



***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*

April 9, 2004

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

Glen J. Stalgren, M.D.  
360 Vly Road Extension  
Niskayuna, NY 12309

Re: Resident

Dear Dr. Stalgren:

Enclosed please find Order #BPMC 04-78 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect April 16, 2004.

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: E. Stewart Jones, Esq.  
E. Stewart Jones Law Firm, P.C.  
28 Second Street  
Troy, NY 12180

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

---

IN THE MATTER

**ORDER FOR**

OF

**NON PRACTICE OF**

BPMC No. 04-78

**MEDICINE**

Glenn J. Stalgren, M.D.

---

Upon the proposed application and agreement of GLENN J. STALGREN, M.D., (Respondent) for an Order by which Respondent agrees to cease the practice of medicine pending the final disposition of the present Department of Health, Office of Professional Medical Conduct investigation of certain aspects of the Respondent's medical practice, which application and agreement 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's attorney by certified mail, or upon transmission via facsimile to Respondent's attorney, whichever is earliest.

SO ORDERED.

DATED: 4/8/04

  
MICHAEL A. GONZALEZ, R.P.A.  
Vice Chair  
State Board for Professional  
Medical Conduct

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

IN THE MATTER  
OF  
GLENN J. STALGREN, M.D.

APPLICATION FOR  
AND AGREEMENT  
TO  
NOT PRACTICE  
MEDICINE/  
ORDER OF THE  
BOARD

STATE OF NEW YORK )  
COUNTY OF ALBANY ) ss.:

GLENN J. STALGREN, M.D., being duly sworn, deposes and says:

1. That I am presently practicing medicine in New York State as a resident in an approved training program, but I do not currently hold a New York medical license. I agree that the Office of Professional Medical Conduct has the authority to impose discipline in this matter in accordance with New York Public Health Law Section 230(7).

2. My current address is 360 Vly Road Extension, Niskayuna, New York, 12309, and I will advise the Director of the Office of Professional Medical Conduct of any change of my address.

3. I understand that the New York State Board for Professional Medical Conduct is investigating certain aspects of my medical practice to determine if I may have engaged in professional misconduct.

4. I hereby agree to the following :

I will not engage in the practice of medicine pending the final disposition of the currently open Department of Health, Office of Professional Medical Conduct investigation. I further agree to abide by such final disposition, without hereby waiving any rights to appeal to which I might otherwise be entitled.

For the purpose of this agreement, "final disposition" shall mean the later of any disposition by administrative closure, or determination of a Hearing Committee of the State Board for Professional Medical Conduct, or determination of the Administrative Review Board of the State Board for Professional Medical Conduct.

5. I hereby stipulate that any failure by me to comply with the above condition imposed by this Order shall constitute misconduct as defined by New York State Education Law §6530(29).

6. Further, I hereby acknowledge that any activity by me that constitutes the practice of medicine at any time after the effective date of this order, and during the pendency of the Order, shall constitute the unauthorized practice of medicine within the meaning of N.Y. Educ. Law §6512, defining a Class E felony.

7. I presently am employed at the Albany Medical Center Hospital. I agree to neither exercise nor seek privileges or employment as a physician

during the pendency of this agreement.

8. I understand that unless and until I am allowed to resume the practice of medicine under the terms of this agreement, I am allowed to neither apply for a New York State medical license, and I am not authorized to practice medicine in the State of New York or any other State. I further understand that any practice of medicine during the pendency of this agreement shall constitute a violation of N.Y. Educ. Law Section 6530(12), regardless of the location of such practice. Finally, I agree that this agreement may be made public in the same manner as a final determination of a Hearing Committee that imposes discipline on a physician that includes suspension from practice without stay, including notice to the National Practitioners' Data Bank.

9. I understand that unless and until I am allowed to resume the practice of medicine under the terms of this agreement, I shall notify all persons who request my medical services that I have ceased the active practice of medicine.

10. I understand that the Department of Health, Office of Professional Medical Conduct shall notify each hospital or facility at which I am presently employed or hold privileges, or at which I obtain privileges during the pendency of this agreement, that I have ceased the active practice of medicine, and that my medical practice status during the pendency of the agreement is inactive. I also agree to cause a written notice to be placed in a conspicuous location at any office I maintain for the practice of medicine that I have ceased the active practice of medicine, and that my medical practice status at present is inactive.

11. I hereby make this Application to the State Board for Professional

Medical Conduct (the Board) and request that it be granted.

12. 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 any 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.

13. 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 Order to my attorney, or upon transmission via facsimile to my attorney, whichever is earliest.

14. 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, I knowingly waive any right I may have to contest the Order for which I hereby apply, whether administratively or judicially, and ask that the Application be granted.

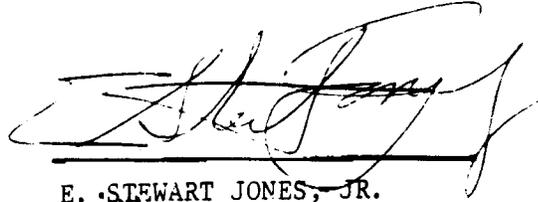
AFFIRMED:

DATED 3/26/14

  
\_\_\_\_\_  
GLENN J. STALGREN, M.D.  
RESPONDENT

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

DATE: 3/31/04



E. STEWART JONES, JR.  
Attorney for Respondent

DATE: 4/5/04



MICHAEL A. HISER  
Associate Counsel  
Bureau of Professional  
Medical Conduct

DATE: April 7, 2004



DENNIS GRAZIANO  
Director  
Office of Professional  
Medical Conduct