



Public

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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NYS Department of Health
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Office of Professional Medical Conduct

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

January 27, 2010

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Tarik Elibol, M.D.
2949 Elmwood Avenue
Kenmore, NY 14217

RE: License No. 102346

Dear Dr. Elibol:

Enclosed is a copy of Order BPMC #10-11 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect February 3, 2010.

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 1717
Empire State Plaza
Albany, New York 12237

Sincerely,

Redacted Signature

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

cc: Peter J. Millock, Esq.
Nixon Peabody
677 Broadway, 10th Floor
Albany, NY 12207

IN THE MATTER
OF
TARIK ELIBOL, M.D.

CONSENT
ORDER

BPMC # 10-11

Upon the application of **TARIK ELIBOL, M.D.** 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: 1-22-2010

Redacted Signature

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

**IN THE MATTER
OF
TARIK ELIBOL, M.D.**

**CONSENT
AGREEMENT
AND
ORDER**

TARIK ELIBOL, M.D., represents that all of the following statements are true:

That on or about September 10, 1968, I was registered as a physician in the State of New York, and issued License No. 102346 by the New York State Education Department.

My current address is 2949 Elmwood Avenue, Kenmore, New York 14217, 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 two(2) specifications of professional misconduct.

A copy of the Statement of Charges, marked as Exhibit "A", is attached to and part of this Consent Agreement.

I Tarik Elibol, M.D., in full satisfaction of the charges against me, admit to and do not contest paragraphs A and A1 and the First Specification of the Statement of Charges 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.

Pursuant to N.Y. Pub. Health Law § 230-a(8), I shall enroll in and complete a continuing education program in the year 2010.

Pursuant to N.Y. Pub. Health Law § 230-a(9), I shall be required to perform 120 hours of public service in the year 2010.

Pursuant to N.Y. Pub. Health Law §§ 230-a(7) and (9), I shall be subject to a fine in the amount of \$10,000, to be paid in full within 90 days of the effective date of this Order. Payments must be submitted to:

Bureau of Accounts Management
New York State Department of Health
Empire State Plaza
Corning Tower, Room 1717
Albany, New York 12237

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

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 1/4/10

Redacted Signature

TARIK ELIBOL, M.D.
RESPONDENT

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

DATE: 12/24/09

Redacted Signature

PETER J. WILLOCK, Esq.
Attorney for Respondent

DATE: 12/24/09

Redacted Signature

MICHAEL G. BASS, ESQ.
Assistant Counsel
Bureau of Professional Medical Conduct

DATE: Jan 21, 2010

Redacted Signature

KEITH W. SERVIS
Director
Office of Professional Medical Conduct

IN THE MATTER
OF
TARIK ELIBOL, M.D.

STATEMENT
OF
CHARGES

TARIK ELIBOL, M.D., the Respondent, was authorized to practice medicine in New York State on or about September 10, 1968, by the issuance of license number 102346 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. Respondent, provided medical care to Patient A (patient is identified in the attached appendix), a 46 year old female, at Elmwood Medical Center, 2949 Elmwood Avenue, Kenmore, New York 14217 at various times from on or about September 3, 2008 to on or about September 8, 2008. Respondent's care and treatment of Patient A failed to meet accepted standards of medical practice, in that:
1. Respondent, on or about September 3, 2008, drew blood from Patient A for submission for lab testing for blood alcohol content. Respondent falsely labeled the sample as having been drawn one day earlier, on September 2, 2008.
 2. Respondent, on or about September 8, 2008, signed a statement which falsely stated that he had drawn the sample of blood from Patient A on September 2, 2008, when in fact, Respondent had drawn the blood from Patient A on September 3, 2008.

