



**Department  
of Health**

*Public*

**ANDREW M. CUOMO**  
Governor

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

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

August 25, 2015

**CERTIFIED MAIL - RETURN RECEIPT REQUESTED**

Wood & Scher  
ATTN: William L. Wood, Jr., Esq.  
222 Bloomingdale Road  
Suite 311  
White Plains, New York 10605

Paul Tsui, Esq.  
NYS Department of Health  
ESP- Corning Tower – Room 2512  
Albany, New York 12237

**RE: In the Matter of Chau Khuu, M.D.**

Dear Parties:

Enclosed please find the Determination and Order (No. 15-207) of the Hearing Committee in the above referenced matter. This Determination and Order shall be deemed effective upon the receipt or seven (7) days after mailing by certified mail as per the provisions of §230, subdivision 10, paragraph (h) of the New York State Public Health Law.

Five days after receipt of this Order, you will be required to deliver to the Board of Professional Medical Conduct your license to practice medicine together with the registration certificate. Delivery shall be by either certified mail or in person to:

Office of Professional Medical Conduct  
New York State Department of Health  
Office of Professional Medical Conduct  
Riverview Center  
150 Broadway - Suite 355  
Albany, New York 12204

If your license or registration certificate is lost, misplaced or its whereabouts is otherwise unknown, you shall submit an affidavit to that effect. If subsequently you locate the requested items, they must then be delivered to the Office of Professional Medical Conduct in the manner noted above.

As prescribed by the New York State Public Health Law §230, subdivision 10, paragraph (i), (McKinney Supp. 2015) and §230-c subdivisions 1 through 5, (McKinney Supp. 2015), "the determination of a committee on professional medical conduct may be reviewed by the Administrative Review Board for professional medical conduct." Either the licensee or the Department may seek a review of a committee determination.

Request for review of the Committee's determination by the Administrative Review Board stays penalties other than suspension or revocation until final determination by that Board. Summary orders are not stayed by Administrative Review Board reviews.

All notices of review must be served, by certified mail, upon the Administrative Review Board and the adverse party within fourteen (14) days of service and receipt of the enclosed Determination and Order.

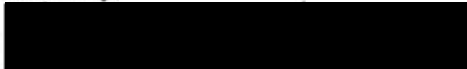
The notice of review served on the Administrative Review Board should be forwarded to:

James F. Horan, Esq., Chief Administrative Law Judge  
New York State Department of Health  
Bureau of Adjudication  
Riverview Center  
150 Broadway – Suite 510  
Albany, New York 12204

The parties shall have 30 days from the notice of appeal in which to file their briefs to the Administrative Review Board. Six copies of all papers must also be sent to the attention of Mr. Horan at the above address and one copy to the other party. The stipulated record in this matter shall consist of the official hearing transcript(s) and all documents in evidence.

Parties will be notified by mail of the Administrative Review Board's Determination and Order.

Sincerely,

  
James F. Horan  
Chief Administrative Law Judge  
Bureau of Adjudication

JFH:cah  
Enclosure

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

COPY

IN THE MATTER  
OF  
CHAU KHUU, M.D.

DETERMINATION  
AND  
ORDER

BPMC #15-207

A hearing was held on July 16, 2015 at the offices of the New York State Department of Health ("the Petitioner"). Pursuant to Section 230(10)(e) of the Public Health Law, Gail S. Homick Herrling, Chair, Edmund A. Egan, II, M.D., and Lyon M. Greenberg, M.D., duly designated members of the State Board for Professional Medical Conduct, served as the Hearing Committee in this matter. Dawn MacKillop-Soller, Esq., Administrative Law Judge, served as the administrative officer. The citations in brackets refer to transcript page numbers ["T."] and exhibits ["Ex."] that were accepted into evidence.

The Petitioner appeared by James E. Dering, Esq., General Counsel, by Paul Tsui, Esq., of Counsel. A Notice of Referral Proceeding and Statement of Charges, both dated May 26, 2015, were served upon the Respondent, Chau Khuu, M.D.<sup>1</sup> The Respondent appeared at the hearing and was represented by counsel, William L. Wood, Esq. Evidence was received and a transcript of the

<sup>1</sup> At the hearing, pursuant to the Petitioner's offer of an Affidavit of Service confirming personal service of the Notice of Referral Proceeding and Statement of Charges on the Respondent on June 13, 2015 at a Harris County, Texas location, the Administrative Law Judge found jurisdiction was established. The documents were made part of the record. [Ex. 1 and 2].

proceeding was made.<sup>2</sup> After consideration of the entire record, the Hearing Committee issues this Determination and Order, finding Respondent guilty of professional misconduct such that the penalty of revocation of his medical license is appropriate.

### STATEMENT OF THE CASE

This proceeding was commenced pursuant to Public Health Law §230(10)(p), which provides for an expedited hearing when a licensee is charged solely with a violation of Education Law § 6530(9). In such cases, a licensee is charged with misconduct based upon a criminal conviction regarding conduct which is a crime under federal law or in New York State, or upon an administrative adjudication in another state regarding conduct that would amount to professional misconduct if committed in New York. The scope of the hearing is limited to a determination of the nature and severity of the penalty to be imposed upon the licensee.

Respondent is charged with professional misconduct pursuant to Education Law § 6530(9)(b), "having been found guilty of professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York state, constitute professional misconduct under the laws of New York state", and § 6530(d), "having his license to practice medicine revoked, suspended or having other disciplinary action taken..." where the conduct resulting in the disciplinary action taken against his license to practice medicine would, if committed in New York state, constitute professional misconduct under the laws of New York state.

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<sup>2</sup> Two witnesses testified at the hearing, the Respondent and Lajos Lamperth, M.D., and both testified on behalf of the Respondent's case.



This case is based on a Final Order of the Texas Medical Board (hereinafter "Texas Board") finding Respondent engaged in professional misconduct in Texas and ordering revocation of his medical license. Whether the Texas Board's findings are misconduct here hinges on whether the underlying conduct would constitute professional misconduct in New York.

The Petitioner has charged that the underlying conduct violates Education Law § 6530(2), practicing the profession fraudulently or beyond its authorized scope, § 6530(3), practicing the profession with negligence on more than one occasion, and § 6530(32), failing to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient. This section also obligated Respondent to retain all patient records for at least six years.

Copies of the Notice of Referral Proceeding and the Statement of Charges are attached to this Determination and Order as Appendix 1.

#### **FINDINGS OF FACT**

The following Findings of Fact were made after a review of the entire record in this matter. Conflicting evidence, if any, was considered and rejected in favor of the cited evidence. All Hearing Committee findings were unanimous.

1. Chau Khuu, M.D., the Respondent, was authorized to practice medicine in New York State on August 9, 2005, by the issuance of license number 237238 by the New York State Education Department. [Ex. 3]

2. By order dated April 10, 2015, the Texas Board found the Respondent guilty of professional misconduct and revoked his license to practice medicine in Texas. [Ex. 4] The Texas Board based its findings on Respondent's conduct in failing to properly evaluate and supervise mid-level or physician assistant providers in their rendering of care to pain management patients while working at pain management clinics. [Ex. 4, finding (hereinafter "f.") 9] The Texas Board

concluded that it was Respondent's responsibility to evaluate and supervise the performance of these providers. [Ex. 4, f. 35; Ex. 4, conclusion 12]

3. The Texas Order focuses on specific findings pertaining to treatment and care rendered to ten patients at the clinics by physician assistant, Mr. Quirante (hereinafter "the physician assistant"), who at all times was under the Respondent's supervision with respect to the care at issue. [Ex. 4, f. 60, 61] In reviewing the medical records pertaining to the ten patients, which were maintained by the physician assistant while under the Respondent's supervision, the Texas Board found that they failed to demonstrate treatment rationales indicating sound clinical judgments. [Ex. 4, f. 71, 79, 93, 108, 124, 134, 145, 154, 166]

4. The Texas Board's specific findings include the physician assistant's failure, while under Respondent's supervision, to discuss or obtain from patients essential information relevant to care and treatment, including appropriate medical histories [Ex. 4, f. 65], rationales for diagnoses involving chronic pain, and alternative treatment modalities. [Ex. 4, f. 77, 91, 122, 130, 131, 141, 151, 164] The findings further include the physician assistant's failure in not performing physical examinations on patients and in not exerting the effort required to diagnose causes for patients' complaints of pain. [Ex. 4, f. 84, 85, 99, 104, 140]

5. Similarly, the Texas Board determined that while under Respondent's supervision, the physician assistant failed to document treatment plans or adequately discuss with patients the risks and benefits of proposed treatments. [Ex. 4, f. 68, 76, 79, 108, 121, 163, 171 and Ex. 4, f. 69, 78, 92, 142, 165 respectively] He also failed to document rationales for issuing prescriptions for non-controlled substances [Ex. 4, f. 119, 159] and did not assess patients issued prescriptions for controlled substances for the risk of abuse or diversion. [Ex. 4, f. 67, 70, 113, 117, 123, 168, 169, 170, 171]

6. In addition to these findings of inadequate care, treatment, supervision, and record-keeping with respect to his patients, the Texas Board found that after disassociating from the pain management clinics in Texas, the Respondent failed to maintain the records of patients seen by him or the mid-level providers he supervised. [Ex. 4, f. 51, 52]

## HEARING COMMITTEE DETERMINATION

### A. Practicing the Profession Fraudulently

The Hearing Committee considered whether the evidence supported a finding that Respondent's conduct constituted practicing the fraudulent or unauthorized practice of medicine, pursuant to Education Law § 6530(2), and concluded that it did not. The intentional misrepresentation or concealment of a known fact, made in connection with the practice of medicine and with the intent to deceive, constitutes the fraudulent practice of medicine. Choudry v. Sobol, 170 AD2d 893, 894 (3<sup>rd</sup> Dept. 1991). To sustain a charge of fraudulent practice, the Department must show that there was a false representation made by the licensee which should have been disclosed, that the licensee knew the representation was false, and that the licensee intended to mislead through the false representation. The Hearing Committee found the Texas Board's Final Order devoid of findings representing Respondent's intent to mislead. Adler v. Bureau of Professional Med. Conduct, 211 AD2d 990, 992 (3<sup>rd</sup> Dept. 1995). Moreover, the Department did not identify any misrepresentation it was relying upon to prove that in New York, Respondent's conduct constituted fraud. As such, the Department failed to show that the Respondent's conduct in Texas was in violation of New York Education Law § 6530(2).

**B. Practicing the Profession With Negligence  
on More Than One Occasion**

The Hearing Committee concluded that the evidence substantially supported sustaining the charge of negligence on more than one occasion, in violation of New York Education Law § 6530(3). Negligence constituting professional misconduct is the "failure to exercise the care that would be exercised by a reasonably prudent licensee under the circumstances." Bogdan v. State Bd. for Professional Med. Conduct, 195 AD2d 86, 88 (3<sup>rd</sup> Dept. 1993). As in Texas, New York allows for care and treatment to patients to be rendered by physician assistants so long as "(the) physician supervising or employing (the) licensed physician assistant . . . remain(s) responsible for the medical services performed by the licensed physician assistant whom such physician supervises or employs." 10 NYCRR § 94.2(f) (Emphasis added); *See also*, Polanco v. Commissioner of the Department of Social Services, 212 AD2d 443 (1<sup>st</sup> Dept. 1995) (Medicaid audit, physician assistant failed to document the need for services); [Ex. 4, conclusion 12]. Like Texas, New York mandated that the Respondent supervise the physician assistant with whom he worked. *See* 10 NYCRR § 94.2.

Secondly, negligence pursuant to New York State Education Law § 6530(3) is also found when a physician fails to document in a medical record "objectively meaningful medical information concerning the patient treated" and when "there is a relationship between (the) inadequate record-keeping and patient treatment." Youssef v. State Bd. for Professional Med. Conduct, 6 AD3rd 824, 825 (3<sup>rd</sup> Dept. 2004); *See also*, Roumi v. State Bd. for Professional Med. Conduct, 89 AD3rd 1170, 1172 (3<sup>rd</sup> Dept. 2011) (In cases where patients are prescribed controlled substances, physicians deviate from the accepted minimum standards of care by not documenting medical histories, reasons for prescription medications, and explanations of changes of dosages).

Here, the physician assistant failed to obtain adequate medical histories, properly examine patients, diagnose causes of patients' pain, develop treatment plans, discuss alternative treatments

and the risks and benefits of treatments, assess for the risk of abuse or diversion of controlled substances, and adequately document information in patient medical records, including reasons for prescriptions. The Hearing Committee considered the purpose behind the rule requiring supervision of physician assistants and how the requisite oversight was lacking here. Respondent's failure to adhere to the supervision requirements pertaining to physician assistants resulted in patient treatment problems and deficiencies in medical records. The Respondent's conduct in this regard demonstrated to the Hearing Committee his willingness to move through patient cases quickly, in an effort to increase revenue, at the expense of the sound care of his patients. In finding that the Respondent did not properly supervise the physician assistant and that he was responsible for the medical services the physician assistant performed, the Hearing Committee concluded that the Respondent practiced medicine negligently on more than one occasion, in violation of Education Law § 6530(3).

**C. Failing to Maintain a Record for Each Patient Accurately Reflecting the Evaluation and Treatment of the Patient**

The Hearing Committee determined that Respondent's conduct in Texas in failing to adequately maintain his patients' medical records was in violation of New York Education Law § 6530(32). Education Law § 6530(32) provides that physicians must maintain records for each patient that accurately reflect the evaluation and treatment of the patient and that "all patient records must be retained for at least six years." The purpose behind the rule requiring proper patient record-keeping is to ensure that "meaningful information is recorded in case the patient should transfer to another professional or the treating practitioner should become unavailable." Mucciolo v. Fernandez, 195 AD2d 623, 624 (3<sup>rd</sup> Dept. 1993); *See also* 8 NYCRR 29.2(a)(3).

The Texas Board's findings included that in numerous circumstances and while under the Respondent's supervision, the physician assistant failed to record necessary and important medical information, resulting in inadequate medical record-keeping. In those cases, the Texas Board found that the Respondent did not properly supervise the physician assistant to correct the medical record-keeping deficiencies. The Texas Board's findings also included that upon disassociating from the pain clinics in Texas, the Respondent failed to maintain his patients' medical records.

Respondent, as the supervising physician, was responsible for the physician assistant's deficient medical record-keeping. Along these lines, the Hearing Committee noted the Respondent's failure to take any steps to correct the numerous medical record deficits contained in the medical files pertaining to the ten pain management patients. Furthermore, the Respondent failed to maintain his patients' medical records after disassociating from the pain management clinics. Such failures demonstrated to the Hearing Committee the Respondent's disregard for the follow-up or continuous care of his patients by new or subsequent providers. In New York, the Respondent is obligated to maintain his patients' medical records for a six-year time frame. Since the treatment at issue that is the subject of the Texas Order occurred between 2010 and 2012, all of the patient medical records not adequately maintained were within six years of the Texas Board's 2015 Final Order. Had the Respondent's conduct occurred in New York, he would have been obligated to maintain his patients' medical records for at least six years, which was beyond the time frame that he disassociated from the pain clinics and no longer maintained their records.

Respondent's conduct in not adequately maintaining his patients' medical records both while the records were maintained by the physician assistant he was required to supervise and upon discontinuing his medical practice at the pain management clinics evidenced a violation of New York Education Law § 6530(32).

## **VOTE OF THE HEARING COMMITTEE**

### **FIRST SPECIFICATION**

Respondent violated New York Education Law §6530(9)(b) by having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York state, constitute professional misconduct under New York State laws.

VOTE: Sustained (3-0)

### **SECOND SPECIFICATION**

Respondent violated New York Education Law §6530(9)(d) by having his license to practice medicine revoked or having other disciplinary action taken, after a disciplinary action was instituted by a duly authorized professional disciplinary agency of another state, where the conduct resulting in the suspension or other disciplinary action would, if committed in New York state, constitute professional misconduct under New York State laws.

VOTE: Sustained (3-0)

### **PENALTY DISCUSSION**

In turning to the assessment of a penalty, the Hearing Committee reasoned that Respondent's indifference towards his patients' health and welfare was also demonstrated in his failure to take any steps towards rehabilitation. [Tr., 43, 47-48]. Although Respondent testified he planned to petition the Texas Board for re-issuance of his medical license and that rehabilitation was a factor the Texas Board would be considering in its review, he has not taken any steps towards enrolling in pain management or patient care courses. Furthermore, Respondent failed to



demonstrate remorse in his behavior and show that the same conduct that occurred in Texas will not occur in New York. As a result, the Hearing Committee decided that Respondent's license to practice medicine in this State should be revoked.

### ORDER

IT IS HEREBY ORDERED THAT:

1. The factual allegations, except with respect to the alleged violation of New York Education Law § 6530(2), and specifications contained in the Statement of Charges (Appendix 1) are SUSTAINED; and
2. The Respondent's license to practice medicine in the State of New York shall be REVOKED; and
3. This Order shall be effective upon service on the Respondent in accordance with the requirements of Public Health Law Section 230(10)(h).

DATED: Albany, New York

August 21, 2015

  
GAIL S. HOMICK HERRLING, CHAIR

EDMUND A. EGAN, II, M.D.  
LYON M. GREENBERG, M.D.



To: Wood & Scher  
Attn: William L. Wood, Jr., Esq.  
222 Bloomingdale Road  
Suite 311  
White Plains, New York 10605

Paul Tsui, Esq., Attorney for Petitioner  
Associate Counsel  
New York State Department of Health  
Bureau of Professional Medical Conduct  
Corning Tower, Room 2512  
Empire State Plaza  
Albany, New York 12237

*APPENDIX 1*

IN THE MATTER  
OF  
CHAU KHUU, M.D.  
CO-13-01-0154-A

NOTICE OF  
REFERRAL  
PROCEEDING

TO: Chau Khuu, M.D. Chau Khuu, M.D.  
[REDACTED]

**PLEASE TAKE NOTICE THAT:**

An adjudicatory proceeding will be held pursuant to the provisions of New York Public Health Law §§230(10)(p) and New York State Administrative Procedures Act §§301-307 and 401. The proceeding will be conducted before a committee on professional conduct of the State Board for Professional Medical Conduct (Committee) on the 16<sup>th</sup> day of July, 2015, at 10:30 a.m., at the offices of the New York State Department of Health, Riverview Center, 150 Broadway, Suite 510, Menands (Albany), NY 12204-2719.<sup>1</sup>

At the proceeding, evidence will be received concerning the allegations set forth in the Statement of Charges, that is attached. A stenographic record of the proceeding will be made and the witnesses at the proceeding will be sworn and examined.

You may appear in person at the proceeding and may be represented by counsel who shall be an attorney admitted to practice in New York state. You may produce evidence and/or sworn testimony on your behalf. Such evidence and/or sworn testimony shall be strictly limited to evidence and testimony relating to the nature and severity of the penalty to be imposed upon the licensee. Where the charges are based on the conviction of state law crimes in other jurisdictions, evidence may be offered that would show that the conviction would not be a crime in New York State. The Committee also may limit the number of witnesses whose testimony will be received, as well as the length of time any witness will be permitted to testify.


<sup>1</sup>For GPS purposes, enter "Menands", not "Albany".



If you intend to present sworn testimony, the number of witnesses and an estimate of the time necessary for their direct examination must be submitted to the New York State Department of Health, Division of Legal Affairs, Bureau of Adjudication, Riverview Center, 150 Broadway, Suite 510, Albany, NY 12204-2719, ATTENTION: HON. JAMES F. HORAN, ACTING DIRECTOR, BUREAU OF ADJUDICATION (Telephone: (518-402-0748), (henceforth "Bureau of Adjudication") as well as the Department of Health attorney indicated below, no later than ten (10) days prior to the scheduled date of the Referral Proceeding, as indicated above.

Pursuant to the provisions of New York Public Health Law §230(10)(p), you shall file a written answer to each of the charges and allegations in the Statement of Charges not less than ten (10) days prior to the date of the hearing. Any charge or allegation not so answered shall be deemed admitted. You may wish to seek the advice of counsel prior to filing such answer. The answer shall be filed with the Bureau of Adjudication, at the address indicated above, and a copy shall be forwarded to the attorney for the Department of Health, whose name appears below. You may file a written brief and affidavits with the Committee. Six (6) copies of all papers you submit must be filed with the Bureau of Adjudication at the address indicated above, no later than fourteen (14) days prior to the scheduled date of the Referral Proceeding, and a copy of all papers must be served on the same date on the Department of Health attorney, indicated below. Pursuant to §301(5) of the State Administrative Procedure Act, the Department, upon reasonable notice, will provide, at no charge, a qualified interpreter of the deaf to interpret the proceedings to, and the testimony of, any deaf person. Pursuant to the terms of New York State Administrative Procedure Act §401 and 10 N.Y.C.R.R. §51.8(b), the Petitioner demands, hereby, disclosure of the evidence that Respondent intends to introduce at the hearing, including the names of witnesses, a list of and copies of documentary evidence, and a description of physical and/or other evidence that cannot be photocopied.

**YOU ARE ADVISED, HEREBY, THAT THE ATTACHED CHARGES WILL BE MADE PUBLIC FIVE (5) BUSINESS DAYS AFTER THEY ARE SERVED.**

Department attorney: Initial here 


The proceeding may be held whether or not you appear. Please note that requests for adjournments must be made in writing to the Bureau of Adjudication, at the address indicated above, with a copy of the request to the attorney for the Department of Health, whose name appears below, at least five (5) days prior to the scheduled date of the proceeding. Adjournment requests are not routinely granted. Claims of court engagement will require detailed affidavits of actual engagement. Claims of illness will require medical documentation. Failure to obtain an attorney within a reasonable period of time prior to the proceeding will not be grounds for an adjournment.

The Committee will make a written report of its findings, conclusions as to guilt, and a determination. Such determination may be reviewed by the administrative review board for professional medical conduct.

**SINCE THESE PROCEEDINGS MAY RESULT IN A DETERMINATION THAT SUSPENDS OR REVOKES YOUR LICENSE TO PRACTICE MEDICINE IN NEW YORK STATE AND/OR IMPOSES A FINE FOR EACH OFFENSE CHARGED, YOU ARE URGED TO OBTAIN AN ATTORNEY TO REPRESENT YOU IN THIS MATTER.**

DATED: Albany, New York

May <sup>26</sup>, 2015

  
MICHAEL A. HISER  
Deputy Counsel  
Bureau of Professional Medical Conduct

Inquiries should be addressed to:

Jude B. Mulvey  
Associate Counsel  
Bureau of Professional Medical Conduct  
Corning Tower – Room 2512  
Empire State Plaza  
Albany, NY 12237  
(518) 473-4282

IN THE MATTER

OF

CHAU KHUU, M.D.

STATEMENT

OF

CHARGES

Chau Khuu, M.D., the Respondent, was authorized to practice medicine in New York State on August 9, 2005 by the issuance of license number 237238 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

A. On or about April 10, 2015, the Texas Medical Board revoked Respondent's license to practice medicine by a Final Order ("Texas Final Order") which adopted the Findings of Fact and Conclusions of Law of two Administrative Law Judges dated February 9, 2015. The revocation of Respondent's Texas medical license was based upon findings that Respondent, among other things, illegally operated several pain management clinics, improperly prescribed controlled substances, failed to perform adequate evaluations of a patient, failed to establish adequate treatment plans for patients, failed to meet acceptable standards of care in his treatment of several patients with chronic pain and failed to maintain and/or properly transfer patients' medical records.

B. The conduct resulting in the Texas Final Order against Respondent would constitute misconduct under the laws of New York State, pursuant to the following sections of New York State law:

1. Education Law § 6530 (2) (practicing the profession fraudulently or beyond its authorized scope); and/or
2. Education Law § 6530 (3) (negligence on more than one occasion); and/or
3. Education Law § 6530(32) (failure to maintain adequate records).

**SPECIFICATIONS OF MISCONDUCT**

**FIRST SPECIFICATION**

Respondent violated New York Education Law § 6530 (9)(b) by having been found guilty of improper professional practice or professional misconduct by a duly authorized disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York State, constitute professional misconduct under the laws of New York State, in that Petitioner charges:

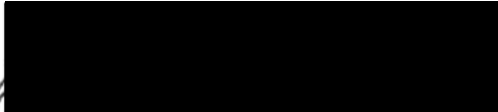
1. The facts in Paragraphs A and B.

**SECOND SPECIFICATION**

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

2. The facts in Paragraphs A and B.

DATE: May 26, 2015  
Albany, New York

  
Michael A. Hiser  
Deputy Counsel  
Bureau of Professional Medical Conduct