



New York State Board for Professional Medical Conduct

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

Barbara A. DeBuono, M.D., M.P.H.
Commissioner of Health

Patrick F. Carone, M.D., M.P.H.
Chair
Ansel R. Marks, M.D., J.D.
Executive Secretary

September 3, 1998

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Hugh A. Wilkinson, M.D.
183 Evergreen Drive
Westbury, New York 11590

RE: License No. 139391

Dear Dr. Wilkinson:

Enclosed please find Modification Order #BPMC 97-180 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect **September 3, 1998.**

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 1315
Empire State Plaza
Albany, New York 12237

Sincerely,



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

Enclosure

cc: Melvin Duke, Esq.
828 Dean Street, Suite 2R
Brooklyn, New York 11238

Anthony M. Benigno, Esq.

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

-----X

IN THE MATTER : CONSENT
OF : AGREEMENT
HUGH A. WILKINSON, M.D. : AND ORDER
: BPMC # 97-180

-----X

STATE OF NEW YORK)
COUNTY OF)

HUGH A. WILKINSON, M.D., states:

That on or about August 9, 1979, I was licensed to practice as a physician in the State of New York, having been issued license number 139391 by the New York State Education Department.

My current address is 183 Evergreen Drive, Westbury, NY 11590 and I will advise the Director of the Office of Professional Medical Conduct of any change of my address.

I acknowledge receipt of a consent agreement and order effective on or before August 5, 1997 wherein I had agreed to the following penalty:

"Censure and Reprimand and 100 hours of community service. The community service must be medical in nature, and delivered in a facility or with an organization equipped to provide medical services and serving a needy or medically underserved population. A written proposal for community service must be submitted to, and is subject to the written approval of the Director of OPMC. Community service performed prior to written approval shall not be credited toward compliance with this Order."

I acknowledge that I have not submitted a proposal for community service pursuant to the general criteria previously remitted to me by the Office of Professional Medical Conduct (OPMC) nor have I received approval from the Director of OPMC to commence my community service.

I agree that as a condition of this Order, I will complete the aforementioned community service of 100 hours plus an additional fifty (50) hours of community service on or before July 1, 1999. I will also pay a fine of \$2,500.00 to the New York State Department of Health on or before October 1, 1998. Additionally, I agree that I will fully cooperate with and respond in a timely manner to requests from the Office of Professional Medical Conduct to provide written verification of my compliance with the terms of this Order.

These conditions shall be in effect beginning thirty days after the effective date of the Consent Order and continuing until the full term of the Order has run, and until any associated period of probation and all probation terms have been completed and satisfied. 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 that I am charged with professional misconduct in the future, this agreement and order shall be admitted into evidence in that proceeding.

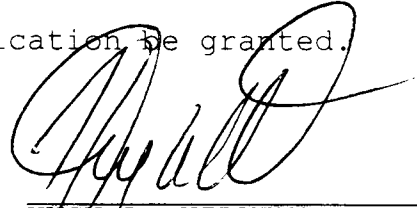
I hereby make this Application to the State Board for Professional Medical Conduct (the Board) and request that it be granted.

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 as of the date of the personal service of this order upon me, upon mailing of this order to me at the address set forth in this agreement or to my attorney by certified mail, 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.



AFFIRMED:

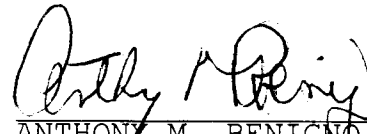
HUGH A. WILKINSON, M.D.
RESPONDENT

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

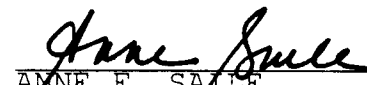
DATE: 8/14/98


MELVIN DUKE, ESQ.
Attorney for Respondent

DATE: 8/19/98


ANTHONY M. BENIGNO
ASSISTANT COUNSEL
Bureau of Professional
Medical Conduct

DATE: 8/21/98


ANNE F. SAILE
DIRECTOR
Office of Professional
Medical Conduct

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

-----X

IN THE MATTER :
OF : CONSENT
HUGH A. WILKINSON, M.D. : ORDER

-----X

Upon the proposed agreement of HUGH A. WILKINSON, 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 as of the date of the personal service of this order upon Respondent, upon mailing of this 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:

8/25/98



PATRICK F. CARONE, M.D., M.P.H.
Chairperson
State Board for Professional
Medical Conduct



New York State Board for Professional Medical Conduct

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

Barbara A. DeBuono, M.D., M.P.H.
Commissioner of Health

Patrick F. Carone, M.D., M.P.H.
Chair
Ansel R. Marks, M.D., J.D.
Executive Secretary

July 24, 1997

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Hugh A. Wilkinson, M.D.
836 New York Avenue
Brooklyn, New York 11203

RE: License No. 139391

Dear Dr. Wilkinson:

Enclosed please find Order #BPMC 97-180 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect upon receipt of this letter or seven (7) days after the date of this letter, whichever is earlier.

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

Sincerely,

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

Enclosure

cc: Robert Bogan, Esq.

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

-----X

IN THE MATTER : CONSENT
OF : AGREEMENT
HUGH A. WILKINSON, M.D. : AND ORDER
: BPMC # 97-180

-----X

HUGH A. WILKINSON, M.D., says:

On or about August 9, 1979, I was licensed to practice as a physician in the State of New York, having been issued license number 139391 by the New York State Education Department.

My current address is ^{536 New York Ave.} ~~632 Linden Blvd.~~, Brooklyn, New York 11203 and I will advise the Director of the Office of Professional Medical Conduct of any change of my address.

I understand that I have been charged with one specification of professional misconduct as set forth in the Statement of Charges, annexed hereto, made a part hereof, and marked as Exhibit A.

I admit guilt to the specification.

I hereby agree to the following penalty:

Censure and Reprimand and 100 hours of community service.

The community service must be medical in nature, and delivered in a facility or with an organization equipped to provide medical services and serving a needy or medically underserved population. A written proposal for community service must be submitted to, and is subject to the written approval of

the Director of OPMC. Community service performed prior to written approval shall not be credited toward compliance with this Order.


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

I agree that, as a condition of this Order, I will maintain current registration of my license with the New York State Education Department, Division of Professional Licensing Services, and pay all registration fees. This condition will remain in effect except during periods of actual suspension, if any, imposed by this Order. This condition shall be in effect beginning thirty days after the effective date of this Order and will continue until the full term of the Order has run, and until any associated period of probation and all probation terms have been completed and satisfied. I understand that any failure by me to comply with this condition shall constitute misconduct as defined by New York State Education Law §6530(29).

I understand that, in the event that the Board does not grant this application, 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 State Board for Professional Medical Conduct grants my application, an order of the Chairperson of the Board shall be issued in accordance with same.

I make this application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner.


HUGH A. WILKINSON, M.D.
RESPONDENT

Subscribed before me this
day of , 1997.

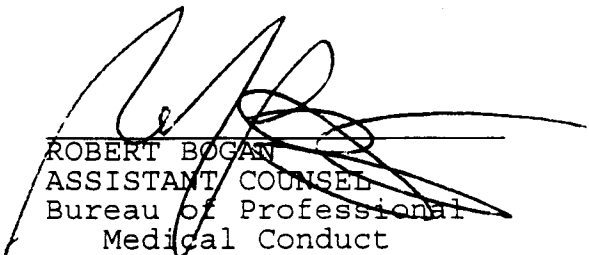
NOTARY PUBLIC

AGREED TO:


DATE: _____

_____, ESQ.
Attorney for Respondent

DATE: 11 July 1997


ROBERT BOGAN
ASSISTANT COUNSEL
Bureau of Professional
Medical Conduct

DATE: July 17, 1997


ANNE F. SAILE
DIRECTOR
Office of Professional
Medical Conduct

ORDER

Upon the proposed agreement of HUGH A. WILKINSON, M.D. (Respondent) for Consent Order, which proposed agreement is made a part hereof, it is AGREED TO and

ORDERED, that the proposed agreement and the provisions thereof are hereby adopted; and it is further

ORDERED, that this order shall take effect as of the date of the personal service of this order upon Respondent, upon receipt by Respondent of this order via certified mail, or seven days after mailing of this order by certified mail, whichever is earliest.

DATED:

July 23 1977

Patrick F. Carone, M.D., M.P.H.

PATRICK F. CARONE, M.D., M.P.H.
Chair
State Board for Professional
Medical Conduct

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

-----X

IN THE MATTER : STATEMENT
OF : OF
HUGH A. WILKINSON, M.D. : CHARGES

-----X

HUGH A. WILKINSON, M.D., the Respondent, was authorized to practice medicine in New York State on August 9, 1979, by the issuance of license number 139391 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. On or about March 11, 1995 in the United States District Court, Eastern District of New York, the Respondent entered a plea of guilty and was found guilty of one count of 26 U.S.C. §7203, Failure to File Income Tax, a misdemeanor, a crime.

SPECIFICATIONS

SPECIFICATION

Respondent is charged with professional misconduct under N.Y. Educ. Law §6530 (9) (a) (ii) (McKinney Supp. 1997) by reason of having been convicted of committing acts constituting crimes under Federal Law in that, Petitioner charges:

The facts in Paragraph A.

EXHIBIT A

DATED: *June 9*, 1997
Albany, New York

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