



***New York State Board for Professional Medical Conduct***

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

Antonia C. Novello, M.D., M.P.H., Dr.P.H.  
*Commissioner*  
*NYS Department of Health*  
Dennis P. Whalen  
*Executive Deputy Commissioner*  
*NYS Department of Health*  
Anne F. Saile, Director  
*Office of Professional Medical Conduct*

William P. Dillon, M.D.  
*Chair*

Denise M. Bolan, R.P.A.  
*Vice Chair*

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

October 30, 2000

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

Yaw Aaron Ntiri, M.D.  
374 Old Bridge Road  
East Northport, NY 11731

RE: License No. 152120

Dear Dr. Ntiri:

Enclosed please find Order #BPMC 00-292 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect October 30, 2000.

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 to 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: Irving Gingold, Esq.  
36 Oak Lane  
Roslyn Heights, NY 11577

Daniel Guenzburger, Esq.

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

IN THE MATTER  
OF  
YAW AARON NTIRI, M.D.

CONSENT  
ORDER

BPMC NO. 00-292


Upon the proposed agreement of YAW AARON NTIRI, 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: 10/24/00

  
WILLIAM P. DILLON, 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  
YAW AARON NTIRI, M.D.**

**CONSENT  
AGREEMENT  
AND  
ORDER**

STATE OF NEW YORK )  
COUNTY OF NASSAU) ss.:

YAW AARON NTIRI, M.D., (Respondent) being duly sworn, deposes and says:

That on or about October 28, 1982 I was licensed to practice as a physician in the State of New York, having been issued License No. 152120 by the New York State Education Department.

My current address is 374 Old Bridge Road, Northport, New York 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 four 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 specifications of misconduct, in full satisfaction of the charges against me. I hereby agree to the following penalty:

One year stayed suspension, three years probation pursuant to the terms annexed hereto as Exhibit B, and 40 hours of community service to be performed within one year of the effective date of this order.



I further agree that the Consent Order for which I hereby apply shall impose the following conditions:

That, except during periods of actual suspension, Respondent shall maintain active registration of Respondent's license with the New York State Education Department Division of Professional Licensing Services, and pay all registration fees. This condition shall be in effect beginning thirty days after the effective date of the Consent Order and will continue while the licensee possesses his/her license; and

That Respondent shall fully cooperate in every respect with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Order and in its investigation of all matters regarding Respondent.

Respondent shall respond in a timely manner to each and every request by OPMC to provide written periodic verification of Respondent's compliance with the terms of this Order. Respondent shall meet with a person designated by the Director of OPMC as directed. Respondent shall respond promptly and provide any and all documents and information within Respondent's control upon the direction of OPMC. This condition shall be in effect beginning upon the effective date of the Consent Order and will continue while the licensee possesses his/her license.

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.

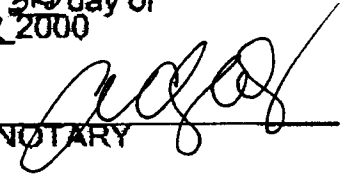
I agree that, in the event the Board grants my Application, as set forth herein, an order of the Chairperson of the Board shall be issued in accordance with same. I agree that such order shall be effective upon issuance by the Board which may be accomplished by mailing, by first class mail, a copy of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

  
YAW AARON NTIRI, M.D.  
RESPONDENT

DATED 10/3/2000

Sworn to before me  
on this 3<sup>RD</sup> day of  
OCTOBER 2000

  
NOTARY


ADAM M. WRIGHT  
Notary Public, State of New York  
No. 02VVR5031413  
Qualified in Nassau County 2002  
Commission Expires August 1, 2002

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

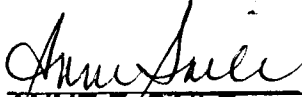
DATE: 10/10/2000

  
IRVING GINGOLD, ESQ.  
Attorney for Respondent

DATE: 10/12/2000

  
DANIEL GUENZBURGER  
Associate Counsel  
Bureau of Professional  
Medical Conduct

DATE: October 19, 2000

  
ANNE F. SAILE  
Director  
Office of Professional  
Medical Conduct

SEP-19-2000 22:56

NYS HEALTH DEPT DLA NYC

212 268 6735 P.08/13

"EXHIBIT A"



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

IN THE MATTER  
OF  
YAW AARON NTIRI, M.D.

STATEMENT  
OF  
CHARGES

YAW AARON NTIRI, M.D., the Respondent, was authorized to practice medicine in New York State on or about October 28, 1982 by the issuance of license number 152120 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

- A. On or about March 16, 1998, respondent submitted an application for appointment to the medical staff of Staten Island University Hospital, Staten Island New York, in which he:
1. Knowingly and falsely represented that he had never voluntarily or involuntarily had his clinical privileges denied, revoked, suspended, relinquished or withdrawn, when, in fact, he knew that on or about December 10, 1990, Brookhaven Memorial Hospital Medical Center, East Patchogue, New York ("Brookhaven") had terminated his privileges and that the Keller

Army Community Hospital, West Point, New York, had suspended and then revoked his clinical privileges in or about May, 1992. Respondent intended to mislead.

2. Failed to disclose, with intent to deceive, that he had been excluded from the Medicaid program in 1990.

### **SPECIFICATION OF CHARGES**

#### **FIRST THROUGH SECOND SPECIFICATIONS**

#### **FRAUDULENT PRACTICE**

Respondent is charged with committing professional misconduct as defined by N.Y. Educ. Law §6530(2)(McKinney Supp. 2000) by practicing the profession of medicine fraudulently as alleged in the facts of the following:

1. Paragraphs A and A1.
2. Paragraphs A and A2.

#### **THIRD AND FOURTH SPECIFICATIONS**

**FALSE REPORTS**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(21)(McKinney Supp. 2000) 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:

3. Paragraphs A and A1.
4. Paragraphs A and A2.

DATED: September , 2000  
New York, New York

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ROY NEMERSON  
Deputy Counsel  
Bureau of Professional  
Medical Conduct

## EXHIBIT "B"

### Terms of Probation

1. Respondent shall conduct himself/herself in all ways in a manner befitting his/her professional status, and shall conform fully to the moral and professional standards of conduct and obligations imposed by law and by his/her profession.
2. Respondent shall submit written notification to the New York State Department of Health addressed to the Director of the Office of Professional Medical Conduct, New York State Department of Health, 433 River Street, Suite 303, Troy, NY 12180-2299; said notice is to include a full description of any employment and practice, professional and residential addresses and telephone numbers within or without New York State, and any and all investigations, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility, within thirty days of each action.
3. Any civil penalty not paid by the date prescribed herein shall be subject to all provisions of law relating to debt collection by New York State. This includes but is 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].
4. The period of probation shall be tolled during periods in which Respondent is not engaged in the active practice of medicine in New York State. Respondent shall notify the Director of OPMC, in writing, if Respondent is not currently engaged in or intends to leave the active practice of medicine in New York State for a period of thirty (30) consecutive days or more. Respondent shall then notify the Director again prior to any change in that status. The period of probation shall resume and any terms of probation which were not fulfilled shall be fulfilled upon Respondent's return to practice in New York State.
5. Respondent's professional performance may be reviewed by the Director of OPMC. This review may include, but shall not be limited to, a review of office records, patient records and/or hospital charts, interviews with or periodic visits with Respondent and his/her staff at practice locations or OPMC offices.
6. Respondent shall maintain legible and complete medical records which accurately reflect the evaluation and treatment of patients. The medical records shall contain all information required by State rules and regulations regarding controlled substances.
7. Respondent shall comply with all terms, conditions, restrictions, limitations and penalties to which he or she is subject pursuant to the Order and shall assume and bear all costs related to compliance. Upon receipt of evidence of noncompliance with, or any violation of these terms, the Director of OPMC and/or the Board may initiate a violation of probation proceeding and/or any such other proceeding against Respondent as may be authorized pursuant to the law.