



Board for Professional Medical Conduct

Corning Tower • Empire State Plaza • Albany, NY 12237 • (518) 474-8357

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

C. Maynard Guest, M.D.
Executive Secretary

April 18, 1995

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Robert W. Schorschinsky, Jr., M.D.
c/o William E. Marino, Esq.
William E. Marino & Associates
901 North Broadway
White Plains, New York 10603

RE: License No. 164195
Effective Date: 04/25/95

Dear Dr. Schorschinsky:

Enclosed please find Order #BPMC 95-90 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
Empire State Plaza
Tower Building-Room 438
Albany, New York 12237-0756

Sincerely,

C. Maynard Guest, M.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: William E. Marino, Esq.
901 North Broadway
White Plains, New York 10603

Roy Nemerson, Esq.

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

IN THE MATTER
OF
ROBERT W. SCHORSCHINSKY Jr., M.D.

MODIFICATION
ORDER
BPMC #95-90

Upon the Application of ROBERT W. SCHORSCHINSKY, Jr., M.D. (Respondent) to Modify Prior Consent Order, which application is made a part hereof, it is

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

ORDERED, that the name of Respondent be stricken from the roster of physicians in the State of New York; 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.

SO ORDERED,

DATED: 12 April 1995

Charles J. Vacanti

Charles J. Vacanti, M.D.
Chairperson
State Board for Professional
Medical Conduct

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

IN THE MATTER
OF
ROBERT W. SCHORSCHINSKY, Jr., M.D.

APPLICATION TO
MODIFY PRIOR
CONSENT ORDER

STATE OF NEW YORK)
COUNTY OF) ss.:

ROBERT W. SCHORSCHINSKY, Jr., M.D., being duly sworn, deposes and says:

That on or about September 16, 1985, I was licensed to practice as a physician in the State of New York, having been issued License No. 164195 by the New York State Education Department.

My current mailing address is c/o William E. Mariano, Esq., William E. Mariano & Associates, 901 North Broadway, White Plains, New York 10603.

I am currently subject to Order no. 12202 of the Commissioner of the New York State Education Department (Attachment I) (henceforth "Original Order"), which was issued upon an Application For Consent Order signed by me on March 22, 1991 (henceforth "3/21/91 Application"), adopted by the Original Order. I hereby apply to the State Board for Professional Medical Conduct for an Order (henceforth "Modification Order"), replacing the Original Order, as follows:

I am applying to the State Board for Professional Medical Conduct for permission to surrender my license as a physician in the State of New York on the grounds that I maintain the same plea, that of *no contest*, to the charges contained in Exhibit "^A~~B~~", attached to the original Order and 3/21/91 Application, in full satisfaction of that Statement of Charges, with said *surrender* to supersede and replace all

sanctions, terms, and conditions imposed by the Original Order. I agree that, in the event the State Board for Professional Medical Conduct grants my application, The attached Modification Order shall be issued striking my name from the roster of physicians in the State of New York without further notice to me.

I hereby make this Application to the State Board for Professional Medical Conduct (the Board) and request that it be granted by execution, by the Chairperson of the State Board for Professional Medical Conduct, of the attached Modification Order.

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 Board's granting of this Application to Modify Prior Consent Order, I fully, freely, and with the advice of Counsel, waive any right I may have to appeal or otherwise challenge the validity of the said Modification Order. I likewise waive my right to have this Application reviewed for approval or rejection by the Board of Regents of the State of New York, as provided by NY Educ Law §§6509 - 6511 and regulations thereunder, which were in effect at the initiation of the proceeding underlying this Application. I request that, and consent to, the consideration and granting of this Application by the State Board for Professional Medical Conduct, as provided by NY Public Health Law §230, the regulations thereunder, and Ch. 606 of the Laws of 1991, §32.


ROBERT W. SCHORSCHINSKY, Jr., M.D.
RESPONDENT

Sworn to before me this

3 day of April, 1995


NOTARY PUBLIC

BEVERLY A. CAISSE, Notary Public
My Commission Expires May 18, 1999

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

IN THE MATTER
OF
ROBERT W. SCHORSCHINSKY, M.D.

APPLICATION TO
MODIFY PRIOR
CONSENT ORDER

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

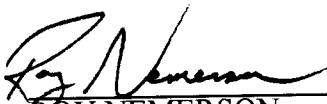
DATE: 4/2/95


ROBERT W. SCHORSCHINSKY, Jr., M.D.
Respondent

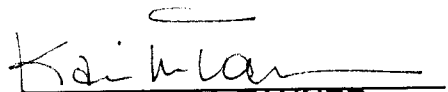
DATE: _____

WILLIAM E. MARIANO, ESQ.
Attorney for Respondent

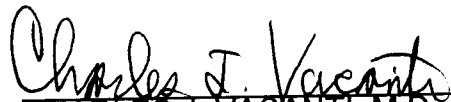
DATE: 4/6/95

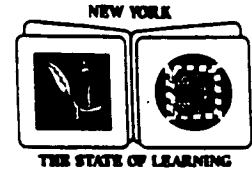

ROY NEMERSON
Deputy Counsel
Bureau of Professional
Medical Conduct

DATE: April 11, 1995


KATHLEEN M. TANNER
Director
Office of Professional Medical
Conduct

DATE: 12 April 1995


CHARLES J. VACANTI, M.D.
Chairperson
State Board for Professional



THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, N.Y. 12234

OFFICE OF PROFESSIONAL DISCIPLINE
ONE PARK AVENUE, NEW YORK, NEW YORK 10016-5802

July 31, 1991

Robert W. Schorschinsky, Physician
23 Mansfield Drive
Massapequa Park, N.Y. 11782

Re: License No. 164195

Dear Dr. Schorschinsky:

Enclosed please find Commissioner's Order No. 12202. This Order goes into effect five (5) days after the date of this letter.

If the penalty imposed by the Order in your case is a revocation, surrender, or a actual suspension (suspension which is not wholly stayed) of your license, you must deliver your license and registration to this Department within ten (10) days after the date of this letter. Your penalty goes into effect five (5) days after the date of this letter even if you fail to meet the time requirement of delivering your license and registration to this Department.

If the penalty imposed by the Order in your case is a revocation or a surrender of your license, you may, pursuant to Rule 24.7 (b) of the Rules of the Board of Regents, a copy of which is attached, apply for restoration of your license after one year has elapsed from the effective date of the Order and the penalty; but said application is not granted automatically.

Very truly yours,

DANIEL J. KELLEHER
Director of Investigations

By:

GUSTAVE MARTINE
Supervisor

DJK/GM/er

CERTIFIED MAIL - RRR

cc: Amy Kulb, Esq.
Jacobson & Goldberg
585 Stewart Avenue
Garden City, N.Y. 11530

ATTACHMENT I

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

ORIGINAL

IN THE MATTER : APPLICATION
OF : FOR
ROBERT W. SCHORSCHINSKY, JR., D.O. : CONSENT
: ORDER

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

ROBERT W. SCHORSCHINSKY, JR., D.O., being duly sworn,
deposes and says:

That on or about September 16, 1985 I was licensed to
practice as a physician in the State of New York, having been
issued License No. 164195 by the New York State Education
Department.

I am currently registered with the New York State
Education Department to practice as a physician in the State of
New York for the period January 1, 1989 through December 31,
1991 from 23 Mansfield Drive, Massapequa Park, New York 11782.

I understand that the New York State Board of Professional
Medical Conduct has charged me with one Specification of
professional misconduct.

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

ROBERT W. SCHORSCHINSKY, JR., D.O.

I hereby plead no contest to the Specification of professional misconduct set forth in the Statement of Charges.

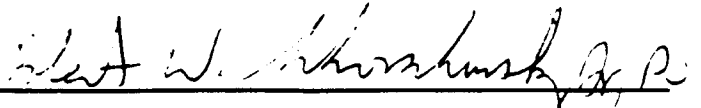
I hereby agree to the penalty: Censure and Reprimand and a term of probation to last for as long as I am licensed as a physician to practice medicine in the State of New York. The terms and conditions of probation will be governed by the "Terms of Probation" annexed hereto, made a part hereof, and marked as Exhibit "B".

I hereby make this application to the Board of Regents and request that it be granted.

I understand that, in the event that this application is not granted by the Board of Regents, 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 of Regents shall be made without prejudice to the continuance of any disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

I agree that, in the event the Board of Regents grants my application, as set forth herein, an order of the Commissioner of Education may be issued in accordance with same.

No promises of any kind were made to me. I am making this application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner.



ROBERT W. SCHORSCHINSKY, JR., D.O.
Respondent

Sworn to before me this
22 day of March, 1991.



NOTARY PUBLIC

JOAN SATTERMAN
Notary Public, State of New York
No. 004073
County of Madison County
Commission Expires 04/15/92

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

IN THE MATTER : APPLICATION
OF : FOR
ROBERT W. SCHORSCHINSKY, JR., D.O. : CONSENT
: ORDER

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

Date: 3/21/91

Robert W. Schorschinsky, Jr.
ROBERT W. SCHORSCHINSKY, JR., D.O.
Respondent

Date: 3/21/91

Amy T. Kulb
AMY T. KULB, ESQ.
Attorney for Respondent

Date: 5/31/99

James E. Sullivan
MEMBER, State Board for
Professional Medical Conduct

Date: May 23, 1991

Kathleen M. Tanner
KATHLEEN M. TANNER
Director, Office of Professional
Medical Conduct

ROBERT W. SCHORSCHINSKY, JR., D.O.

The undersigned has reviewed and agrees to the attached application for consent order.

Date:

5/14/91

Alfred Gellhorn

ALFRED GELLHORN, M.D.
Director of Medical Affairs
New York State
Department of Health

The undersigned, a member of the Board of Regents who has been designated by the Chairman of the Regents Committee on Professional Discipline to review this Application for a Consent Order, has reviewed said application and recommends to the Board of Regents that the application be granted.

Date:

7/10/91

J. Edward Byrne

MEMBER OF THE BOARD OF REGENTS

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

-----X
IN THE MATTER : STATEMENT
OF : OF
ROBERT W. SCHORSCHINSKY, JR., D.O. : CHARGES
-----X

ROBERT W. SCHORSCHINSKY, JR., D.O., the Respondent, was authorized to practice medicine in New York State on September 16, 1985 by the issuance of license number 164195 by the New York State Education Department. The Respondent is currently registered with the New York State Education Department to practice medicine for the period January 1, 1989 through December 31, 1991 from 23 Mansfield Drive, Massapequa Park, New York 11782.

FACTUAL ALLEGATIONS

A. In or about 1988, Respondent was medically discharged from the armed forces as a result of his inability to function as an independent physician. Respondent's incapacity to function resulted from severe closed head injuries including multiple areas of brain contusions, a subdural hematoma of the left occipital parietal area, diffuse basilar skull fractures, and a right linear skull fracture, incurred in an automobile accident on or about September 9, 1986. Upon evaluation by the U.S. Army,

EXHIBIT A

on or about April 12, 1988, Respondent evidenced significant deficits in executive function and possibly in long term learning ability, including deficits in the areas of mental processing speed and efficiency, memory, new learning ability, language functions, and executive function. Upon neuropsychological evaluation in or about January, 1990, Respondent evidenced multiple neuropsychological deficits across cognitive areas, suggestive of multifocal, bilateral brain dysfunction. Upon evaluation on or about April 25, 1990, Respondent evidenced unequivocal neuropsychological disability of a moderate severity.

B. Beginning about September 9, 1986, and continuing through the present, Respondent has suffered from neuropsychological disability which impaired and continue to impair his ability to practice medicine. Respondent has practiced medicine while impaired by neuropsychological disability as follows:

1. From on or about July 7, 1988 through on or about June 6, 1989, Respondent practiced medicine at Massapequa General Hospital, 750 Hicksville Road, Seaford, New York.
2. From on or about June, 1989, through September 9, 1989, Respondent practiced medicine at Booth Memorial Hospital, Main Street and Booth Memorial Avenue, Flushing, New York.
3. From on or about November 1, 1989 through December 31, 1989, Respondent practiced medicine at Suffolk Urgent Care, 3227 Long Beach Road, Oceanside; 399 Fort Salonga Road, Northport; and 2701 Sunrise Highway, Islip Terrace, New York.

4. From on or about February 7, 1990 through February 11, 1990, Respondent practiced medicine at a general family practice located at 900 Straight Path Road, West Babylon, New York.

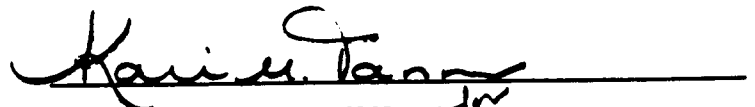
5. From on or about October 1989 through the present, Respondent has been practicing medicine at New York Diagnostic Center, 146 Manetto Hill Road, Plainview, New York 11803.

SPECIFICATION OF CHARGES

PRACTICING WHILE IMPAIRED BY PHYSICAL AND/OR MENTAL DISABILITY

Respondent is charged with committing professional misconduct as defined by N.Y. Educ. Law Section 6509(3) (McKinney 1985), by practicing the profession while his ability to practice is impaired by physical and/or mental disability, in that Petitioner charges the facts in paragraphs A, B and B1 through B5.

DATED: New York, New York
October , 1990



CHIRS STERN HYMAN
Counsel
Bureau of Professional Medical
Conduct

TERMS OF PROBATION

A. Respondent shall make quarterly visits to an employee of and selected by the Office of Professional Medical Conduct of the New York State Department of Health, for the purpose of determining whether Respondent is in compliance with the following terms and conditions of probation:

1. Respondent, during the period of probation, shall conduct himself in all ways in a manner befitting his professional status, and shall conform fully to the moral and professional standards of conduct imposed by law and by his profession;
2. Respondent shall submit written notification to the New York State Department of Health (NYSDOH), addressed to the Director, Office of Professional Medical Conduct, New York State Department of Health, Empire State Plaza, Tower Building, Albany, New York 12237, of any employment and/or practice, respondent's residence, telephone number, or mailing address, and of any change in Respondent's employment, practice, residence, telephone number of mailing address within or without the State of New York;
3. Respondent shall submit written proof from the Division of Professional Licensing Services (DPLS), New York State Education Department (NYSED), that Respondent has paid all registration fees due and owing to the NYSED and Respondent shall cooperate with and submit whatever papers are requested by DPLS in regard to said registration fees, said proof from DPLS to be submitted by Respondent to the Director, Office of Professional Medical Conduct as aforesaid no later than the first three months of the period of probation;
4. Respondent shall submit written proof to the NYSDOH, addressed to the Director, Office of Professional Medical Conduct, as aforesaid that, 1) Respondent is currently registered with the NYSED, unless Respondent submits written proof that Respondent has advised DPLS, NYSED, that Respondent is not engaging in the practice of Respondent's profession in the State of New York and does not desire to register, and that 2) Respondent has paid any fines which may have previously been imposed upon Respondent by the Board of Regents; said proof

ROBERT W. SCHORSCHINSKY, JR., D.O.

of the above to be submitted no later than the first two months of the period of Probation;

5. Respondent, who is presently employed by the Metropolitan Jewish Geriatric Center, 4915 Tenth Avenue, Brooklyn, New York, shall not change the location and/or conditions of his employment, nor shall he practice medicine in any setting, without the prior approval of the Director, Office of Professional Medical Conduct.
6. Respondent shall only practice as a physician in a supervised setting under the supervision of a licensed physician, said supervising physician to be selected by Respondent and previously approved, in writing, by the Director of the Office of Professional Medical Conduct.
 - (i) Said supervising physician shall have the power to temporarily delegate his responsibilities to supervise Respondent, in his absence, to another licensed physician with similar access to Respondent's daily responsibilities at the Metropolitan Jewish Geriatric Center, subject to prior written approval by the Director, Office of Professional Medical Conduct;
 - (ii) Said supervising physician and/or alternate supervising physician shall be familiar with Respondent's medical history and with these terms of probation. Said supervising physician and/or alternate supervising physician shall be in a position regularly to observe and assess Respondent's care and treatment of patients.
 - (iii) Said supervising physician shall be available and willing to provide consultation to Respondent on clinical issues;
 - (iv) Said supervising physician, shall be available and willing to provide guidance and assistance to Respondent on emergency situations related to patient care;

ROBERT W. SCHORSCHINSKY, JR., D.O.

(v) Said supervising physician shall regularly review the medical records of patients treated by Respondent;

(vi) Said supervising physician shall monitor Respondent's prescribing practices, including but not limited to, the appropriate prescription of medications and dosages.

(vii) Said supervising physician shall meet regularly with Respondent for the purpose of discussion and review of Respondent's patient charts, prescribing practices, and medical practice;

(viii) Said supervising physician and said alternate supervising physician, shall acknowledge his/her willingness to comply with the supervision by executing the acknowledgement provided by the Office of Professional Medical Conduct;

(ix) Respondent shall be subject to random selections and reviews by said supervising physician and/or alternate supervising physician of Respondent's patient records in regard to Respondent's practice and prescription of medications. Respondent shall also be required to make such records available to said supervising physicians at any time requested by said supervising physician and/or alternate supervising physician;

(x) Said supervising physician shall submit a report to the Director, Office of Professional Medical Conduct, every three months regarding the quality of Respondent's medical practice. Provided, however, that said supervising physician shall immediately report to the Director, Office of Professional Medical Conduct, any changes in Respondent's level of performance, any incidents, problems, errors, or lapses related to his medical practice or prescription of medications, treatment of patients, any unexplained absences from work, and failure to comply with each condition described herein;

ROBERT W. SCHORSCHINSKY, JR., D.O.

(xi) Respondent shall obtain a successor supervising licensed physician, subject to the approval of the Director, Office of Professional Medical Conduct, within seven days of Respondent's becoming aware that the supervising physician will no longer serve in that capacity;

7. Respondent will undergo treatment at Transitions of Long Island, 1554 Northern Boulevard, Manhasset, New York 11030, for the purpose of achieving maximum cognitive remediation, or at a successor program, specializing in the care and rehabilitation of head trauma and/or neuropsychological injuries, approved by the Director, Office of Professional Medical Conduct; treatment will continue for as long as deemed necessary by Transitions of Long Island or an approved successor program;

(i) Respondent's treating health care professional or program shall submit a report every three months to the Director, Office of Professional Medical Conduct, certifying that Respondent is complying with treatment and describing in detail any failure to comply;

(ii) Said treating health care professional or program shall report to the Office of Professional Medical Conduct immediately any discontinuation of treatment by Respondent;

(iii) Said treating health care professional or program shall acknowledge his/her/its willingness to comply with the above-mentioned reporting by executing the acknowledgement form provided by the Office of Professional Medical Conduct;

ROBERT W. SCHORSCHINSKY, JR., D.O.

8. Respondent shall undergo a neuropsychological evaluation, once a year, to be performed by Dr. Richard Kovner, Center for Neuropsychological Services, North Shore University Hospital, 300 Community Drive, Manhasset, New York 11030, or a successor neuropsychologist to be approved by the Director, Office of Professional Medical Conduct; the health care professional who performs said evaluation shall submit a written report setting forth findings, summary, conclusions, and prognosis to the Director, Office of Professional Medical Conduct, on a yearly basis;
9. Either Respondent or the Office of Professional Medical Conduct, at any time after service of the order of the Commissioner of Education, may make an application to the Board of Regents for reconsideration of these Terms of Probation, provided there is a showing that circumstances have occurred subsequent to the issuance of the original order which warrant a reconsideration of these Terms of Probation pursuant to 8 NYCRR Section 3.3(f); and
10. So long as there is full compliance with every term herein set forth, Respondent may continue to practice his profession in accordance with these terms of probation; provided, however, that if the Director of the Office of Professional Medical Conduct determines that Respondent may have violated these terms of probation, the Department of Health may initiate a violation of probation proceeding and/or such other proceedings that may be initiated pursuant to the Education Law, Public Health Law, and/or the Rules of the Board of Regents of the State of New York. If the Board of Regents determines that Respondent has violated any term or condition of probation, they may impose any additional penalty authorized pursuant to New York Educ. Law Section 6511.



The University of the State of New York

IN THE MATTER

OF

ROBERT W. SCHORSCHINSKY, JR., D.O.

ORIGINAL
VOTE AND ORDER
NO. 12202

Upon the application of ROBERT W. SCHORSCHINSKY, JR., D.O., under Calendar No. 12202, which application is made a part hereof, and in accordance with the provisions of Title VIII of the Education Law, it was

VOTED (July 26, 1991): That the application of ROBERT W. SCHORSCHINSKY, JR., D.O., respondent, for a consent order be granted; and that the Commissioner of Education be empowered to execute, for and on behalf of the Board of Regents, all orders necessary to carry out the provisions of this vote;

and it is

ORDERED: That, pursuant to the above vote of the Board of Regents, said vote and the provisions thereof as well as the application and the provisions thereof are hereby adopted and SO ORDERED, and it is further

ORDERED that this order shall take effect as of the date of the personal service of this order upon the respondent or five days after mailing by certified mail.

ROBERT W. SCHORSCHINSKY, JR., D.O. (12202)



IN WITNESS WHEREOF, I, Thomas Sobol,
Commissioner of Education of the State of
New York, for and on behalf of the State
Education Department and the Board of
Regents, do hereunto set my hand and affix
the seal of the State Education Department,
at the City of Albany, this 26th day of

July, 1991.
Thomas Sobol

Commissioner of Education

**ORDER OF THE COMMISSIONER OF
EDUCATION OF THE STATE OF NEW YORK**

ROBERT W. SCHORSCHINSKY, JR., D.O.

CALENDAR NO. 12202

**ORDER OF THE COMMISSIONER OF
EDUCATION OF THE STATE OF NEW YORK**

ROBERT W. SCHORSCHINSKY, JR., D.O.

CALENDAR NO. 12202



The University of the State of New York

IN THE MATTER

OF

ROBERT W. SCHORSCHINSKY, JR., D.O.

ORIGINAL
VOTE AND ORDER
NO. 12202

Upon the application of ROBERT W. SCHORSCHINSKY, JR., D.O., under Calendar No. 12202, which application is made a part hereof, and in accordance with the provisions of Title VIII of the Education Law, it was

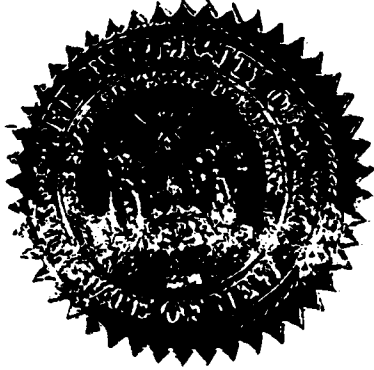
VOTED (July 26, 1991): That the application of ROBERT W. SCHORSCHINSKY, JR., D.O., respondent, for a consent order be granted; and that the Commissioner of Education be empowered to execute, for and on behalf of the Board of Regents, all orders necessary to carry out the provisions of this vote;

and it is

ORDERED: That, pursuant to the above vote of the Board of Regents, said vote and the provisions thereof as well as the application and the provisions thereof are hereby adopted and **SO ORDERED**, and it is further

ORDERED that this order shall take effect as of the date of the personal service of this order upon the respondent or five days after mailing by certified mail.

ROBERT W. SCHORSCHINSKY, JR., D.O. (12202)



IN WITNESS WHEREOF, I, Thomas Sobol,
Commissioner of Education of the State of
New York, for and on behalf of the State
Education Department and the Board of
Regents, do hereunto set my hand and affix
the seal of the State Education Department,
at the City of Albany, this 26th day of

July, 1991.
Thomas Sobol

Commissioner of Education