

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

September 27, 2012

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Sherri Pinsley, D.O.

REDACTED ADDRESS

Re: License No. 205953

Dear Dr. Pinsley:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 12-201. This order and any penalty provided therein goes into effect October 4, 2012.

If the penalty imposed by this Order is a surrender, revocation or suspension, you are required to deliver your license and registration within five (5) days of receipt of this Order to: c/o Physician Monitoring Unit, NYS DOH - OPMC, Riverview Center, Suite 355, 150 Broadway, Albany, NY 12204-2719.

If your license is framed, please remove it from the frame and only send the parchment paper on which your name is printed. Our office is unable to store framed licenses.

If the document(s) are lost, misplaced or destroyed, you are required to submit to this office an affidavit to that effect. Enclosed for your convenience is an affidavit. Please complete and sign the affidavit before a notary public and return it to the Office of Professional Medical Conduct.

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 SIGNATURE

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

Enclosure

cc: Thomas O'Connell, Esq.
750 SE 3rd Avenue, Ste. 204
Fort Lauderdale, Florida 33316

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

IN THE MATTER
OF
SHERRI PINSLEY, D.O.
CO-11-09-5000-A

SURRENDER
ORDER

BPMC: 12-201

Upon the application of **SHERRI PINSLEY, D.O.**, (Respondent), to Surrender her license to practice medicine in the State of New York, which is made a part of this Surrender Order, it is

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

ORDERED, that Respondent's name be stricken from the roster of physicians in the State of New York; it is further

ORDERED, that this Surrender Order shall be effective upon issuance by the Board, either by mailing of a copy of this Surrender Order, either by first class mail to Respondent at the address in the attached Surrender of License or by certified mail to Respondent's attorney, or upon facsimile transmission to Respondent or Respondent's attorney, whichever is first.

SO ORDERED.

DATE: 09/26/2012

REDACTED SIGNATURE

ARTHUR S. HENGERER, M.D.
Chair
State Board for Professional Medical Conduct

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

IN THE MATTER
OF
SHERRI PINSLEY, D.O.
CO-11-09-5000-A

SURRENDER
OF
LICENSE

SHERRI PINSLEY, D.O., (Respondent), representing that all of the following statements are true, deposes and says:

That on or about February 25, 1997, I was licensed to practice medicine in the State of New York and issued license number 205953 by the New York State Education Department.

My current address is **REDACTED ADDRESS**

I understand that the New York State Board for Professional Medical Conduct has charged me with one (1) Specification of professional misconduct.

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

I am applying to the State Board for Professional Medical Conduct for permission to surrender my license to practice medicine in the State of New York on the grounds that I do not contest the First Specification.

I ask the Board to accept the surrender of my license, and I agree to be bound by all of the terms set forth in attached Exhibit "B."

I understand that if the Board does not accept my Surrender of License none of its terms shall bind me or constitute an admission of any of the acts of alleged misconduct; this Surrender of License 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 accepts the surrender of my license, the Chair of the Board shall issue a Surrender Order in accordance with its terms. I agree that the Surrender Order shall take effect upon its issuance by the Board, either by mailing of a copy of the Surrender Order by first class mail to me at the address in this Surrender of License, or to my attorney by certified mail, or upon facsimile transmission to me or my attorney, whichever is first. The Surrender Order, this Surrender of License, 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.

I ask the Board to accept this Surrender of License, which I submit 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 Surrender of License, 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 Surrender Order for which I apply, whether administratively or judicially, and I agree to be bound by the Surrender Order.

I understand and agree that the attorney for the Department of Health, 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 Surrender of License and Surrender Order, 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: 9/19/12, 2012

REDACTED SIGNATURE


Sherril Pinstley, D.O.
Respondent

The undersigned agree to Respondent's attached Surrender of License and to its proposed penalty, terms and conditions.

Date: 9/19/12, 2012

REDACTED SIGNATURE

THOMAS O'CONNELL
Attorney for Respondent

Date: 9/24/12, 2012

REDACTED SIGNATURE

JUDE B. MULVEY
Associate Counsel
Bureau of Professional Medical Conduct

Date: Sept 26, 2012

REDACTED SIGNATURE

jr KEITH W. SERVIS
Director, Office of Professional
Medical Conduct

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

IN THE MATTER
OF
SHERRI PINSLEY, D.O.
CO-11-09-5000A

STATEMENT
OF
CHARGES

SHERRI PINSLEY, D.O., Respondent, was authorized to practice medicine in New York state on February 25, 1997, by the issuance of license number 205953 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. On or about September 12, 2011, the State of Florida, Board of Osteopathic Medicine (hereinafter, "Florida Board") by a Final Order Accepting Relinquishment of License (hereinafter "Florida Order"), inter alia, accepted Respondent's relinquishment of her license to practice osteopathic medicine in Florida, specifically noting that Respondent agrees never to again apply for licensure as an osteopathic physician in Florida, based upon, among others, Respondent's inappropriate prescribing practices, substandard care and improper prescription record keeping.

B. The conduct resulting in the Florida Board disciplinary action against Respondent would constitute misconduct under the laws of New York State, pursuant to the following section of the New York state law:

1. New York Education Law §6530 (3) (negligence on more than one occasion);
2. New York Education Law §6530 (16) (willful failure to comply with federal, state, or regulations governing the practice of medicine)

SPECIFICATIONS

Respondent violated New York State Education Law §6530 (9)(d) by having disciplinary action taken by a duly authorized disciplinary agency of another state, where the conduct resulting in the disciplinary action would, if committed in New York state, constitute professional misconduct under the laws of New York State, in that Petitioner charges:

1. The facts in Paragraph A and/or B

DATED: *August 21*, 2012
Albany, New York

REDACTED SIGNATURE

PETER D. VAN BUREN
Deputy Counsel
Bureau of Professional Medical Conduct