



**Department
of Health**

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

January 19, 2017

CERTIFIED MAIL-RECEIPT REQUESTED

Liyang Leon Chen, M.D.
C/O Jordan S. Fensterman, Esq.
Abrams Fensterman
3 Dakota Dr., Suite 300
Lake Success, New York 11042


Re: License #277592

Dear Dr. Chen:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 17-019. This Order of Conditions pursuant to Public Health Law Section 230 is effective January 26, 2017.

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,


Robert A. Catalano, M.D.
Acting Executive Secretary
Board for Professional Medical Conduct

cc: Jordan S. Fensterman, Esq.
Abrams Fensterman
3 Dakota Drive, Suite 300
Lake Success, New York 11042

**IN THE MATTER
OF
LIYANG LEON CHEN, M.D.**

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

Upon the application of Liyang Leon Chen, M.D. (Licensee) in the attached Stipulation and Application for an Order of Conditions Pursuant to N.Y. Pub. Health Law § 230 (Application), which is made a part of this Order of Conditions Pursuant to N.Y. Pub. Health Law § 230 (Order), 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: 1/18/2017


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
LIYANG LEON CHEN, M.D.

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

Liyang Leon Chen, M.D., represents that all of the following statements are true:

That on or about October 23, 2014, I was licensed to practice as a physician in the State of New York and issued License No. 277592 by the New York State Education Department.

My current Registration address is [REDACTED]

My current residence address is [REDACTED] ←

[Licensee fill in if Registration address is no longer his address.] I agree to be served with the propose Order at the following address: c/o Jordan S. Fensterman, Esq., Abrams
3 Dakota Dr, suite 300, Lake Success,
Fensterman 1411 Marcus Avenue, Suite 107 Lake Success, New York 11042. I will advise

the Director of the Office of Professional Medical Conduct of any change of address. I am affiliated with the following hospitals and/or facilities: _____

NONE (If none, write "NONE"). I understand

that the New York State Board for Professional Medical Conduct ("the Board") has investigated the issues set forth in attached Exhibit "A".

I request that the Board and the Director of the Office of Professional Medical Conduct ("the Director"), in reliance upon the results of the investigation to date and upon my representation that I have ^{not} practiced medicine ~~without incident~~ for at least a year before this Application, conclude the investigation of these issues, provided I successfully and without incident comply with the Conditions set forth below. In consideration of the Board and the Director granting this Application, and upon the Board's election not to bring disciplinary charges against me, I agree that the Board and the Director shall issue an Order of Conditions Pursuant to N.Y. Pub. Health Law § 230.

I agree that the Order shall impose the following conditions:

That Licensee, who does not currently practice medicine in the State of New York, shall be precluded from practicing medicine in New York State, from practicing in any setting where his practice is based solely on his New York license, and from further reliance upon Licensee's New York license to practice medicine to exempt Licensee 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; and

That if Licensee is currently registered to practice medicine in New York State, Licensee shall, within 30 days of the issuance of the Consent Order, notify the New York State Education Department, Division of Professional Licensing Services, that

Licensee's license status is "inactive," and shall provide proof of such notification to the Director of OPMC immediately upon having done so; and

That should Licensee in the future determine to commence New York Practice, Licensee shall, prior to commencing such practice, provide ninety (90) days advance notice in writing to the Director of OPMC. Licensee may not commence such practice until after Licensee receives the Director's written acknowledgment that this Condition has been satisfied, and shall be subject to any further Conditions the Director may impose upon Licensee's New York Practice based on matters underlying this Consent Agreement and/or any circumstances or information known to the Director at the time of Licensee's proposed commencement of New York Practice. Licensee, by making this Application, stipulates that, in the event the Licensee seeks to return to practice in New York, the Director shall be authorized in his sole discretion to impose whatever further Conditions the Director deems appropriate, and Licensee further stipulates that Licensee's failure to comply with such Conditions shall constitute misconduct as defined by N.Y. Educ. Law § 6530(29).

That Licensee shall comply with all applicable provisions of N.Y. Pub. Health Law § 230(10)(h)(ii).

That 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; 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. This condition shall take effect 30 days after the Order's effective date and shall continue at all times until Licensee receives written notification from the Office of Professional Medical Conduct, Physician Monitoring Program, that OPMC has determined that Licensee has fully complied with and satisfied the requirements of the Order, regardless of tolling; and

That Licensee shall cooperate fully with the Office of Professional Medical Conduct ("OPMC") in its administration and enforcement of this Order and in its investigation of Licensee. Licensee shall respond in a timely manner to all OPMC requests for written periodic verification of compliance with the terms of this Order, meet in person with the Director's designee, and respond promptly and provide all documents and information within Licensee's control to OPMC, as directed. This Condition shall take effect upon the Order's effective date and shall continue while Licensee possesses a license in New York; and

I stipulate that my failure to comply with the conditions imposed by this order, if proven and found at a hearing pursuant to N. Y. Pub. Health Law § 230(10), shall constitute professional misconduct as defined in N.Y. Educ. Law § 6530(29). I agree that if

I am charged with professional misconduct in future, this Application and Order shall be admitted into evidence in that proceeding.

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 those issues referred to in Exhibit "A". I deny any acts of misconduct and reserve my right to assert all defenses I may have in any later or other proceeding.

I understand and agree that my failure to comply with, successfully complete, or satisfy any of the material conditions of this Order, and/or any unsatisfactory report by the practice monitor (if any), shall vest the Director with the authority, in the exercise of reasonable discretion, to vacate this agreement and shall permit the Director to pursue further investigation and/or prosecution of misconduct charges against me as to the issues set forth in Exhibit "A" to the full extent authorized by the Public Health Law and the Education Law.

I understand that an Order issued upon this Application does not bar prosecution for professional misconduct based upon allegations of violations of N.Y. Educ. Law § 6530 unrelated to the issues set forth in Exhibit "A", whether those alleged violations occurred before or after this Application. The Director may, at such time, also direct counsel to prepare charges that include allegations as to the issues set forth in Exhibit "A".

I agree that, if the Board grants this Application, the Chair of the Board shall issue an 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 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 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 Order for which I apply, whether administratively or judicially, I agree to be bound by the Order, and I ask that the Board grant this Application.

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 agreement and 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 1/9/17


LIYANG LEON CHEN, M.D.
LICENSEE

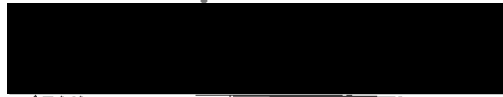
The undersigned agree to Licensee's attached Order of Conditions and to its proposed terms and conditions.

DATE: 1/10/2017



JORDAN S. FENSTERMAN, ESQ.
Attorney for Licensee

DATE: 1/11/2017



JOHN THOMAS VITI
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 1/13/17



KEITH W. SERVIS
Director
Office of Professional Medical Conduct