



**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.  
Commissioner  
NYS Department of Health

Dennis P. Whalen  
Executive Deputy Commissioner  
NYS Department of Health

Anne F. Saile, Director  
Office of Professional Medical Conduct  
William J. Comiskey, Chief Counsel  
Bureau of Professional Medical Conduct

William P. Dillon, M.D.  
Chair

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

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

August 4, 1999

**CERTIFIED MAIL-RETURN RECEIPT REQUESTED**

Kenneth J. McDermott, M.D.  
105 Munro Drive  
Camillus, NY 13031

RE: License No.: 047534

Dear Dr. McDermott:

Enclosed please find Order #BPMC 99-198 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect **August 4, 1999.**

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 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: Cindy M. Fascia, Esq.



I further agree that the Consent Order for which I hereby apply shall impose a condition that, except during periods of actual suspension, I shall maintain current registration of my 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 I possess my 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 Section 6530(29).

I agree that the Consent Order for which I hereby apply shall impose a condition that I shall fully cooperate in every respect with the Office of Professional Medical Conduct (OPMC) in its ongoing efforts to verify my compliance with the limitations imposed by this Order, and a condition that I shall file with the Office my yearly sworn, notarized statements that I have been in compliance with the imposed limitations during the preceding period or, if I have not been in full compliance, full information detailing any failure to comply. Said statements shall be filed during the month of June every year.

I agree that in the event I am charged with professional misconduct in the future, this consent 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.

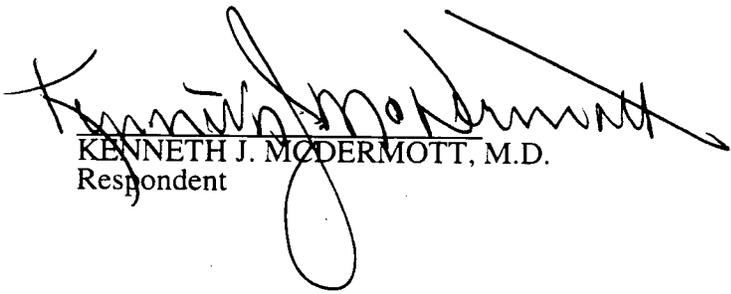
I understand that, in the event that this Application is not granted by the Board, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me, such Application shall not be used against me in any way and shall be kept in strict 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. 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 7/6/99

  
KENNETH J. MODERMOTT, 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: 7/6/99

Cindy M. Fascia  
CINDY M. FASCIA  
Associate Counsel  
Bureau of Professional  
Medical Conduct

DATE: 7/28/99

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

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

**IN THE MATTER  
OF  
KENNETH J. MCDERMOTT, M.D.**

**CONSENT  
ORDER**

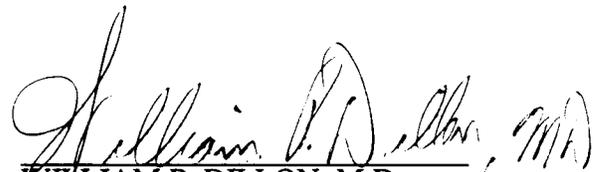
Upon the proposed agreement of KENNETH JOHN MCDERMOTT, M.D. (Respondent) for Consent Order, which application is made a part hereof, it is agreed to and

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: 7/29/99

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