



***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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*Executive Deputy Commissioner  
NYS Department of Health*

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*Office of Professional Medical Conduct*

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Michael A. Gonzalez, R.P.A.  
*Vice Chair*

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

**PUBLIC**

December 3, 2002

***CERTIFIED MAIL-RETURN RECEIPT REQUESTED***

Angel Gustavo Vera Bejarano, M.D.  
3525 Rolling Green Drive  
Apt. 1222  
Abilene, Texas 79606

RE: License No. Resident

Dear Dr. Bejarano:

Enclosed please find Order #BPMC 02-364 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect December 3, 2002.

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: Steven B. Blau, Esq.  
21 East 40th Street, 11th Floor  
New York, NY 10016

**IN THE MATTER  
OF  
ANGEL GUSTAVO VERA BEJARANO, M.D.  
a.k.a. ANGEL GUSTAVO VERA, M.D.**

**CONSENT  
ORDER**

BPMC No. 02-364

Upon the application of (Respondent) ANGEL GUSTAVO VERA BEJARANO, M.D. in the attached Consent Agreement and Order, which is made a part of this Consent Order, it is

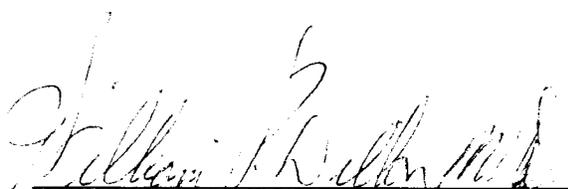
ORDERED, that the Consent Agreement, and its terms, are adopted and SO ORDERED, and it is further

ORDERED, that this 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.

DATED: 11/29/02

  
WILLIAM P. DILLON, M.D.

Chair  
State Board for Professional Medical Conduct

**IN THE MATTER**  
**OF**  
**ANGEL GUSTAVO VERA BEJARANO, M.D.**  
**a.k.a. ANGEL GUSTAVO VERA, M.D.**

**CONSENT**  
**AGREEMENT**  
**AND**  
**ORDER**

Angel Guvstavo Vera Bejarano, M.D., representing that all of the following statements are true, deposes and says:

That I was a "licensee" as that term is defined in § 230 (7) of the New York Public Health Law from in or about June, 1999 to in or about February, 2001, while I served as a medical resident at Southside Hospital, 301 East Main Street, Bay Shore, New York.

My current address is 3525 Rolling Green Drive, Apt. 1222, Abilene, Texas 79606, 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 has charged me with one specification of professional misconduct.

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

I agree not to contest the specification, in full satisfaction of the charges against me, and agree to the following penalty:

Pursuant to N.Y. Public Health Law §230-a(6), a limitation shall be placed precluding the issuance of any license or registration to me to practice medicine in New York State.

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

That I shall not engage in any practice of medicine in the State of New York, whether as a licensee, resident, holder of a permit, or exempt person, beginning upon the effective date of the Consent Order; and

That I shall fully cooperate with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Order and in its investigation of all matters concerning me. I shall respond in a timely manner to every OPMC request for written periodic verification of my compliance with the terms of this Order. I shall meet with a person designated by the Director of OPMC, as directed. I shall respond promptly and provide all documents and information within my control, as directed by OPMC. This condition shall take effect upon the effective date of the Consent Order and will continue indefinitely.

I stipulate that my failure to comply with any conditions of this Order shall constitute misconduct as defined by New York State Education Law §6530(29).

I agree that if I am charged with professional misconduct in the future in New York State, 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 the 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 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.

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 ask that the Board adopt this Consent Agreement.

DATED 11/20/02

  
ANGEL GUSTAVO VERA BEJARANO, M.D.  
RESPONDENT

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

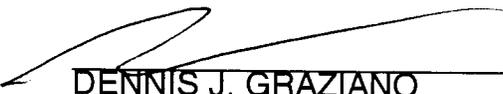
DATE: 11/21/02

  
STEVEN B. BLAU, ESQ.  
Attorney for Respondent

DATE: 11-22-02

  
PAUL STEIN  
Associate Counsel  
Bureau of Professional Medical Conduct

DATE: 11/26/02

  
DENNIS J. GRAZIANO  
Director  
Office of Professional Medical Conduct

IN THE MATTER  
OF  
ANGEL GUSTAVO VERA BEJARANO, M.D.  
a.k.a. ANGEL GUSTAVO VERA, M.D.

AMENDED  
STATEMENT  
OF  
CHARGES

ANGEL GUSTAVO VERA BEJARANO, M.D., the Respondent, was a "licensee" as that term is defined in § 230 (7) of the New York Public Health Law from in or about June, 1999 to in or about March, 2001, while he served as a medical resident at Southside Hospital, 301 East Main Street, Bay Shore, New York.

**FACTUAL ALLEGATIONS**

- A. Respondent saw Patient A (Patient A is identified in Appendix A) on or about November 19, 1999 at the Brentwood Family Health Center, 1869 Brentwood Road, Brentwood, New York, as a follow-up to Patient A's November 11 through 16, 1999 inpatient admission to Southside Hospital.
1. At or about the time of his treatment of Patient A, Respondent engaged in an inappropriate relationship with Patient A, outside the confines of the hospital.

**SPECIFICATION OF CHARGES**

**FIRST SPECIFICATION**

**MORAL UNFITNESS**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(20) 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:

Exhibit A

1. Paragraphs A and A1.

DATED: New York, New York  
November 13, 2002



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ROY NEMERSON  
Deputy Counsel  
Bureau of Professional  
Medical Conduct