



New York State Board for Professional Medical Conduct

433 River Street, Suite 303 • Troy, New York 12180-2299 • (518) 402-0863

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Ansel R. Marks, M.D., J.D.
Executive Secretary

July 12, 2001

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Herman Benjamin Giddings, M.D.
119 Prospect Park West
Apartment 5
Brooklyn, New York 11215

RE: License No. 120729

Dear Dr. Giddings:

Enclosed please find Order #BPMC 01-158 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect July 12, 2001.

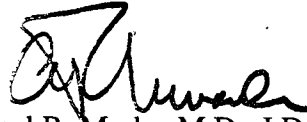
If the penalty imposed by the Order is a surrender, revocation or suspension of this license, you are required to deliver to the Board the license and registration within five (5) days of receipt of the Order.

Board for Professional Medical Conduct
New York State Department of Health
Hedley Park Place, Suite 303
433 River Street
Troy, New York 12180

If the penalty imposed by the Order is a fine, please write the check payable to the New York State Department of Health. Noting the BPMC Order number on your remittance will assist in proper crediting. Payments should be directed to the following address:

Bureau of Accounts Management
New York State Department of Health
Corning Tower, Room 1258
Empire State Plaza
Albany, New York 12237

Sincerely,

A handwritten signature in black ink, appearing to read 'Ansel R. Marks', written in a cursive style.

Ansel R. Marks, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc:

Daniel Guenzburger, Esq.

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

**IN THE MATTER
OF
HERMAN BENJAMIN GIDDINGS, M.D.**

**CONSENT
AGREEMENT
AND
ORDER**

BPMC No. 01-158

HERMAN BEJAMIN GIDDINGS, M.D., representing all statements herein made to be true, deposes and says:

That on or about July 17, 1974, I was licensed to practice as a physician in the State of New York, having been issued License No. 120729 by the New York State Education Department.

My current address is 119 Prospect Park West, Apt. 5, Brooklyn, NY, 11215 and I will advise the Director of the Office of Professional Medical Conduct of any change of my address.

I understand that the New York State Board for Professional Medical Conduct has charged me with two specifications of professional misconduct.

A copy of the Statement of Charges is annexed hereto, made a part hereof, and marked as Exhibit "A".

I agree not to contest the second specification, in full satisfaction of the charges against me. I hereby agree to the following penalty:

Censure and Reprimand, and a five thousand dollar (\$5,0000) fine.

The fine is payable in full within thirty (30) days of the effective date of this Order. Payments must be submitted to:

Bureau of Accounts Management
New York State Department of Health

Empire State Plaza
Corning Tower, Room 1245
Albany, New York 12237.

I further agree that Respondent shall fully cooperate in every respect with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Order.

I hereby stipulate that any failure by me to comply with such conditions shall constitute misconduct as defined by New York State Education Law §6530(29).

I agree that in the event I am charged with professional misconduct in the future, this agreement and order shall be admitted into evidence in that proceeding.

I hereby make this Application to the State Board for Professional Medical Conduct (the Board) and request that it be granted.

I understand that, in the event that this Application is not granted by the Board, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me, such Application shall not be used against me in any way and shall be kept in strict confidence during the pendency of the professional misconduct disciplinary proceeding; and such denial by the Board shall be made without prejudice to the continuance of any disciplinary proceeding and the final determination by the Board pursuant to the provisions of the Public Health Law.

I agree that, in the event the Board grants my Application, as set forth herein, an order of the Chairperson of the Board shall be issued in accordance with same. I agree that such order shall be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of the Consent

Order to me at the address set forth in this agreement, or to my attorney, or upon transmission via facsimile to me or my attorney, whichever is earliest.

I am making this Application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner. In consideration of the value to me of the acceptance by the Board of this Application, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive any right I may have to contest the Consent Order for which I hereby apply, whether administratively or judicially, and ask that the Application be granted.

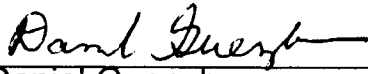
DATED

6/15/01


HERMAN BENJAMIN GIDDINGS, M.D.
RESPONDENT

The undersigned agree to the attached application of the Respondent and to the proposed penalty based on the terms and conditions thereof.

DATE: 6/25/01



Daniel Guenzburger
Associate Counsel
Bureau of Professional
Medical Conduct

DATE: 7/5/01



DENNIS J. GRAZIANO
Director
Office of Professional
Medical Conduct

"EXHIBIT A"

IN THE MATTER
OF
HERMAN BENJAMIN GIDDINGS, M.D.

STATEMENT
OF
CHARGES

HERMAN BENJAMIN GIDDINGS, M.D., the Respondent, was authorized to practice medicine in New York State on or about July 17, 1974, by the issuance of license number 120729 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. On or about April 19, 1999, at the request of an applicant for a massage therapy license, Ms. Xiao Xiong, Respondent signed a blank New York State Education Department form entitled "Verification of Experience". Ms Xiao Xiong completed the entries on the form and submitted the form to the New York State Education Department along with her application for a license.
1. Respondent knowingly and falsely represented that he had "read the applicant's Verification of Experience" and that the "work experience and time claimed is generally true and accurate."

SPECIFICATION OF CHARGES

FIRST SPECIFICATION

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:

1. Paragraphs A and A1.

SECOND SPECIFICATION

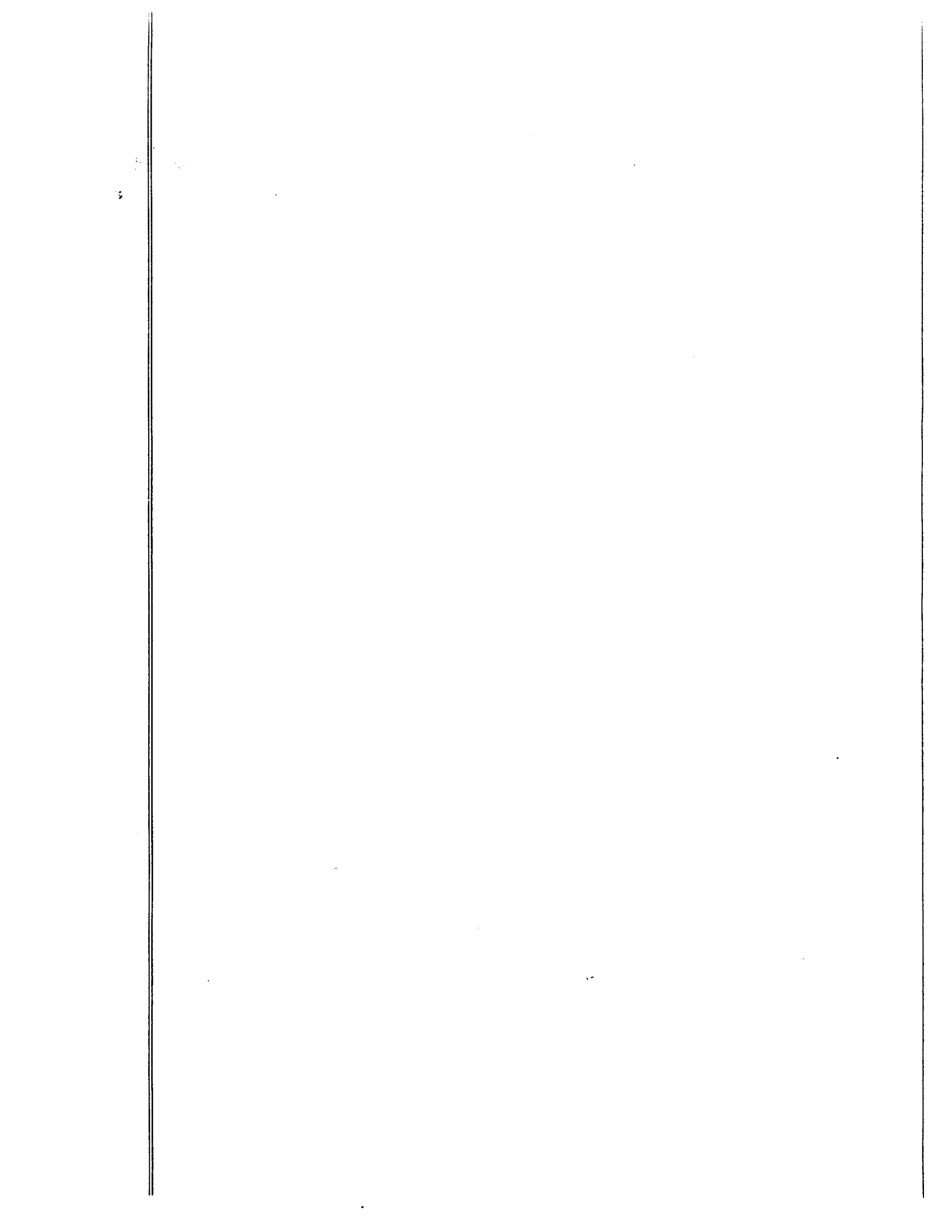
FALSE REPORT

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(21) by wilfully 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:

2. Paragraphs A and A1.

DATED: May , 2001
New York , New York

Roy Nemerson
Deputy Counsel
Bureau of Professional
Medical Conduct



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

**IN THE MATTER
OF
HERMAN BENJAMIN GIDDINGS, M.D.**

CONSENT
ORDER


Upon the proposed agreement of HERMAN BENJAMIN GIDDINGS, M.D. (Respondent) for Consent Order, which application is made a part hereof, it is agreed to and

ORDERED, that the application and the provisions thereof are hereby adopted and so ORDERED, and it is further

ORDERED, that this order shall be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of the Consent Order to Respondent at the address set forth in this agreement or to Respondent's attorney by certified mail, or upon transmission via facsimile to Respondent or Respondent's attorney, whichever is earliest.

SO ORDERED.

DATED: 7/11/01


WILLIAM P. DILLON, M.D.
Chair
State Board for Professional
Medical Conduct