



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

December 24, 2003

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Victor Chehebar, M.D.
560 Northern Blvd
Great Neck, NY 11021

RE: License No. 158833

Dear Dr. Chehebar:

Enclosed please find Order #BPMC 03-348 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect December 31, 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 or receipt of the 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

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,

A handwritten signature in black ink, appearing to read "Ansel R. Marks". The signature is written in a cursive style with a large initial "A".

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

Executive Secretary

Board for Professional Medical Conduct

cc: Michael Kelton, Esq.
Lippman, Crasnow, Kelton LLP
711 3rd Avenue, Suite 1806
New York, NY 11753

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

IN THE MATTER
OF
VICTOR CHEHEBAR, M.D.

CONSENT
ORDER

BPMC No. 03-348

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

ORDERED, that the certificates of incorporation of **VICTOR CHEHEBAR, M.D., P.C.**, and **NORTH SHORE PHYSICAL MEDICINE & REHABILITATION, P.C.**, are, hereby, revoked, such that revocation shall be effective immediately and self-executing, and such that this Order shall be deemed automatically to be the final and operative document revoking the certificate of incorporation; and it is further

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: 12/24/03


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

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

IN THE MATTER
OF
VICTOR CHEHEBAR, M.D.
CO-02-11-5710-A

CONSENT
AGREEMENT
AND ORDER

VICTOR CHEHEBAR, M.D., (Respondent) deposes and says:

That on or about July 2, 1984, I was licensed to practice as a physician in the State of New York, having been issued License No. 158833 by the New York State Education Department.

My current address is 560 Northern Blvd., Great Neck, NY 11021 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:

Three (3) years suspension of my New York state license to practice medicine, with five (5) years probation, to commence upon the termination of the above described three (3) years suspension, as attached, hereto, as Exhibit B;
a \$20,000.00 fine;

That during the period of suspension I shall not own, in whole or in part any medical professional corporation except for my rights as an owner of the corporations set forth below; and

That pursuant to §230-a of the Public Health Law and §1503(d) of the Business Corporation Law, revocation of the certificates of incorporation of **VICTOR CHEHEBAR, M.D., P.C.**, and **NORTH SHORE PHYSICAL MEDICINE & REHABILITATION, P.C.**, such that the revocation shall be effective immediately and shall be self-executing, provided, however, that pursuant to Article 10 of the Business Corporation Law, said Corporation will be permitted to wind up its affairs notwithstanding this revocation, and this Consent Agreement and Order shall be deemed automatically to be the final and operative document revoking the **VICTOR CHEHEBAR, M.D., P.C.**, and **NORTH SHORE PHYSICAL MEDICINE & REHABILITATION, P.C.**, certificates of incorporation.

I do not currently own any medical professional corporations other than **VICTOR CHEHEBAR, M.D., P.C.**, and **NORTH SHORE PHYSICAL MEDICINE & REHABILITATION, P.C.**

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.

Prior to reinstatement of my license to practice medicine I shall obtain a clinical competency assessment performed by a program for such assessment as directed by the Director of OPMC. I shall cause a written report of such

assessment to be provided directly to the Director of OPMC.

I shall be responsible for all expenses related to the clinical competency assessment and shall provide to the Director of OPMC proof of full payment of all costs that may be charged. This term of suspension shall not be satisfied in the absence of actual receipt, by the Director, of such documentation.

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 possesses 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 warrant that I have the necessary corporate authority to enter into this Consent Agreement and Order on behalf of **VICTOR CHEHEBAR, M.D., P.C.**, and **NORTH SHORE**

PHYSICAL MEDICINE & REHABILITATION, P.C., and to consent on behalf of **VICTOR CHEHEBAR, M.D., P.C.**, and **NORTH SHORE PHYSICAL MEDICINE & REHABILITATION, P.C.**, to the revocation of their certificates of incorporation.

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: 12/12/03



VICTOR CHEHEBAR, 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: 12/15/03



MICHAEL KELTON, ESQ.
Attorney for Respondent

DATE: 17 Dec 03



ROBERT BOGAM
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 22 December 03



DENNIS J. GRAZIANO
Director
Office of Professional Medical Conduct

IN THE MATTER
OF
VICTOR CHEHEBAR, M.D.
CO-02-11-5710-A

STATEMENT
OF
CHARGES

VICTOR CHEHEBAR, M.D., the Respondent, was authorized to practice as a Physician New York state on July 2, 1984, by the issuance of license number 158833 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. On or about November 8, 2002, in the United States District Court, Eastern District of New York, Respondent was found guilty, based on a plea of guilty, of False, fictitious, or fraudulent claims, in violation of Title 18 USC §287, a Class D Felony, and on or about July 25, 2003, was sentenced to eighteen (18) months imprisonment, three (3) years supervised release upon release from imprisonment, \$1,400,000.00 restitution, and a \$100.00 assessment.

SPECIFICATION

Respondent violated New York Education Law §6530(9)(a)(ii) by having been convicted of committing an act constituting a crime under federal law, in that Petitioner charges:

1. The facts in Paragraph A.

DATED: *Oct. 15*, 2003
Albany, New York


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

EXHIBIT B

Terms of Probation

1. Respondent shall conduct himself in all ways in a manner befitting his professional status, and shall conform fully to the moral and professional standards of conduct and obligations imposed by law and by his profession.
2. Respondent shall submit written notification to the New York State Department of Health addressed to the Director, Office of Professional Medical Conduct (OPMC), Hedley Park Place, 433 River Street Suite 303, Troy, New York 12180-2299; 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. Respondent shall fully cooperate with and respond in a timely manner to requests from OPMC to provide written periodic verification of Respondent's compliance with the terms of this Order. Respondent shall personally meet with a person designated by the Director of OPMC as requested by the Director.
4. Any civil penalty not paid by the date prescribed herein shall be subject to all provisions of law relating to debt collection by New York State. This includes but is not limited to the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection; and non-renewal of permits or licenses [Tax Law section 171(27)]; State Finance Law section 18; CPLR section 5001; Executive Law section 32].
5. The period of probation shall be tolled during periods in which Respondent is not engaged in the active practice of medicine in New York State. Respondent shall notify the Director of OPMC, in writing, if Respondent is not currently engaged in or intends to leave the active practice of medicine in New York State for a period of thirty (30) consecutive days or more. Respondent shall then notify the Director again prior to any change in that status. The period of probation shall resume and any terms of probation which were not fulfilled shall be fulfilled upon Respondent's return to practice in New York State.
6. Respondent's professional performance may be reviewed by the Director of OPMC. This review may include, but shall not be limited to, a review of office records, patient records and/or hospital charts, interviews with or periodic visits with Respondent and his staff at practice locations or OPMC offices.
7. Respondent shall maintain legible and complete medical records which accurately reflect the evaluation and treatment of patients. The medical records shall contain all information required by State rules and regulations regarding controlled substances.
8. Respondent shall enroll in and complete a continuing education program in the area of professional ethics. Said continuing education program shall be subject to the prior written approval of the Director of OPMC and to be completed within the first six (6) months of probation or as otherwise specified in the Order.
9. Respondent shall comply with all terms, conditions, restrictions, limitations and penalties to which he is 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 a violation of probation proceeding and/or any such other proceeding against Respondent as may be authorized pursuant to the law.