



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.
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NYS Department of Health*

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*Executive Deputy Commissioner
NYS Department of Health*

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Office of Professional Medical Conduct

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Denise M. Bolan, R.P.A.
Vice Chair

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

November 5, 2001

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Vadim Miloradovich, M.D.
58 Mercer Avenue
Hartsdale, New York 10530

RE: License No. 203900

Dear Dr. Miloradovich:

Enclosed please find Order #BPMC 01-263 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect November 5, 2001.

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

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 stylized with a large initial "A" and a long, sweeping underline.

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

Enclosure

cc: Nathan Dembin, Esq.
225 Broadway
Suite 1400
New York, NY 10007

Denise Lepasier, Esq.

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

IN THE MATTER
OF
VADIM MILORADOVICH, M.D.

CONSENT
ORDER

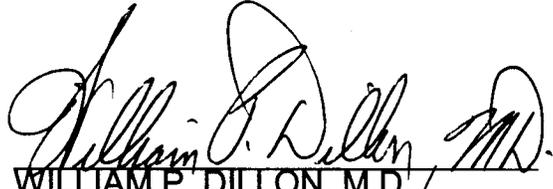
BPMÉ No. 01-263

Upon the proposed agreement of VADIM MILORADOVICH, M.D. (Respondent) for Consent Order, which application 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 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: 11/3/01


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

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

**IN THE MATTER
OF
VADIM MILORADOVICH, M.D.**

**CONSENT
AGREEMENT
AND
ORDER**

VADIM MILORADOVICH, M.D., representing all statements herein made to be true, deposes and says:

That on or about July 24, 1996, I was licensed to practice as a physician in the State of New York, having been issued License No. 203900 by the New York State Education Department.

My current address is 58 Mercer Avenue, Hartsdale, NY, 10530, and I will advise the Director of the Office of Professional Medical Conduct of any change of my address.

I understand that the New York State Board for Professional Medical Conduct has charged me with one specification of professional misconduct.

A copy of the Statement of Charges is annexed hereto, made a part hereof, and marked as Exhibit "A".

I admit guilt to the First Specification, in full satisfaction of the charges against me. I hereby agree to the following penalty:

that I will be subject to a censure and reprimand;

that I will be subject to a fine in the amount of five thousand dollars, pursuant to Section 230-a(7) and (9) of the Public Health Law, to be paid within 30 days of the effective date of this order, subject to the terms set forth in Exhibit "B," attached hereto;

and, that I will be required to complete an educational course concerning appropriate interpersonal boundaries and the nature and inappropriateness of the sexual harrasment of other individuals, within six months of the effective date of this order, subject to the terms and conditions set forth in Exhibit "B," attached hereto.

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 pay any fine imposed by this order within 30 days of the effective date of this order, and 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. These conditions 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 I am charged with professional misconduct in the future, this 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

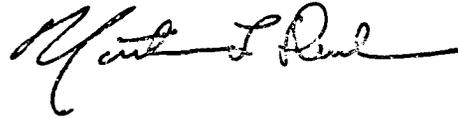
facsimile to me or my attorney, whichever is earliest.

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.

DATED 10/11/01

Vadim Miloradovich
VADIM MILORADOVICH, 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: _____

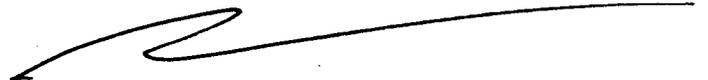
NATHAN DEMBIN, ESQ.
Attorney for Respondent

DATE: 10/23/01



DENISE LEPICIER
Associate Counsel
Bureau of Professional
Medical Conduct

DATE: 11/01/01



DENNIS J. GRAZIANO
Director
Office of Professional
Medical Conduct

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

IN THE MATTER
OF
VADIM MILORADOVICH, M.D.

STATEMENT
OF
CHARGES

VADIM MILORADOVICH, M.D., the Respondent, was authorized to practice medicine in New York State on or about July 24, 1996, by the issuance of license number 203900 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. On or about December 29, 1996, Respondent inappropriately kissed Doctor A on her hand at St. Clare's Hospital and Health Center.
- B. In or about the fall of 1996, Respondent inappropriately kissed Doctor B on her hand at St. Clare's Hospital and Health Center.

SPECIFICATION OF CHARGES

FIRST SPECIFICATION

MORAL UNFITNESS

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(20)(McKinney Supp. 2001) by engaging in conduct in the practice of the

profession of medicine that evidences moral unfitness to practice as alleged in the facts of the following:

1. Paragraphs A and/or B.

DATED: September , 2001
New York, New York

ROY NEMERSON
Deputy Counsel
Bureau of Professional
Medical Conduct

EXHIBIT "B"

1. Respondent shall complete an educational course concerning appropriate interpersonal boundaries and the nature and inappropriateness of the sexual harrassment of other individuals. Said educational program shall be subject to the prior written approval of the Director of OPMC and shall be completed within the time specified in the Order, unless the Director of OPMC approves an extension in writing.

2. 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].

3. Unless otherwise specified herein, any fine imposed is payable in full within thirty (30) 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 1245
Albany, New York 12237