am applying to the State Board for Professional Medical Conduct for an Order (henceforth "Modification/Surrender Order"), modifying the original order with the surrender of my license to practice medicine in the State of New York. This application to modify the prior order is based upon the fact that I do not intend to return to medical practice in the State of New York, and upon the understanding that this modification/surrender order will be a revision of the original order, with the surrender predicated upon the same matter as was the original order. The modification/surrender order to be issued will not constitute a new disciplinary action against me, but will substitute license surrender for the sanction imposed by the original order.

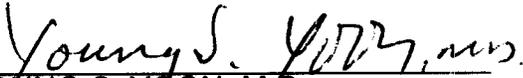
I make this application to the State Board for Professional Medical Conduct (Board) and request that it be granted.

I understand that, in the event that the 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.

I make this application to the Board and request that it be granted by execution by the Chairperson of the Board of the attached modification/surrender order. I agree that, in the event the Board 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.

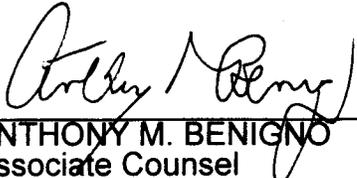
I am making this application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner. In consideration of the Board's granting of this application to modify my prior order, I fully, freely waive any right I may have to appeal or otherwise challenge the validity of the said modification/surrender order.

DATE: 7-31-, 2003

  
YOUNG S. YOON, M.D.  
Respondent

The undersigned agree to the attached application of the Respondent to modify the original order and to surrender his license to practice medicine in the State of New York.

Date: August 4, 2003

  
\_\_\_\_\_  
ANTHONY M. BENIGNO  
Associate Counsel  
Bureau of Professional Medical Conduct

Date: August 11, 2003

  
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DENNIS J. GRAZIANO  
Director  
Office of Professional Medical Conduct

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

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IN THE MATTER : MODIFICATION/  
OF : SURRENDER ORDER  
YOUNG S. YOON, M.D. : BPMC #  
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Upon the application of YOUNG S. YOON, M.D., (Respondent) to modify a prior order and to surrender his license as a physician in the State of New York, which application is made a part hereof, it is agreed to and

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

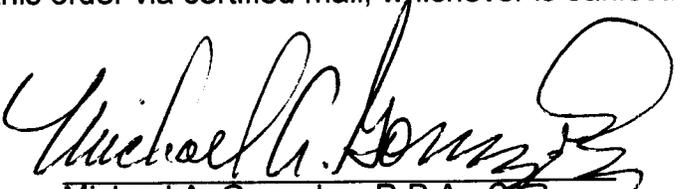
ORDERED, that Order BPMC No. 03-117 is modified to replace the sanction imposed with the surrender of Respondent's license to practice medicine in the State of New York; it is further

ORDERED, that Respondent's name shall be stricken from the roll of physicians in the State of New York; and 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: 8/12/03

  
Michael A. Gonzalez, R.P.A. -G  
Vice Chairperson  
State Board for Professional Medical Conduct



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

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

Antonia C. Novello, M.D., M.P.H., Dr..P.H.  
*Commissioner  
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William P. Dillon, M.D.  
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*Vice Chair*

Dennis J. Graziano, Director  
*Office of Professional Medical Conduct*

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

May 7, 2003

**CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

Young Shick Yoon, M.D.  
1335 5th Avenue  
Eastman, GA 31060

RE: License No. 163915

Dear Dr. Yoon:

Enclosed please find Order #BPMC 03-117 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect May 13, 2003.

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  
Hedley Park Place, Suite 303  
433 River Street  
Troy, New York 12180

Exhibit 1

If the penalty imposed by the Order is a fine, please write the check payable to the New York State Department of Health. Noting the BPMC Order number on your remittance will assist in proper crediting. Payments should be directed to the following address:

Bureau of Accounts Management  
New York State Department of Health  
Corning Tower, Room 1258  
Empire State Plaza  
Albany, New York 12237

Sincerely,



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

**Enclosure**

cc: Christopher L. Ray, Esq.  
Oliver Maner and Gray, LLP  
218 West State Street  
Savannah, GA 31412

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

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**IN THE MATTER**  
**OF**  
**YOUNG SHICK YOON, M.D.**  
**CO-02-11-5657-A**

**CONSENT**  
**AGREEMENT**  
**AND ORDER**

BPMC No. 03-117

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**YOUNG SHICK YOON, M.D., (Respondent) deposes and says:**

That on or about August 30, 1985, I was licensed to practice as a physician in the State of New York, having been issued License No. 163915 by the New York State Education Department.

My current address is 1335 5<sup>th</sup> Avenue, Eastman, GA 31060 and I will advise the Director of the Office of Professional Medical Conduct of any change of my address within thirty (30) days thereof.

I understand that the New York State Board of Professional Medical Conduct has charged me with one (1) 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 one (1) specification, in full satisfaction of the charges against me. I, hereby, agree to the following penalties:

\$1,000.00 fine.

The fine is to be paid within thirty (30) days of the effective date of this Order to the NYS Department of Health, Bureau of Accounts Management, Revenue Unit, Empire State Plaza, Corning Tower, Room 1258, Albany, NY 12237-0016. -

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 active 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 possess 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).

I agree that in the event that I am charged with professional misconduct in the future, the 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: 4-8-03

  
YOUNG SHICK YOON, 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: 17 April 2003

  
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ROBERT BOGAS  
Associate Counsel  
Bureau of Professional Medical Conduct

DATE: 22 April 2003

  
\_\_\_\_\_  
DENNIS J. GRAZIANO  
Director  
Office of Professional Medical Conduct

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

IN THE MATTER  
OF  
YOUNG SHICK YOON, M.D.  
CO-02-11-5657-A

STATEMENT  
OF  
CHARGES

YOUNG SHICK YOON, M.D., the Respondent, was authorized to practice medicine in New York state on August 30, 1985, by the issuance of license number 163915 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

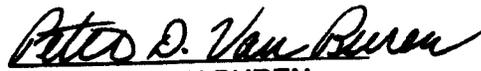
A. On or about November 20, 1998, in the State Court of Richmond County, Georgia, Respondent was found guilty, based on a plea of nolo contendere, of Driving with unlawful alcohol concentration, in violation of O.C.G.A. 40-6-391(a)(5), a misdemeanor, and was sentenced to twelve (12) months confinement, all but one day to be served as probation, forty (40) hours community service, and \$525.00 fines and fees.

**SPECIFICATION**

Respondent violated New York Education Law §6530(9)(a)(iii) by being convicted of committing an act constituting a crime under the law of another jurisdiction and which if committed in New York state would have constituted a crime under New York state law, in that petitioner charges:

1. The facts in Paragraph A.

DATED: Feb. 4, 2003  
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

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IN THE MATTER  
OF  
YOUNG SHICK YOON, M.D.

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CONSENT  
ORDER

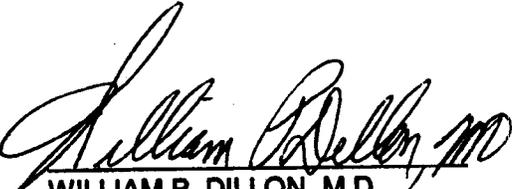
Upon the proposed agreement of **YOUNG SHICK YOON, M.D.**, (Respondent) for Consent Order, which application is made a part hereof, it is agreed and

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: 5/2/03

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