



**Department
of Health**

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Acting Commissioner

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

February 2, 2023

CERTIFIED MAIL-RECEIPT REQUESTED

Noel Smith, M.D.
325 Broadway, Suite 203A
New York, New York 10007

Re: License No. 137664

Dear Dr. Smith:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 23-021. This Interim Order of Conditions is effective February 9, 2023.

Please direct any questions to: Board for Professional Medical Conduct, Riverview Center, 150 Broadway, Suite 355, Albany, New York, 12204, telephone # 518-402-0846.

Sincerely,

Michael S. Jakubowski, M.D.
Interim Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: Anthony Z. Scher, Esq.
800 Westchester Avenue, Suite N-641
Rye Brook, New York 10573

IN THE MATTER
OF
NOEL SMITH, M.D.


INTERIM
ORDER
OF CONDITIONS
PURSUANT TO
N.Y. PUB. HEALTH
LAW § 230

Upon the application of NOEL SMITH, M.D. (Licensee) in the attached Stipulation and Application for an Interim Order of Conditions Pursuant to N.Y. Pub. Health Law § 230, which is made a part of this Interim Order of Conditions Pursuant to N.Y. Pub. Health Law § 230, it is agreed that the Application, and its terms, are adopted, and this Order shall be effective upon issuance by the Board, either

- by mailing of a copy of this Order by first class mail to Licensee at the address in the attached Application or by certified mail to Licensee's attorney, or
- upon facsimile transmission to Licensee or Licensee's attorney, whichever is first.

SO ORDERED.

DATE 2/01/2023


THOMAS T. LEE, M.D.
Chair
State Board for Professional Medical Conduct

**IN THE MATTER
OF
NOEL SMITH, M.D.**

STIPULATION AND
APPLICATION
FOR AN INTERIM
ORDER OF
CONDITIONS
PURSUANT TO
N.Y. PUB. HEALTH
LAW § 230

NOEL SMITH, M.D., represents that all of the following statements are true:

That on or about March 30, 1979, I was licensed to practice as a physician in the State of New York and issued License No. 137664 by the New York State Education Department.

My current address is 325 Broadway, Ste 203A, New York, NY 10007. I am affiliated with the following hospitals and/or facilities: NONE.

I understand that the New York State Board for Professional Medical Conduct ("the Board") is investigating alleged misconduct by me and may pursue a proceeding pursuant to N.Y. Pub. Health Law § 230 with respect to the issues set forth in attached Exhibit "A" ("matters under investigation").

I agree to the Board's issuance of an Interim Order of Conditions requiring me to surrender my DEA certificate and precluding me from prescribing, administering, dispensing, or ordering of any controlled substances in New York State or in any setting or jurisdiction where my practice is predicated upon my New York State medical license. and I agree to be bound by the Order, which shall continue in effect until:

- a determination by the Director of the Office of Professional Medical Conduct that no hearing is warranted; or

- the resolution by consent order of the matters under investigation; or
- Issuance and service of a Hearing Committee's Determination and Order after the conclusion of a hearing held pursuant to a determination of the Commissioner of Health or the Director of the Office of Professional Medical Conduct. The Hearing Committee's Determination and Order shall replace this Interim Order of Conditions. If either party requests review by the Administrative Review Board, the Hearing Committee's Determination and Order, and any sanction, terms or conditions imposed upon me, shall remain in effect until the ARB renders its determination and shall, in the same manner as a Commissioner's Order pursuant to N.Y. Pub. Health Law § 230-c(4), not be subject to a stay.

I understand that nothing in this Application shall be construed as an admission by me of any act of alleged misconduct or as a finding of misconduct as to the matters under investigation. My application for the proposed Interim Order is made in consideration of the value to me of the Board's allowing me to continue to provide explanation of the issues under investigation to the Office of Professional Medical Conduct ("OPMC") and, if the Board pursues disciplinary proceedings against me, to allow for additional preparation time. I deny any acts of misconduct and reserve my right to assert all defenses on my behalf in any later or other proceeding.

This Interim Order shall impose the following Conditions on Licensee pursuant to N.Y. Pub. Health Law § 230:

1. Licensee is precluded from prescribing administering, dispensing, or ordering of any control substances in New York State or in any setting or jurisdiction where my practice is predicated upon my New York State medical license.
2. Licensee shall, within 15 days of the Order's effective date, advise the DEA, in writing, of the licensure action and shall surrender Licensee's DEA controlled substance privileges for New York State to the DEA. Licensee shall promptly surrender any unused DEA #222 U.S. Official Order Forms Schedules 1 and 2 for New York State to the DEA. All submissions to the DEA shall be addressed to Diversion Program Manager, New York Field Division, U.S. Drug Enforcement Administration, 99 Tenth Avenue, New York, NY 10011.
3. Within 15 days of the Order's effective date, Licensee shall return any unused New York State official prescription forms to the Bureau of Narcotic Enforcement of the New York State Department of Health. If no other licensee is providing services at Licensee's practice location, Licensee shall properly dispose of all medications.
4. Licensee's conduct shall conform to moral and professional standards of conduct and governing law. Any act of professional misconduct by Licensee as defined in N.Y. Educ. Law §§ 6530 or 6531 shall constitute a violation of this Order and may subject Licensee to an action pursuant to N.Y. Pub. Health Law § 230.

5. Licensee shall provide the Director, Office of Professional Medical Conduct (OPMC), Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204-2719 with the following information, in writing, and ensure that this information is kept current: a full description of Licensee's employment and practice; all professional and residential addresses and telephone numbers within and outside New York State; all current and past affiliations and/or privileges, with hospitals, institutions, facilities, medical practices, managed care organizations, and/or applications for such affiliations and/or privileges; and all investigations, arrests, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility. Licensee shall notify OPMC, in writing, within 30 days of any additions to or changes in the required information.
6. Licensee shall cooperate fully with OPMC in its administration and enforcement of this Interim Order and in its investigation of Licensee.
 - a. Licensee shall respond in a timely manner to all OPMC requests for written periodic verification of compliance with the terms of this Interim Order.
 - b. Licensee shall meet in person with the Director's designee, as directed.
 - c. Licensee shall respond promptly and provide all documents and information within Licensee's control, as directed. This condition shall

take effect upon the effective date of the Interim Order and shall continue while Licensee possesses a license.

- d. Licensee shall maintain complete and legible medical records that accurately reflect the evaluation and treatment of patients.
7. The Director may review Licensee's professional performance. This review may include but shall not be limited to a review of office records, patient records and/or hospital charts; and interviews with or periodic visits with Licensee and staff at practice locations or OPMC offices.
8. Licensee shall provide access for DOH personnel to Licensee's office(s) to verify Licensee's compliance with this Interim Order; this access shall include, but not be limited to, on-site inspections, observation and interviews.
9. Licensee shall comply with this Order and all its terms and shall bear all associated compliance costs.

I stipulate that:

My failure to comply with the Conditions imposed by this Interim Order shall constitute professional misconduct as defined in N.Y. Educ. Law § 6530(29); and

Any practice of medicine by me in New York State in violation of this Interim Order shall be unauthorized and constitute professional misconduct as defined in N.Y. Educ. Law § 6530(2); and

Unauthorized medical practice is a felony as defined in N.Y. Educ. Law § 6512.

I understand and agree that my failure to comply with any of the terms of this Interim Order shall authorize the Director, exercising reasonable discretion, to pursue

further investigation and/or prosecution of misconduct charges against me as to any misconduct issues, including but not limited to those set forth in Exhibit "A", to the full extent authorized by N.Y. Pub. Health Law and N.Y. Educ. Law.

I agree that, if the Board grants this Application, the Chair of the Board shall issue an Interim Order of Conditions in accordance with its terms. I further agree that the Department of Health shall notify the National Practitioner Data Bank and the Federation of State Medical Boards of this Interim Order of Conditions pursuant to N.Y. Pub. Health Law § 230 and that the change in my licensure status is not disciplinary in nature. This Interim Order of Conditions [with the exception of Exhibit "A," which shall remain a part of the investigative files of the Office of Professional Medical Conduct within the meaning of N.Y. Pub. Health Law § 230(10)(a)(v)] shall be posted on the Department of Health website(s).

I make this Application of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's acceptance of this Application, I waive my right to contest the Interim Order for which I apply, whether administratively or judicially, I agree to be bound by the Interim Order, and I ask that the Board grant this Application. I assert and understand that the terms and conditions of this Order do not require me to waive my rights pursuant to the Fifth Amendment of the United States Constitution or Article 1 § 6 of the New York State Constitution.

I understand and agree that the attorney for the Department, the Director of the Office of Professional Medical Conduct and the Chair of the State Board for Professional Medical Conduct each retain complete discretion either to enter into the proposed

agreement and Interim 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.

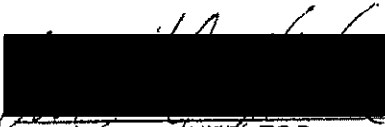
DATE

1/13/2027


NOEL SMITH, M.D.
Licensee

The undersigned agree to Licensee's attached Interim Order of Conditions and to its proposed terms and conditions.

DATE: 1/25/23



ANTHONY SCHER, ESQ.
Attorney for Licensee

DATE: 1/26/2023



JOHN THOMAS VITI
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 2-1-2023



SHELLY WANG BANDAGO
Director
Office of Professional Medical Conduct