



***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*

PUBLIC

December 24, 2004

***CERTIFIED MAIL-RETURN RECEIPT REQUESTED***

David Hosten, M.D.  
2035 Ralph Avenue  
Brooklyn, NY 11234

RE: License No. 148247

Dear Dr. Hosten:

Enclosed please find Order #BPMC 04-303 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect December 31, 2004.

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 or receipt of the of the Order to:

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 over a rectangular stamp area.

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

Executive Secretary

Board for Professional Medical Conduct

cc: Denise L. Quarles, Esq.  
Quarles & Associates  
405 Lexington Avenue, Suite 2600  
New York, NY 10174

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

IN THE MATTER  
OF  
DAVID HOSTEN, M.D.

CONSENT  
ORDER

BPMC No. 04-303

Upon the application of (Respondent) DAVID HOSTEN, 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 SO ORDERED, 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.

DATED: 12-24-2004

  
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  
DAVID HOSTEN, M.D.**

**CONSENT  
AGREEMENT  
AND  
ORDER**

DAVID HOSTEN, M.D., representing that all of the following statements are true, deposes and says:

That on or about October 30, 1981, I was licensed to practice as a physician in the State of New York, and issued License No.148247 by the New York State Education Department.

My current address is 2035 Ralph Avenue, Brooklyn, NY 12234, 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 one specification of professional misconduct.

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

I do not contest the Specification, in full satisfaction of the charges against me, and agree to the following penalty:

- Pursuant to §230-a(1) I shall be subject to a Censure and Reprimand.
- Pursuant to §230-a(7) and (9) of the Public Health Law, I shall be subject to a fine in the amount of \$5,000.00, to be paid in full within 12 months 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 the Consent Order shall impose the following conditions:

That Respondent shall maintain active registration of his license with the New York State Education Department Division of Professional Licensing Services (except during periods of actual suspension), and shall pay all registration fees. This condition shall take effect thirty (30) days after the Consent Order's effective date and will continue so long as Respondent remains licensed in New York State; and

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.

Respondent's failure to pay any monetary penalty by the prescribed date shall subject Respondent to all provisions

of law relating to debt collection by New York State, including but not limited to: the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection; and non-renewal of permits or licenses [Tax Law section 171(27)]; State Finance Law section 18; CPLR section 5001; Executive Law section 32].

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.

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.

DATED 12/8/07


  
\_\_\_\_\_  
DAVID HOSTEN, M.D.  
RESPONDENT

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

DATE: 12/08/04

  
DENISE L. QUARLES, ESQ.  
Attorney for Respondent

DATE: December 15, 2004

  
MARCIA E. KAPLAN  
Associate Counsel  
Bureau of Professional Medical Conduct

DATE: December 22, 2004

  
DENNIS J. GRAZIANO  
Director  
Office of Professional Medical Conduct



EXHIBIT "A"

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

IN THE MATTER  
OF  
DAVID HOSTEN, M.D.

STATEMENT  
OF  
CHARGES

DAVID HOSTEN, M.D., the Respondent, was authorized to practice medicine in New York State on or about October 30, 1981, by the issuance of license number by the New York State Education Department.

**FACTUAL ALLEGATIONS**

- A. At times during the years 2001 and 2002, Respondent delegated medical responsibilities to Individual A (identified in Appendix A), a medical school graduate without license to practice medicine in the state of New York, at Respondent's Medical Office located at 5205 Church Avenue, Brooklyn, NY.

**SPECIFICATION OF CHARGES**

**DELEGATING PROFESSIONAL RESPONSIBILITIES**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(25) by delegating professional responsibilities to a person when the licensee delegating such responsibilities knows or has reason to know that such person is not qualified, by training, by experience, or by licensure, to perform them, as alleged in the facts of:

1. Paragraph A.

DATED: December 9, 2004  
New York, New York



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Roy Nemerson  
Deputy Counsel  
Bureau of Professional Medical Conduct