



STATE OF NEW YORK
DEPARTMENT OF HEALTH

433 River Street, Suite 303

Troy, New York 12180-2299

February 22, 2007

Public

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Sherman Woldman, M.D.
619 Town Bank Road
Cape May, NJ 08204-3519

Re: License # 081100

Dear Dr. Woldman:

Enclosed is a copy of your Modification of **Non-disciplinary Order of Conditions** pursuant to Public Health Law Section 230. The order is effective March 1, 2007.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ansel R. Marks'.

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

cc: John P. Danieu, Esq.
Roach, Brown, McCarthy & Gruber, P.C.
1620 Liberty Building
424 Main Street
Buffalo, NY 14202-3616

Enclosure

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

IN THE MATTER
OF
SHERMAN WOLDMAN, M.D.

MODIFICATION
ORDER

Upon the proposed Application for a Modification Order of **SHERMAN WOLDMAN, M.D.**, (Respondent) for Consent Order, that is made a part of this Modification Order, it is agreed to and

ORDERED, that the attached Application, and its terms, are adopted SO ORDERED, and it is further

ORDERED, that this Modification Order shall be effective upon issuance by the Board, either by mailing of a copy of this Modification Order, by either first class mail, to Respondent at the address in the attached Application or certified mail to Respondent's attorney, or upon transmission via facsimile to Respondent or Respondent's attorney, whichever is earliest.

SO ORDERED.

DATED: 2-21-07


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

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

IN THE MATTER
OF
SHERMAN WOLDMAN, M.D.

APPLICATION TO
MODIFY
NON-DISCIPLINARY
ORDER OF CONDITIONS

SHERMAN WOLDMAN, M.D., (Respondent) deposes and says:

That on or about August 14, 1958, I was licensed to practice as a physician in the State of New York, having been issued License No. 81100 by the New York State Education Department.

My current address is 619 Town Bank Road, Cape May, NJ 08204-3519.

I am currently subject to a Non-Disciplinary Order of Conditions dated August 17, 1999, annexed hereto, made a part hereof, and marked as Exhibit I (hereinafter "Non-Disciplinary Order of Conditions").

I apply, hereby, for a Consent Order, to supersede the above described Non-Disciplinary Order of Conditions, and agree to the following sanction:

I shall never activate my registration to practice medicine in New York state or seek to reapply for a license to practice medicine in New York state.

The Modification Order to be issued will not constitute a new disciplinary action against me, but will substitute the proposed language for the above described language in the Original Order.

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 the 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.

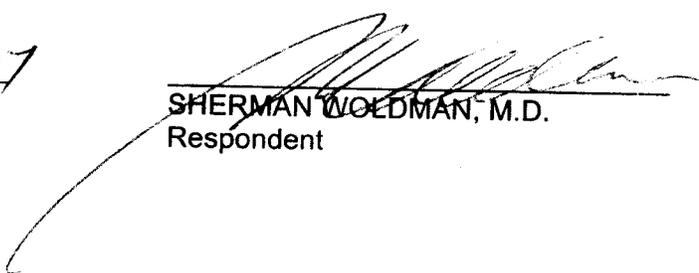
I agree that, if the Board adopts this Consent Agreement, the Chair of the Board shall issue a Consent Order in accordance with its terms. I agree that this Consent Order shall take effect upon its issuance by the Board, either by mailing of a copy of the Consent Order by first class mail to me at the 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.

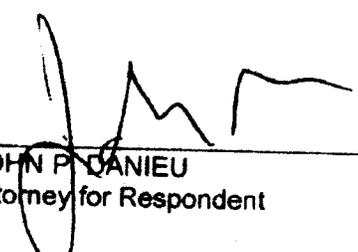
AFFIRMED:

DATED: 2/2/2007


SHERMAN GOLDMAN, M.D.
Respondent

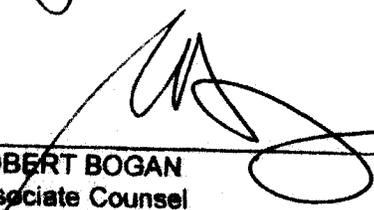
The undersigned agree to the attached application of Respondent and to the proposed penalty based on the terms and conditions thereof.

DATE: 2/2/07



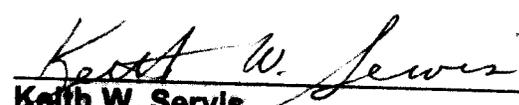
JOHN P. DANIEU
Attorney for Respondent

DATE: 9 February 2007



ROBERT BOGAN
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 2/20/07



Keith W. Servis
Director
Office of Professional Medical Conduct

Exhibit 1

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

-----X

IN THE MATTER :
OF : NONDISCIPLINARY
ORDER OF
CONDITIONS

SHERMAN WOLDMAN, M.D. :

-----X

I, SHERMAN WOLDMAN, M.D., says:

1. I was licensed to practice as a physician in New York State on August 14, 1958, having been issued license number 81100 by the New York State Education Department. I am currently registered to practice as a physician in New York State with a registration address of 4427 Union Road Cheektowaga, NY 14225-2305.
2. I hereby apply for this Order of Conditions as specifically set forth herein.
3. I am entering into this Order of Conditions in lieu of any charges that the New York State Department of Health Office of Professional Medical Conduct [hereafter "OPMC"] may bring against me as of the signing of this Agreement. I understand and agree, however, that upon receipt of any similar complaints in the future, OPMC may re-open any complaints received prior to the signing of this document and that such may be included in any misconduct charges that may be brought against me.
4. I understand and agree that as a condition for the issuance of this nondisciplinary order of conditions, I will meet with the Executive Secretary of the Board, at a time and place to be identified by the Executive Secretary, to discuss the issues raised in the investigation
5. I understand that this Order of Conditions will not constitute a disciplinary action against me and I make no admissions of professional misconduct herein. However, I understand and agree that OPMC will inform the patients who were the subject of my interview dated March 11, 1999 that the Executive Secretary of the Board has discussed with me the concerns and issues raised by them and that I have entered into a nondisciplinary order of conditions as set forth in paragraph 6 below.
6. I understand and agree that as of the effective date of this Order of Conditions, I shall practice medicine only under

the following conditions:

- a. I will always have a chaperone present when examining female patients as set forth in Exhibit A.
 - b. I will allow patients' parents to have full access to the examining room during examination unless the patient expresses his/her wishes to the contrary.
 - c. I will always make gowns available for the patients' use during examination.
 - d. I will fully explain to the parent and the patient the need for any examination of or procedure involving the female genitalia, including but not limited to, vaginal checks and pelvic examinations.
 - e. I will maintain legible and complete medical records which accurately reflect the evaluation and treatment of patients, including but not limited to, indicating all body parts examined during any physical examination.
7. I understand and agree to comply with all terms and conditions to which I am subject pursuant to this Order of Conditions.
 8. I understand and agree that upon receipt of evidence of noncompliance with or any violation of this Order of Conditions, the Director of OPMC and/or the Board for Professional Medical Conduct may initiate any such proceeding as may be authorized by law, including a proceeding based upon my care of the patients who were the subject of my interview of March 11, 1999. I understand that OPMC expressly reserves the right to prosecute these matters in the event that they receive any further complaints of misconduct against me.
 9. This Order of Conditions shall take effect as of the date of its receipt by me or by my attorney by certified mail or upon transmission via facsimile to my attorney, whichever is earliest.
 10. I hereby make this application and request that it be granted. I understand that in the event that this application is not agreed to and approved, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me.
 11. 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 approval of this Voluntary Agreement, I fully, freely and with the advice of counsel waive any right I may have to appeal or otherwise challenge the validity of this Order of Conditions.
 12. I understand and agree that this Order of Conditions will have the same force and effect as if imposed under Public Health Law §230 and that violation of any condition of

be subject pursuant to the Order and shall assume and bear all costs related to compliance. Upon receipt of evidence of noncompliance with, or any violation of these terms, the Director of OPMC and/or the Board may initiate any such proceeding against me as may be authorized pursuant to the law.

EXHIBIT A

ORDER OF PRACTICE CONDITIONS

FOR

SHERMAN WOLDMAN, M.D.

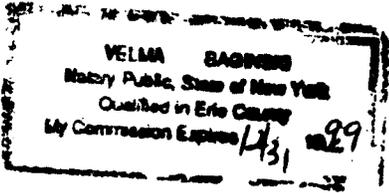
1. I shall conduct himself in all ways in a manner befitting my professional status, and shall conform fully to the moral and professional standards of conduct and obligations imposed by law and my profession.
2. I shall submit written notification to the New York State Department of Health (NYSDOH), addressed to the Director, Office of Professional Medical Conduct (OPMC), New York State Department of Health, Hedley Park Place, 4th Floor, 433 River Street, Troy, New York 12180-2299; no later than 30 days following the effective date of this Agreement. Said notice is to include a full description of any employment and practice, professional and residential addresses and telephone numbers within or without New York State, and any and all investigations, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility, within thirty days of each action.
3. I shall cooperate fully with and respond in a timely manner to requests from OPMC to provide written periodic verification of my compliance with the terms of this Agreement. I shall personally meet with a person designated by the Director of OPMC as requested by the Director.
4. I shall maintain my registration of my license during the period of this Voluntary Agreement. Within 90 days of the date of this Agreement, I shall provide proof of current registration to the Director of OPMC at the address set forth above.
5. I shall maintain legible and complete medical records which accurately reflect the evaluation and treatment of patients. In cases of prescribing, dispensing, or administering of controlled substances, the medical record shall contain all information required by state rules and regulations regarding controlled substances.
6. My professional performance may be reviewed by the Director of OPMC or her designees. Said reviews may occur on an annual basis. Reviews may include, but shall not be limited to, reviews of office records and/or hospital records, interviews with and/or periodic visits with Respondent and his staff, at Respondent's office and/or OPMC's offices.

7. I shall, in the course of practicing medicine in New York State, examine and/treat female patients only in the presence of a chaperone. The chaperone shall be a female licensed or registered health care professional or other health care worker, and shall not be a family member or personal friend. If an emergency situation arises whereby a chaperone is not readily available, I shall only examine female patients in the presence of her parent and such examination shall not involve any examination of or procedure involving the female genitalia, including but not limited to, vaginal checks and pelvic examinations. The chaperone shall be proposed by Respondent and subject to the written approval of the Director of OPMC.
8. Prior to the approval of any individual as chaperone, I shall cause the proposed chaperone to execute and submit to the Director of OPMC an acknowledgment of her agreement to undertake all of the responsibilities of the role of chaperone. Said acknowledgment shall be made upon a form provided by and acceptable to the Director. I shall provide the chaperone with a copy of the Order and all of its attachments and shall, without fail, cause the approved chaperone to:
 - a. Report quarterly to OPMC regarding her chaperoning of Respondent's practice.
 - b. Report within 24 hours any failure of Respondent to comply with the Order, including, but not limited to, any failure by Respondent to have the chaperone present when required, any sexually suggestive or otherwise inappropriate comments by Respondent to any patient, and any actions of a sexual nature by Respondent in the presence of any patient.
 - c. Confirm the chaperone's presence at each and every examination and treatment of a female patient by Respondent, by placing her name, title and date in the patient record for each and every visit, and by maintaining a separate log, kept in her own possession, listing the patient name and date of visit for each and every patient visit chaperoned.
 - d. Provide copies of the log described in paragraph c, above, to OPMC at least quarterly and also immediately upon the Director's request.
9. I shall comply with all terms, conditions, restrictions, limitations and penalties to which I may

this order shall, at a minimum, constitute misconduct under Education Law §6530(29).

Sworn to before me this 9TH day of AUGUST, 1999.

Velma Baginski
NOTARY PUBLIC



Sherman Woldman
SHERMAN WOLDMAN, M.D.
Respondent

The undersigned agree to and approve the Order of Conditions and accompanying exhibits.

DATE: 8/11/99

Mary Murray
MARY MURRAY, ESQ.
Attorney for Respondent

DATE: 8/12/99

Kalimah J. Jenkins
KALIMAH J. JENKINS
Assistant Counsel
Bureau of Professional Medical Conduct

DATE Aug 16, 1999

Anne F. Saile
ANNE F. SAILE
Director
Office of Professional Medical Conduct

DATE: 8/17/99

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