

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

IN THE MATTER  
OF  
FRANK A. LIZZI, M.D.

CONSENT  
ORDER

BPMC No. #08-98

Upon the application of (Respondent) FRANK A. LIZZI, M.D. in the attached Consent Agreement and Order, 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 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 transmission to Respondent or Respondent's attorney, whichever is first.

SO ORDERED.

DATE: 6-12-2008

Redacted Signature

\_\_\_\_\_  
KENDRICK A. SEARS, 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  
FRANK A. LIZZI, M.D.

CONSENT  
AGREEMENT  
AND  
ORDER

FRANK A. LIZZI, M.D., representing that all of the following statements are true, deposes and says:

That on or about June 30, 1966, I was licensed to practice as a physician in the State of New York, and issued License No. 096785 by the New York State Education Department.

My current address is : Redacted Address , 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 has charged me with 126 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 admit the 75<sup>th</sup> specification as it relates to the allegations of Patient C, in full satisfaction of the charges against me, and agree to the following penalty:

Effective June 1, 2008, my license to practice medicine shall be limited, pursuant to §230-a of the Public Health Law, 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 further agree that the Consent Order for which I apply shall impose the following conditions:

- That Respondent shall, within thirty days of the issuance of the Consent Order or June 30, 2008, whichever is later, 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 within thirty days thereafter; and
- That Respondent shall return any and all official New York State prescriptions to the Bureau of Narcotic Enforcement, and shall surrender Respondent's Controlled Substance Registration Certificate to the United States Department of Justice, Drug Enforcement Administration, within 15 days of the effective date of this Order or June 15, 2008, whichever is later. Further, within thirty days of returning said prescriptions and surrendering said registration, Respondent shall provide documentary proof of such transaction(s) to the Director of OPMC; and

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

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

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

I stipulate that my failure to comply with any conditions of this Order shall constitute misconduct as defined by New York State Education 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.

I stipulate that the proposed sanction and Order are authorized by Public 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 agreement which I propose and this application which I submit, or to decline to do so.

DATE ~~5/27/08~~

5/27/08

(FL)

Redacted Signature

FRANK A. LIZZI, M.D.  
RESPONDENT

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

DATE: May 29, 2008

Redacted Signature

WILLIAM WOOD, ESQ.  
Attorney for Respondent

DATE: June 2, 2008

Redacted Signature

LEE A. DAVIS  
Associate Counsel  
Bureau of Professional Medical Conduct

DATE: 6/11/08

Redacted Signature

KEITH W. SERVIS  
Director  
Office of Professional Medical Conduct

**EXHIBIT "A"**

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

**IN THE MATTER**

**OF**

**FRANK A. LIZZI, M.D.**

**STATEMENT  
OF  
CHARGES**

FRANK A. LIZZI, M.D., the Respondent, was authorized to practice medicine in New York State on or about June 30, 1966, by the issuance of license number 096785 by the New York State Education Department. Respondent is registered with the New York State Education Department to practice medicine through August 31, 2008.

**FACTUAL ALLEGATIONS**

- A. Respondent treated Patient A (patients are identified in Appendix A, attached hereto) at his office located at 240 New Scotland Avenue, Albany, New York from on or about May 2, 1990 through on or about February 18, 2006. Respondent's care and treatment of Patient A failed to meet acceptable standards of medical care, in that:
1. Respondent failed to obtain and/or document an adequate history.
  2. Respondent failed to perform and/or document an adequate physical examination.
  3. Respondent failed to prescribe, dispense and/or administer and/or document potentially addictive medications in appropriate amounts and at appropriate frequencies.
  4. Respondent failed to adequately recognize and/or manage and/or document Patient A's substance abuse.
  5. Respondent failed to adequately manage and/or document Patient A's chronic headaches.

6. Respondent prescribed, dispensed and/or administered and/or documented Lortab and Fioricet simultaneously in amounts that subjected Patient A to excessive levels of acetaminophen.
7. Respondent failed to prescribe, dispense and/or administer and/or document medications in frequencies and amounts with adequate documentation for prescribing, dispensing or administering the medications.
8. Respondent failed to appropriately manage and/or document Patient A's seizure-like activity and related hospital admissions between May 13, 2005 and June 21, 2005.
9. Respondent failed to evaluate, manage and/or document the level of Dilantin in Patient A from May 13, 2005 and September 11, 2005.
10. Respondent failed to prescribe, dispense and/or administer and/or document antibiotics to Patient A with adequate justification and/or documentation.
11. Respondent failed to adequately manage, treat and/or document Patient A's hypertension.
12. Respondent failed to adequately manage, treat and/or document Patient A's abnormal laboratory levels.
13. Respondent failed to maintain a record that accurately reflected the care and treatment of Patient A.

B. Respondent treated Patient B at his office located at 240 New Scotland Avenue, Albany, New York from on or about July 23, 1993 through on or about February 23, 2006. Respondent's care and treatment of Patient B failed to meet acceptable standards of medical care, in that:

1. Respondent failed to obtain and/or document an adequate history.
2. Respondent failed to perform and/or document an adequate physical examination.
3. Respondent failed to prescribe, dispense and/or administer and/or document the medication Fioricet in appropriate amounts and frequency.
4. Respondent failed to adequately evaluate, manage and/or document Patient B's osteoporosis.



5. Respondent failed to prescribe, dispense and/or administer and/or document potentially addictive medications in appropriate amounts and at appropriate frequencies.
6. Respondent failed to adequately recognize and/or manage and/or document Patient B's substance abuse.
7. Respondent failed to adequately manage and/or document the medical justification for prescribing, ordering and/or administering medications to Patient B.
8. Respondent failed to maintain a record that accurately reflected the care and treatment of Patient B.

C. Respondent treated Patient C at his office located at 240 New Scotland Avenue, Albany, New York from on or about April 15, 1986 through on or about February 10, 2003. Respondent's care and treatment of Patient C failed to meet acceptable standards of medical care, in that:

1. Respondent failed to obtain and/or document an adequate history.
2. Respondent failed to perform and/or document an adequate physical examination.
3. Respondent failed to adequately evaluate, manage, and/or treat and/or document Patient C's systemic lupus erythematosus.
4. Respondent failed to adequately evaluate, manage and/or document Patient C's abnormal laboratory levels.
5. Respondent failed to prescribe, dispense and/or administer and/or document potentially addictive medications in appropriate amounts and at appropriate frequencies.
6. Respondent failed to adequately recognize and/or manage and/or document Patient C's substance abuse.
7. Respondent failed to adequately diagnose, evaluate, manage, and/or treat and/or document potentially significant medical issues presented by Patient C.
8. Respondent failed to maintain a record that accurately reflected the care and treatment of Patient C.

D. Respondent treated Patient D at his office located at 240 New Scotland Avenue, Albany, New York from on or about November 29, 2000 through on

or about February 16, 2006. Respondent's care and treatment of Patient D failed to meet acceptable standards of medical care, in that:

1. Respondent failed to obtain and/or document an adequate history.
2. Respondent failed to perform and/or document an adequate physical examination.
3. Respondent failed to adequately evaluate, manage and/or document Patient D's Chronic Obstructive Pulmonary Disease.
4. Respondent failed to adequately evaluate, manage, and/or document Patient D's osteoporosis.
5. Respondent failed to adequately evaluate, manage and/or document Patient D's Chronic Pain.
6. Respondent failed to adequately evaluate, manage and/or document Patient D's Chest pain, given her multiple risk factors.
7. Respondent failed to adequately evaluate, manage and/or document Patient D's breast tenderness given her postmenopausal status.
8. Respondent failed to prescribe, dispense and/or administer and/or document opiate narcotics in appropriate amounts and at appropriate frequencies.
9. Respondent failed to adequately recognize and/or manage and/or document Patient D's substance abuse.
10. Respondent failed to adequately manage and/or document Patient D's abnormal laboratory levels.
11. Respondent failed to maintain a record that accurately reflected the care and treatment of Patient D.

E. Respondent treated Patient E at his office located at 240 New Scotland Avenue, Albany, New York from on or about August 3, 1999 through on or about February 19, 2006. Respondent's care and treatment of Patient E failed to meet acceptable standards of medical care, in that:

1. Respondent failed to obtain and/or document an adequate history.
2. Respondent failed to perform and/or document an adequate physical examination.

3. Respondent failed to adequately evaluate, manage and/or treat and/or document Patient E's complaints of generalized pain.
4. Respondent failed to adequately evaluate, manage, treat and/or document Patient E's complaints of headaches.
5. Respondent failed to adequately evaluate, manage, treat and/or document Patient E's complaints of abdominal pain.
6. Respondent failed to prescribe, dispense and/or administer and/or document opiate narcotics in appropriate amounts and at appropriate frequencies.
7. Respondent failed to prescribe, dispense and/or administer and/or document Xanax and Klonopin simultaneously while she was also receiving Norco.
8. Respondent inappropriately prescribed dispensed and/or administered and/or documented opiate narcotics while he was aware that she was simultaneously receiving the same medications from a pain management specialist.
9. Respondent failed to adequately recognize and/or manage and/or document Patient E's drug habituated behavior.
10. Respondent inappropriately prescribed dispensed and/or administered and/or documented Fiorinal on a continuous basis without medical indication.
11. Respondent failed to maintain a record that accurately reflected the care and treatment of Patient E.

### **SPECIFICATION OF CHARGES**

#### **FIRST THROUGH TWENTY-SECOND 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:

1. Paragraph A. and A. 3.
2. Paragraph A. and A. 4.
3. Paragraph A. and A. 6.

4. Paragraph A. and A.8.
5. Paragraph B. and B. 3.
6. Paragraph B. and B. 4.
7. Paragraph B. and B. 5.
8. Paragraph B. and B. 6.
9. Paragraph C. and C. 3.
10. Paragraph C. and C. 5.
11. Paragraph C. and C. 6.
12. Paragraph C. and C. 7.
13. Paragraph D. and D. 3.
14. Paragraph D. and D. 4.
15. Paragraph D. and D. 6.
16. Paragraph D. and D. 7.
17. Paragraph D. and D. 8.
18. Paragraph D. and D. 9.
19. Paragraph E. and E. 6.
20. Paragraph E. and E. 7.
21. Paragraph E. and E. 8.
22. Paragraph E. and E. 9.

**TWENTY-THIRD 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 two or more of the following:

23. A. and A. 1, A. and A. 2, A. and A. 3, A. and A. 4, A. and A. 5, A. and A. 6, A. and A. 7, A. and A. 8, A. and A. 9, A. and A. 10, A. and A. 11, A. and A. 12, A. and A. 13, B. and B. 1, B. and B. 2, B. and B. 3, B. and B. 4, B. and B. 5, B. and B. 6, B. and B. 7, B. and B. 8, C. and C. 1, C. and C. 2, C. and C. 3, C. and C. 4, C. and C. 5, C. and C. 6, C. and C. 7, C. and C. 8, D. and D. 1, D. and D. 2, D. and D. 3, D. and D. 4, D. and D. 5, D. and D. 6, D. and D. 7, D. and D. 8, D. and D. 9, D. and D. 10, D. and D. 11, E. and E. 1, E. and E. 2, E. and E. 3, E. and E. 4, E. and E. 5, E. and E. 6, E. and E. 7, E. and E. 8, E. and E. 9, E. and E. 10, E. and E. 11.

**TWENTY-FOURTH THROUGH SEVENTY-FOURTH 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:

24. Paragraph A. and A. 1.  
25. Paragraph A. and A. 2.  
26. Paragraph A. and A. 3.  
27. Paragraph A. and A. 4.  
28. Paragraph A. and A. 5.  
29. Paragraph A. and A. 6.  
30. Paragraph A. and A. 7.  
31. Paragraph A. and A. 8.  
32. Paragraph A. and A. 9.  
33. Paragraph A. and A. 10.  
34. Paragraph A. and A. 11.  
35. Paragraph A. and A. 12.  
36. Paragraph A. and A. 13.  
37. Paragraph B. and B. 1.  
38. Paragraph B. and B. 2.  
39. Paragraph B. and B. 3.

40. Paragraph B. and B. 4.
41. Paragraph B. and B. 5.
42. Paragraph B. and B. 6.
43. Paragraph B. and B. 7.
44. Paragraph B. and B. 8.
45. Paragraph C. and C. 1.
46. Paragraph C. and C. 2.
47. Paragraph C. and C. 3.
48. Paragraph C. and C. 4.
49. Paragraph C. and C. 5.
50. Paragraph C. and C. 6.
51. Paragraph C. and C. 7.
52. Paragraph C. and C. 8.
53. Paragraph D. and D. 1.
54. Paragraph D. and D. 2.
55. Paragraph D. and D. 3.
56. Paragraph D. and D. 4.
57. Paragraph D. and D. 5.
58. Paragraph D. and D. 6.
59. Paragraph D. and D. 7.
60. Paragraph D. and D. 8.
61. Paragraph D. and D. 9.
62. Paragraph D. and D. 10.
63. Paragraph D. and D. 11.
64. Paragraph E. and E. 1.
65. Paragraph E. and E. 2.
66. Paragraph E. and E. 3.

67. Paragraph E. and E. 4.
68. Paragraph E. and E. 5.
69. Paragraph E. and E. 6.
70. Paragraph E. and E. 7.
71. Paragraph E. and E. 8.
72. Paragraph E. and E. 9.
73. Paragraph E. and E. 10.
74. Paragraph E. and E. 11.

**SEVENTY-FIFTH SPECIFICATION**  
**NEGLIGENCE 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 two or more of the following:

75. A. and A. 1, A. and A. 2, A. and A. 3, A. and A. 4, A. and A. 5, A. and A. 6, A. and A. 7, A. and A. 8, A. and A. 9, A. and A. 10, A. and A. 11, A. and A. 12, A. and A. 13, B. and B. 1, B. and B. 2, B. and B. 3, B. and B. 4, B. and B. 5, B. and B. 6, B. and B. 7, B. and B. 8, C. and C. 1, C. and C. 2, C. and C. 3, C. and C. 4, C. and C. 5, C. and C. 6, C. and C. 7, C. and C. 8, D. and D. 1, D. and D. 2, D. and D. 3, D. and D. 4, D. and D. 5, D. and D. 6, D. and D. 7, D. and D. 8, D. and D. 9, D. and D. 10, D. and D. 11, E. and E. 1, E. and E. 2, E. and E. 3, E. and E. 4, E. and E. 5, E. and E. 6, E. and E. 7, E. and E. 8, E. and E. 9, E. and E. 10, E. and E. 11.

**SEVENTY-SIXTH THROUGH ONE HUNDRED TWENTY-SIXTH  
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:

76. Paragraph A. and A. 1.
77. Paragraph A. and A. 2.
78. Paragraph A. and A. 3.
79. Paragraph A. and A. 4.
80. Paragraph A. and A. 5.
81. Paragraph A. and A. 6.
82. Paragraph A. and A. 7.
83. Paragraph A. and A. 8.
84. Paragraph A. and A. 9.
85. Paragraph A. and A. 10.
86. Paragraph A. and A. 11.
87. Paragraph A. and A. 12.
88. Paragraph A. and A. 13.
89. Paragraph B. and B. 1.
90. Paragraph B. and B. 2.
91. Paragraph B. and B. 3.
92. Paragraph B. and B. 4.
93. Paragraph B. and B. 5.
94. Paragraph B. and B. 6.
95. Paragraph B. and B. 7.
96. Paragraph B. and B. 8.



97. Paragraph C. and C. 1.
98. Paragraph C. and C. 2.
99. Paragraph C. and C. 3.
100. Paragraph C. and C. 4.
101. Paragraph C. and C. 5.
102. Paragraph C. and C. 6.
103. Paragraph C. and C. 7.
104. Paragraph C. and C. 8.
105. Paragraph D. and D. 1.
106. Paragraph D. and D. 2.
107. Paragraph D. and D. 3.
108. Paragraph D. and D. 4.
109. Paragraph D. and D. 5.
110. Paragraph D. and D. 6.
111. Paragraph D. and D. 7.
112. Paragraph D. and D. 8.
113. Paragraph D. and D. 9.
114. Paragraph D. and D. 10.
115. Paragraph D. and D. 11.
116. Paragraph E. and E. 1.
117. Paragraph E. and E. 2.
118. Paragraph E. and E. 3.
119. Paragraph E. and E. 4.
120. Paragraph E. and E. 5.
121. Paragraph E. and E. 6.
122. Paragraph E. and E. 7.
123. Paragraph E. and E. 8.

- 124. Paragraph E. and E. 9.
- 125. Paragraph E. and E. 10.
- 126. Paragraph E. and E. 11.

DATE: June 3, 2008  
Albany, New York

Redacted Signature

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Peter D. Van Buren  
Deputy Counsel  
Bureau of Professional Medical Conduct

## **EXHIBIT "B"**

### **GUIDELINES FOR CLOSING A MEDICAL PRACTICE**

1. Respondent shall immediately cease the practice of medicine in compliance with the terms of the Consent Order. Respondent shall not represent himself or herself as eligible to practice medicine and shall refrain from providing an opinion as to professional practice or its application.
2. Within 15 days of the Consent Order's effective date, or June 15, 2008, whichever is later Respondent shall notify all patients that he or she has ceased the practice of medicine, and shall refer all patients to another licensed practicing physician for their continued care, as appropriate.
3. Respondent shall arrange for the transfer and maintenance of all patient medical records. Within thirty days of the Consent Order's effective date, or June 30, 2008, whichever is later Respondent shall notify OPMC of these arrangements, including the name, address, and telephone number of an appropriate contact person, acceptable to the Director of OPMC, who shall have access to these records. Original records shall be retained for patients for at least six years after the last date of service, and, for minors, at least six years after the last date of service or three 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 ensure that all patient information is kept confidential and is available only to authorized persons. When a patient or authorized 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 sent at reasonable cost to the patient (not to exceed 75 cents per page.) Radiographic, sonographic and like materials shall be provided at cost. A qualified person shall not be denied access to patient information solely because of inability to pay.
4. Within 15 days of the Consent Order's effective date, or June 15, 2008, whichever is later, if Respondent holds a Drug Enforcement Agency (DEA) certificate, Respondent shall advise the DEA in writing of the licensure action and shall surrender his or her DEA controlled substance certificate, privileges, and any unused DEA #222 U.S. Official Order Forms Schedules 1 and 2, to the DEA.
5. Within 15 days of the Consent Order's effective date, Respondent shall return any unused New York State official prescription forms to the Bureau of Narcotic Enforcement of the New York State Department of Health. Respondent shall have all prescription pads bearing Respondent's name destroyed. If no other licensee is providing services at Respondent's practice location, Respondent shall dispose of all medications.
6. Within 15 days of the Consent Order's effective date, or June 15, 2008, whichever is later, Respondent shall remove from the public domain any representation that Respondent is eligible to practice medicine, including all related signs, advertisements, professional listings whether in telephone directories or otherwise, professional stationery or billings. Respondent shall not share, occupy or use office space in which another

licensee provides health care services.

7. Respondent shall not charge, receive or share any fee or distribution of dividends for professional services rendered (by himself or others) while barred from practicing medicine. Respondent may receive compensation for the reasonable value of services lawfully rendered, and disbursements incurred on a patient's behalf, prior to the Consent Order's effective date.
8. If Respondent is a shareholder in any professional service corporation organized to engage in the practice of medicine and Respondent's license is revoked, surrendered or suspended for six months or more pursuant to this Consent Order, Respondent shall, within ninety days of the Order's effective date, divest himself/herself of all financial interest in such professional services corporation in accordance with New York Business Corporation Law. If Respondent is the sole shareholder in a professional services corporation, the corporation must be dissolved or sold within ninety days of the Consent Order's effective date.
9. Failure to comply with the above directives may result in civil or criminal penalties. Practicing medicine when a medical license has been suspended, revoked or annulled is a Class E Felony, punishable by imprisonment for up to four years, under § 6512 of the Education Law. Professional misconduct may result in penalties including revocation of the suspended license and/or fines of up to \$10,000 for each specification of misconduct, under § 230-a of the Public Health Law.