

# New York State Board for Professional Medical Conduct

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

Richard F. Daines, M.D. Commissioner NYS Department of Health

Keith W. Servis

Director

Office of Professional Medical Conduct

Public

Kendrick A. Sears, M.D. Chair

Michael A. Gonzalez, R.P.A. Vice Chair

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

July 26, 2007

## CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Celina Poy-Wing, M.D. 817 South University Drive Suite 100A Plantation, FL 33324

Re: License No. 144853

Dear Dr. Poy-Wing:

Enclosed is a copy of Order #BPMC 07-153 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect August 2, 2007.

If the penalty imposed by this Order is a surrender, revocation or suspension, you are required to deliver your license and registration within five (5) days of receipt of this Order and return it to the Office of Professional Medical Conduct, New York State Department of Health, 433 River Street, Suite 303, Troy, NY 12180-2299

Sincerely,

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

Executive Secretary

Board for Professional Medical Conduct

#### Enclosure

cc:

Anthony T. Leon, Esq.

Leon & Egan

16 Dodecanese Boulevard Tarpon Springs, FL 34689

NEW YORK STATE DEPARTMENT OF HEALTH STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT	
IN THE MATTER	CONSENT
OF	ORDER
CELINA POY-WING, M.D.	BPMC No. #07-153

Upon the application of (Respondent), **CELINA POY-WING, 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 Consent 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.

DATED: 7-25-07

KENDRICK A. SEARS, M.D.

Chair

State Board for Professional Medical Conduct

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

IN THE MATTER

CONSENT

**OF** 

**AGREEMENT** 

CELINA POY-WING, M.D. CO-06-10-5998-A

**AND ORDER** 

**CELINA POY-WING, M.D.**, representing that all of the following statements are true, deposes and says:

That on or about January 2, 1981, I was licensed to practice as a physician in the State of New York, and issued License No. 144853 by the New York State Education Department.

My current address is 817 South University Drive, Suite 100A, Plantation, FL 33324.

I understand that the New York State Board for Professional Medical Conduct (Board) has charged me with one (1) Specification of professional misconduct, based solely upon the State of Florida, Board of Medicine, October 16, 2006, Final Order, which resulted from a voluntary Settlement Agreement between the Florida Department of Health and myself which was approved by the Florida Board of Medicine.

A copy of the Statement of Charges, marked as Exhibit "A", is attached to and part of this Consent Agreement.

I have not practiced medicine in the State of New York in many years and I do not intend to return to the practice of medicine in the State of New York. I do not, therefore, contest the one (1) Specification, in full satisfaction of the charges against me, and agree, therefore, to the following penalty:

to never activate my registration to practice medicine in New York state or seek to reapply for a license to practice medicine in New York state.

I stipulate that my failure to comply with any conditions of this Consent Order shall constitute misconduct as defined by New York Education Law § 6530(29).

I understand that if the Board does not adopt this Consent Agreement, none of its terms ahalf 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 New York Public Health Law.

I agree that, if the Board adopte this Consent Agreement, the Chair of the Board shall issue a Consent Order in accordance with its terms. I agree that this Consent 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 cartified mail, or upon facsimile transmission to me or my attorney, whichever is first. The Consent Order, this agreement, and all attached Exhibits shall be public documents, with only patient identities, if any, reducted. As public documents, they may be posted on the Dapartment's website.

I elipulate that the proposed exection and Consent Order are authorized by New York Public Health Law §§ 230 and 230-s, and that the Board and OPNIC 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 marits, I knowingly waive my right to contest the Consent Order for which I apply, whather administratively or judicially, I agree to be bound by the Consent Order, and I ask that the Board adopt this Consent Agreement.

I understand and agree that the attorney for the Department, the Director of OPMC and the Chair of the Board each retain complete discretion either to enter into the proposed agreement and Consent 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.

AFFIRMED:

DATED.

CELINA POY-WING M.D

Respondent

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

DATE: 7/18/07

ANTHONY/T.LEON

DATE. 18504 DET?

ROBERT BOGAN
Associate Counsel
Bureau of Prolessional Medical Cooduct

DATE: 7/23/17

KETH W. BERVIS

Office of Professional Medical Conduct

STATE OF NEW YORK

**DEPARTMENT OF HEALTH** 

STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER

**STATEMENT** 

**OF** 

OF

CELINA POY-WING, M.D. CO-06-10-5998-A

**CHARGES** 

CELINA POY-WING, M.D., Respondent, was authorized to practice medicine in New York state on January 2, 1981, by the issuance of license number 144853 by the New York State Education Department.

## FACTUAL ALLEGATIONS

- A. On or about October 16, 2006, the State of Florida, Board of Medicine (hereinafter "Florida Board"), by a Final Order (hereinafter "Florida Order"), required Respondent to pay a \$10,000.00 administrative fine and \$2,091.87 costs, required her to complete fifty (50) hours of community service, to undergo a Quality Assurance Consultation/Risk Management Assessment, and issued her a Reprimand, based on failing to practice medicine with that level of care, skill, and treatment which is recognized by a reasonably prudent physician as being acceptable under similar conditions and circumstances.
- B. The conduct resulting in the Florida Board disciplinary action against Respondent would constitute misconduct under the laws of New York state, pursuant to the following sections of New York state Law:
  - 1. New York Education Law §6530(4) (gross negligence); and/or
- 2. New York Education Law §6530(32) (failure to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient).

### **SPECIFICATION**

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

1. The facts in Paragraphs A and/or B.

DATED: **2007** Albany, New York

PETER D. VAN BUREN

**Deputy Counsel** 

**Bureau of Professional Medical Conduct**