

January 30, 2013

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

Clementina J. Lewis, M.D.  
1856 Colvin Boulevard  
Tonawanda, NY 14150

Re: License No. 154114

Dear Dr. Lewis:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 13-21. This order and any penalty provided therein goes into effect February 6, 2013.

Please direct any questions to: Board for Professional Medical Conduct, 90 Church Street, 4th Floor, New York, NY 10007-2919, telephone # 212-417-4445.

Sincerely,

**REDACTED**  
Katherine A. Hawkins, M.D., J.D.  
Executive Secretary  
Board for Professional Medical Conduct

Enclosure

cc: Mark G. Farrell, Esq.  
84 Carriage Circle  
Williamsville, NY 14221

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**IN THE MATTER**  
**OF**  
**CLEMENTINA J. LEWIS, M.D.**

**CONSENT**  
**ORDER**

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Upon the application of **CLEMENTINA J. LEWIS, M.D.** (Respondent), in the attached Consent Agreement, which is made a part of this Consent Order, it is

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

ORDERED, that this Consent 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 or email transmission to Respondent or Respondent's attorney, whichever is first.

SO ORDERED.

DATE: 1/29/2013

**REDACTED**

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Arthur S. Hengerer, 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  
CLEMENTINA LEWIS, M.D.

CONSENT  
AGREEMENT  
AND  
ORDER

CLEMENTINA LEWIS, M.D., represents that all of the following statements are true:

That on or about May 13, 1983, I was licensed to practice as a physician in the State of New York, and issued License No. 154114 by the New York State Education Department.

My current address is 1858 Colvin Boulevard, Tonawanda, New York, 14150, 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 (Board) has charged me with thirty-one specifications of professional misconduct.

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

I plead no contest to the Eighth Specification, in full satisfaction of the charges against me, and agree to the following penalty:

Immediately upon issuance of the Consent Order for which I apply, my license to practice medicine shall be limited, pursuant to N.Y. Pub. Health Law § 230-a, to preclude patient contact and any practice of medicine, clinical or otherwise. I shall be precluded from diagnosing, treating, operating, or prescribing for any human disease, pain, injury, deformity, or physical condition. I shall be precluded from further reliance upon my license to practice medicine to exempt me from the licensure, certification or other requirements set forth in statute or regulation for the practice of any other profession licensed, regulated or certified by the Board of Regents, Department of Education, Department of Health or the Department of State.

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

That Respondent shall, within 30 days of the issuance of the Consent Order, notify the New York State Education Department, Division of Professional Licensing Services, that Respondent's license status is "inactive," and shall provide proof of such notification to the Director of OPMC immediately upon having done so; and

That Respondent shall return any and all official New York State prescriptions to the Bureau of Narcotic Enforcement, and, in the event that Respondent holds a Drug Enforcement Administration (DEA) Certificate for New York State, Respondent shall surrender Respondent's Certificate to DEA within 15 days of the Order's effective date. All submissions to DEA shall be addressed to Diversion Program Manager, New York Field Division, U.S. Drug Enforcement Administration, 99 Tenth Avenue, New York, NY 10011.

Further, within 30 days of returning these prescriptions and surrendering the Certificate, respondent shall provide documentary proof of these transaction(s) to the Director of OPMC; and

That Respondent shall cooperate fully with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Order and in its investigations of matters concerning Respondent. Respondent shall respond in a timely manner to all OPMC requests for written periodic verification of Respondent's compliance with this Order. Respondent shall meet with a person designated by the Director of OPMC, as directed. Respondent shall respond promptly and provide all documents and information within Respondent's control, as directed. This condition shall take effect upon the Board's issuance of the Consent Order and will continue so long as Respondent remains licensed in New York State; and

That Respondent shall comply with all conditions set forth in attached Exhibit "B" ("Requirements for Closing a Medical Practice").

I stipulate that my failure to comply with any conditions of this Order shall constitute misconduct as defined in N.Y. Educ. Law § 6530(29).

I agree that if I am charged with professional misconduct in future, 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. The Order, this agreement, and all attached Exhibits shall be public documents, with only patient identities, if any, redacted. As public documents, they may be posted on the Department's website. OPMC shall report this action to the National Practitioner Data Bank and the Federation of State Medical Boards, and any other entities that the Director of OPMC shall deem appropriate.

I stipulate that the proposed sanction and Order are authorized by N.Y. Pub. Health Law §§ 230 and 230-a, and that the Board for Professional Medical Conduct and the Office of Professional Medical Conduct have the requisite powers to carry out all included terms. 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.

I am aware and agree that, regardless of prior communication, the attorney for the Department, the Director of the Office of Professional Medical Conduct, and the Chairperson of the State Board for Professional Medical Conduct each reserve full discretion to enter into the Consent Agreement that I propose in this application, or to decline to do so.

DATE 1/19/13

REDACTED

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CLEMENTINA LEWIS, M.D.  
RESPONDENT

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

DATE: 1/22/13

REDACTED

MARK G. FARRELL, ESQ.  
Attorney for Respondent

DATE: 1/23/13

REDACTED

TIMOTHY J. MAHAR  
Associate Counsel  
Bureau of Professional Medical Conduct

DATE: 1/28/13

REDACTED

KEITH W. SERVIS  
Director  
Office of Professional Medical Conduct



IN THE MATTER  
OF  
CLEMENTINA LEWIS, M.D.

STATEMENT  
OF  
CHARGES

CLEMENTINA LEWIS, M.D., the Respondent, was authorized to practice medicine in New York State on or about May 13, 1983, by the issuance of license number 154114 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

- A. Respondent provided medical care to Patient A (patients are identified by name in Appendix A) at her offices and at De Graff Memorial Hospital including the period from July 10, 2009 through July 16, 2009 for congestive heart failure, renal failure, and progressive dyspnea on exertion, among other conditions. Respondent's medical care of Patient A deviated from accepted standards of care as follows:
1. Respondent, on one or more occasions, failed to obtain and/or document an adequate medical history of Patient A.
  2. Respondent failed to order an echocardiogram for Patient A.
  3. Respondent failed to order an electrocardiogram and/or a chest x-ray in the evaluation of Patient A.
  4. Respondent failed to order a timely cardiology consult.

5. Respondent failed to adequately evaluate Patient A for thromboembolic disease.
6. Respondent failed to order a timely nephrology consult.
7. Respondent failed to adequately treat and/or manage Patient A's signs and symptoms of kidney dysfunction.
8. Respondent at various times during Patient A's hospitalization failed to adequately evaluate Patient A's relative hypotension and/or confusion.
9. Respondent failed to adequately and/or timely respond to nursing on July 13, 2009.
10. Respondent failed to adequately evaluate Patient A on July 14, 2009 and/or on July 15, 2009.
11. Respondent failed to maintain an adequate medical record for Patient A.

**B.** Respondent provided medical care to Patient B at her office from September 10, 1999 through February 5, 2009 for hypertension, diabetes, anxiety and depression, among other conditions. Respondent's medical care of Patient B deviated from accepted standards of care as follows:

1. Respondent failed on one or more occasions to obtain an adequate medical history from Patient B.
2. Respondent failed on one or more occasions to perform an adequate physical examination on Patient B.
3. Respondent failed on one or more occasions to adequately evaluate Patient B for his chronic medical conditions.

4. Respondent failed to adequately evaluate Patient B for sleep apnea, and/or hypoxia.
5. Respondent failed on one or more occasions to order indicated diagnostic testing of Patient B.
6. Respondent on one or more occasions prescribed psychotropic medications and/or antidepressant medications to Patient B without adequate medical indications.
7. Respondent failed to adequately counsel Patient B as to the risks of Celebrex and/or Vioxx prior to prescribing these medications.
8. Respondent inappropriately attempted to treat Patient B's cerebral vascular disease with Aggrenox.
9. Respondent inappropriately discontinued Patient B's treatment with Plavix.
10. Respondent failed to maintain an adequate medical record for Patient B.

C. Respondent provided medical care to Patient C in her offices from June 26, 2008 through December 18, 2009 for chronic anxiety, depression, bipolar disease and chronic back and pelvic pain, among other conditions. Respondent's medical care of Patient C deviated from accepted standards of care as follows:

1. Respondent failed on one or more occasions to obtain an adequate medical history from Patient C.
2. Respondent failed on one or more occasions to perform an adequate physical examination on Patient C.

3. Respondent failed to appropriately prescribe controlled substances and/or other medications to Patient C.
4. Respondent failed to adequately evaluate, manage and/or monitor Patient C's use of controlled substances.
5. Respondent failed to adequately evaluate and/or monitor Patient C's progress with her treatment regimen.
6. Respondent failed to adequately coordinate, refer and/or consult with other medical specialties concerning Patient C's medical care.
7. Respondent failed to maintain an adequate medical record for Patient C.

D. Respondent provided medical care to Patient D at her offices from March 5, 2008 to January 9, 2009 for bronchitis and asthma, among other conditions. Respondent's medical care of Patient D deviated from accepted standards of care as follows:

1. Respondent failed to obtain an adequate medical history from Patient D.
2. Respondent altered the progress note in Patient D's office record dated January 9, 2009 at some time after that date to include a partial physical exam which Respondent had not documented in the original note.
3. Respondent failed to perform any physical examination on Patient D on January 9, 2009 or failed to perform an adequate physical examination on Patient D on January 9, 2009.
4. Respondent failed to appropriately prescribe medication samples to Patient D.
5. Respondent failed to maintain an adequate medical record for Patient D.

**E. Respondent provided medical care to Patient E at her offices between July 10, 1998 and April 21, 2009, for depression, anxiety and back pain, among other conditions. Respondent's medical care of Patient E deviated from accepted standards of care as follows:**

- 1. Respondent failed on one or more occasions to obtain an adequate medical history from Patient E.**
- 2. Respondent failed on one or more occasions to adequately evaluate and/or perform an adequate physical examination of Patient E regarding her physical complaints and/or her psychological well-being.**
- 3. Respondent failed to appropriately prescribe potentially addictive medications to Patient E who had a history of alcohol abuse and/or failed to appropriately treat Patient E's complaints of pain.**
- 4. Respondent failed to adequately monitor and/or counsel Patient E regarding her use of potentially addictive medications.**
- 5. Respondent failed to adequately treat Patient E for anxiety and/or depression.**
- 6. Respondent failed to adequately evaluate Patient E for sleep apnea.**
- 7. Respondent failed to maintain an adequate medical record for Patient E.**

**F. Respondent provided medical care to Patient F in her office and/or at Kenmore Mercy Hospital including the period between January 12, 2009 and September 21, 2009 for anemia, cardiomyopathy, orthostatic blood pressure and other conditions. Respondent's medical care of Patient F deviated from accepted standards of care as follows:**

1. Respondent failed on one or more occasions to obtain an adequate medical history from Patient F.
2. Respondent failed on one or more occasions to perform an adequate physical examination on Patient F.
3. Respondent failed on one or more occasions to adequately monitor Patient F's INR values and/or risk of embolism and/or to timely adjust Patient F's coumadin dosages.
4. Respondent failed to order appropriate diagnostic testing and/or screening for Patient F and/or failed to refer Patient F to other medical specialists for such testing.
5. Respondent failed on one or more occasions to adequately manage Patient F's cardiac medications.
6. Respondent failed to maintain an adequate medical record for Patient F.

G. Respondent provided medical care to Patient G at her office from May 9, 2003 through April 9, 2009 for depression, Attention Deficit Disorder and hypomania, among other conditions. Respondent's medical care of Patient H deviated from accepted standards of care as follows:

1. Respondent failed on one or more occasions to obtain an adequate medical history from Patient G.
2. Respondent failed on one or more occasions to perform an adequate physical examination and /or failed to order indicated diagnostic testing of Patient G.

3. Respondent failed to adequately evaluate and/or assess Patient G on one or more occasions in which Respondent prescribed psychotropic medications to Patient G.
4. Respondent failed to adequately evaluate Patient G on March 12, 2004, for complaints of syncope and/or asthma.
5. Respondent failed to maintain an adequate medical record for Patient G.

H. Respondent provided medical care to Patient H at her office during the period including 2005 through August 14, 2009 for back pain, among other conditions. Respondent's medical care of Patient D deviated from accepted standards of care as follows:

1. Respondent failed on one or more occasions to obtain an adequate medical history from Patient H.
2. Respondent failed, on one or more occasions, to perform an adequate physical examination of Patient H.
3. Respondent on one or more occasions failed to appropriately prescribe pain medications to Patient H, including, but not limited to, prescribing multiple short-acting, narcotic, pain medications during the same time period.
4. Respondent failed to maintain an adequate medical record for Patient H.

I. Respondent provided medical care to Patient I in the emergency department of Lakeshore Hospital, in Irving, New York, on January 24, 2010 and January 25, 2010, for injuries sustained by Patient I after falling on ice at his home.

Respondent's medical care of Patient I deviated from accepted standards of care as follows:

1. Respondent failed to perform an adequate physical examination and/or failed to adequately assess Patient I prior to discharging him from the emergency department for admission to the hospital floor.
2. Respondent failed to order diagnostic studies to adequately evaluate Patient I.
3. Respondent failed to obtain a surgical consultation for Patient I.
4. Respondent failed to adequately assess Patient I's electrocardiogram.
5. Respondent failed to maintain an adequate medical record for Patient I.



## **SPECIFICATION OF CHARGES**

### **FIRST THROUGH SEVENTH SPECIFICATIONS**

#### **GROSS NEGLIGENCE**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(4) by practicing the profession of medicine with gross negligence on a particular occasion as alleged in the facts of the following:

1. The allegations as set forth in paragraphs A.6 and/or A.7 and/or A.9.
2. The allegations as set forth in paragraphs B.1 and/or B.2 and/or B.4 and/or B.5 and/or B.6 and/or B.7 and/or B.8 and/or B.9.
3. The allegations as set forth in paragraphs C.1 and/or C.2 and/or C.3 and/or C.4 and/or C.5 and/or C.6.
4. The allegations as set forth in paragraphs E.1 and/or E.2 and/or E.3 and/or E.4 and/or E.5 and/or E.6.
5. The allegations as set forth in paragraph F.4.
6. The allegations as set forth in paragraphs G.2 and/or G.3.
7. The allegations as set forth in paragraphs I.2 and/or I.3.

#### **EIGHTH SPECIFICATION**

#### **NEGLECT ON MORE THAN ONE OCCASION**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(3) by practicing the profession of medicine with negligence on more than one occasion as alleged in the facts of:

8. The allegations as set forth in two or more of the following paragraphs A.1 and/or A.2 and/or A.3 and/or A.4 and/or A.5 and/or A.6 and/or A.7 and/or A.8 and/or A.9 and/or A.10 and/or A.11 and/or

B.1 and/or B.2 and/or B.3 and/or B.4 and/or B.5 and/or B.6 and/or B.7 and/or B.8 and/or B.9 and/or B.10 and/or C.1 and/or C.2 and/or C.3 and/or C.4 and/or C.5 and/or C.6 and/or C.7 and/or D.1 and/or D.2 and/or D.3 and/or D.4 and/or D.5 and/or E.1 and/or E.2 and/or E.3 and/or E.4 and/or E.5 and/or E.6 and/or E.7 and/or F.1 and/or F.2 and/or F.3 and/or F.4 and/or F.5 and/or F.6 and/or G.1 and/or G.2 and/or G.3 and/or G.4 and/or G.5 and/or H.1 and/or H.2 and/or H.3 and/or H.4 and/or I.1 and/or I.2 and/or I.3 and/or I.4 and/or I.5.

### **NINTH THROUGH FIFTEENTH SPECIFICATIONS**

#### **GROSS INCOMPETENCE**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(6) by practicing the profession of medicine with gross incompetence as alleged in the facts of the following:

9. The allegations as set forth in paragraphs A.6 and/or A.7 and/or A.9.
10. The allegations as set forth in paragraphs B.1 and/or B.2 and/or B.4 and/or B.5 and/or B.6 and/or B.7 and/or B.8 and/or B.9.
11. The allegations as set forth in paragraphs C.1 and/or C.2 and/or C.3 and/or C.4 and/or C.5 and/or C.6.
12. The allegations as set forth in paragraphs E.1 and/or E.2 and/or E.3 and/or E.4 and/or E.5 and/or E.6.
13. The allegations as set forth in paragraph F.4.
14. The allegations as set forth in paragraphs G.2 and/or G.3.
15. The allegations as set forth in paragraphs I.2 and/or I.3.

## **SIXTEENTH SPECIFICATION**

### **INCOMPETENCE ON MORE THAN ONE OCCASION**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(5) by practicing the profession of medicine with incompetence on more than one occasion as alleged in the facts of:

16. The allegations as set forth in two or more of the following paragraphs A.1 and/or A.2 and/or A.3 and/or A.4 and/or A.5 and/or A.6 and/or A.7 and/or A.8 and/or A.9 and/or A.10 and/or A.11 and/or B.1 and/or B.2 and/or B.3 and/or B.4 and/or B.5 and/or B.6 and/or B.7 and/or B.8 and/or B.9 and/or B.10 and/or C.1 and/or C.2 and/or C.3 and/or C.4 and/or C.5 and/or C.6 and/or C.7 and/or D.1 and/or D.2 and/or D.3 and/or D.4 and/or D.5 and/or E.1 and/or E.2 and/or E.3 and/or E.4 and/or E.5 and/or E.6 and/or E.7 and/or F.1 and/or F.2 and/or F.3 and/or F.4 and/or F.5 and/or F.6 and/or G.1 and/or G.2 and/or G.3 and/or G.4 and/or G.5 and/or H.1 and/or H.2 and/or H.3 and/or H.4 and/or I.1 and/or I.2 and/or I.3 and/or I.4 and/or I.5.

## **SEVENTEENTH AND EIGHTEENTH SPECIFICATIONS**

### **FRAUDULENT PRACTICE**

Respondent is charged with committing professional misconduct as defined by N.Y. Educ. Law § 6530(2) by practicing the profession of medicine fraudulently as alleged in the facts of the following:

17. The allegations as set forth in paragraph D.2.
18. The allegations as set forth in paragraph D.3.

## **NINETEENTH AND TWENTIETH SPECIFICATIONS**

### **FALSE REPORT**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(21) by willfully making or filing a false report, or failing to file a report required by law or by the department of health or the education department, as alleged in the facts of:

19. The allegations as set forth in paragraph D.2.
20. The allegations as set forth in paragraph D.3.

## **TWENTY-FIRST AND TWENTY-SECOND SPECIFICATIONS**

### **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:

21. The allegations as set forth in paragraph D.2.
22. The allegations as set forth in paragraph D.3.

**TWENTY-THIRD THROUGH THIRTY-FIRST SPECIFICATIONS**

**FAILURE TO MAINTAIN RECORDS**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(32) by failing to maintain a record for each patient which accurately reflects the care and treatment of the patient, as alleged in the facts of:

23. The allegations as set forth in paragraph A.11.
24. The allegations as set forth in paragraph B.10.
25. The allegations as set forth in paragraph C.7.
26. The allegations as set forth in paragraph D.5.
27. The allegations as set forth in paragraph E.7.
28. The allegations as set forth in paragraph F.6.
29. The allegations as set forth in paragraph G.5.
30. The allegations as set forth in paragraph H.4.
31. The allegations as set forth in paragraph I.5.

DATE: December 20, 2012  
Albany, New York

REDACTED

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Peter Van Buren  
Deputy Counsel  
Bureau of Professional Medical Conduct

## **EXHIBIT "B"**

### **Requirements for Closing a Medical Practice Following a Revocation, Surrender, Limitation or Suspension of a Medical License**

1. Licensee shall immediately cease and desist from engaging in the practice of medicine in New York State, or under Licensee's New York license, in accordance with the terms of the Order. In addition, Licensee shall refrain from providing an opinion as to professional practice or its application and from representing that Licensee is eligible to practice medicine.
2. Within 5 days of the Order's effective date, Licensee shall deliver Licensee's current biennial registration to the Office of Professional Medical Conduct (OPMC) at Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204-2719.
3. Within 15 days of the Order's effective date, Licensee shall notify all patients of the cessation or limitation of Licensee's medical practice, and shall refer all patients to another licensed practicing physician for continued care, as appropriate. Licensee shall notify, in writing, each health care plan with which the Licensee contracts or is employed, and each hospital where Licensee has privileges, that Licensee has ceased medical practice. Within 45 days of the Order's effective date, Licensee shall provide OPMC with written documentation that all patients and hospitals have been notified of the cessation of Licensee's medical practice.
4. Licensee shall make arrangements for the transfer and maintenance of all patient medical records. Within 30 days of the Order's effective date, Licensee shall notify OPMC of these arrangements, including the name, address, and telephone number of an appropriate and acceptable contact persons who shall have access to these records. Original records shall be retained for at least 8 years after the last date of service rendered to a patient or, in the case of a minor, for at least 8 years after the last date of service or 3 years after the patient reaches the age of majority, whichever time period is longer. Records shall be maintained in a safe and secure

place that is reasonably accessible to former patients. The arrangements shall include provisions to ensure that the information in the record is kept confidential and is available only to authorized persons. When a patient or a patient's representative requests a copy of the patient's medical record, or requests that the original medical record be sent to another health care provider, a copy of the record shall be promptly provided or forwarded at a reasonable cost to the patient (not to exceed 75 cents per page.) Radiographic, sonographic and similar materials shall be provided at cost. A qualified person shall not be denied access to patient information solely because of an inability to pay.

5. In the event that Licensee holds a Drug Enforcement Administration (DEA) certificate for New York State, Licensee shall, within fifteen (15) days of the Order's effective date, advise the DEA, in writing, of the licensure action and shall surrender his/her 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.
6. 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.
7. Within 15 days of the Order's effective date, Licensee shall remove from the public domain any representation that Licensee is eligible to practice medicine, including all related signs, advertisements, professional listings (whether in telephone directories, internet or otherwise), professional stationery or billings. Licensee shall not share, occupy, or use office space in which another licensee provides health care services.
8. Licensee shall not charge, receive or share any fee or distribution of dividends for professional services rendered by Licensee or others while Licensee is barred from

engaging in the practice of medicine. Licensee may be compensated for the reasonable value of services lawfully rendered, and disbursements incurred on a patient's behalf, prior to the Order's effective date.

9. If Licensee is a shareholder in any professional service corporation organized to engage in the practice of medicine, Licensee shall divest all financial interest in the professional services corporation, in accordance with New York Business Corporation Law. Such divestiture shall occur within 90 days. If Licensee is the sole shareholder in a professional services corporation, the corporation must be dissolved or sold within 90 days of the Order's effective date.
10. Failure to comply with the above directives may result in a civil penalty or criminal penalties as may be authorized by governing law. Under N.Y. Educ. Law § 6512, it is a Class E Felony, punishable by imprisonment of up to 4 years, to practice the profession of medicine when a professional license has been suspended, revoked or annulled. Such punishment is in addition to the penalties for professional misconduct set forth in N.Y. Pub. Health Law § 230-a, which include fines of up to \$10,000 for each specification of charges of which the Licensee is found guilty, and may include revocation of a suspended license.