### 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 11, 1998

### CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Robert Lee Allen, M.D. 325 Woodcreek Lane Fayetteville, Georgia 30215

RE:

License No. 193998

Dear Dr. Allen:

Enclosed please find Modification Order #BPMC 96-120 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect **September 18, 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

Sincerely,

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

Board for Professional Medical Conduct

Enclosure

cc:

Frances E. Cullen, Esq.

PO Box 15153

Atlanta, Georgia 30333

Roy Nemerson, Esq.

STATE OF NEW TORK : DEPARTMENT OF HEALTH	
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT	
	- X
IN THE MATTER	: APPLICATION TO
OF	: MODIFY PRIOR
ROBERT LEE ALLEN, M.D.	: CONSENT ORDER
	RDMC #06-120

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STATE OF GEORGIA )

SS.:

COUNTY OF )

ROBERT LEE ALLEN, M.D., deposes and says:

On or about October 21, 1993, I was licensed to practice as a physician in the State of New York, having been issued License No. 193998 by the New York State Education Department.

My current address is 325 Woodcreek Lane, Fayetteville, Georgia 30215, and I will advise the Director of the Office of Professional Medical Conduct of any change of my address.

I am currently subject to Order No. BPMC 96-120

(Attachment 1) (henceforth "Original Order"). I hereby apply to the State Board for Professional Medical Conduct for an Order (henceforth "Modification/Surrender Order"), modifying the Original Order, to surrender my license to practice medicine in the State of New York. This Application to Modify the Original Order is based solely upon the fact that I do not intend to return to medical practice in the State of New York, and upon the agreement by the parties to this agreement that the Modification/Surrender Order that will be issued upon acceptance of this application will be a revision of the Original Order,

with the surrender predicated upon the same matter as was the Original Order. i.e. the Modification/Surrender Order to be issued will not constitute a new disciplinary action against me, but will substitute license surrender for the sanction imposed by the Original Order.

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

I understand that, in the event that the application is not granted by the State Board for Professional Medical Conduct, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against 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/Surrender Order. I agree that, in the event the State Board for Professional Medical Conduct grants my application, an order shall be issued striking my name from the roster of physicians in the State of New York without further notice to me.

I am making this application of my own free will and accord and not under duress, compulsion or restraint of any kind of 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/Surrender Order.

(RESPONDENT)

Sworn to before me this day of

Notary Public, Fayette County, Georgia 4-15-02 My Commission Expires

The undersigned agree to the attached application of the Respondent to modify the Original Order and to surrender his license to practice medicine in the State of New York.

DATE: Argust 14, 1998

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FRANCES &. CULLEN, Esq. Attorney for Respondent

DATE: August 27, 1988

Deputy Counsel Bureau of Professional Medical Conduct

Office of Professional Medical Conduct

STATE	OF NEW	V YOF	RK	:	DEPAR	RTMENT	OF	HEALTH
STATE	BOARD	FOR	PROF	ESSI	ONAL	MEDICA	AL (	CONDUCT
							<del>-</del> -	X

IN THE MATTER

: MODIFICATION/

OF

: SURRENDER ORDER

ROBERT LEE ALLEN, M.D.

:

: X------X

Upon the Application of ROBERT LEE ALLEN, M.D. (Respondent) to Modify Consent Order and to Surrender his license as a physician in the State of New York, which Application is made a part hereof, it is agreed to and

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

ORDERED, that Order Number BPMC 96-120 shall be modified in that the sanction imposed pursuant to that Order shall be replaced by Respondent's Surrender of his license to practice medicine in the State of New York; it is further

ORDERED, that the name of Respondent shall 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 via certified mail, whichever is earliest.

SO ORDERED.

DATED: September 4,1998

PATRICK F. CARONE, MD., M.P.H.

Chairperson

State Board for Professional Medical Conduct

### New York State Board for Professional Medical Conduct



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

Charles J. Vacanti, M.D. Chair

May 21, 1996

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

Robert Lee Allen, M.D. 303 Parkway Drive NE, Box 154 Atlanta, Georgia 30312-1212

RE: License No. 193998

Dear Dr. Allen:

Effective Date: 05/28/96

Enclosed please find Order #BPMC 96-120 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,

Charles VIV Valle

Charles Vacanti, M.D.

Chair

Board for Professional Medical Conduct

#### Enclosure

cc: Michael S. Kelton, Esq.

Lippman Krasnow and Kelton LLP

711 Third Avenue

New York, New York 10017

Claudia Bloch, Esq.

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

### IN THE MATTER **OF**

ROBERT LEE ALLEN, M.D.

CONSENT ORDER

BPMC #96-120

Upon the application of ROBERT LEE ALLEN, M.D. (Respondent) for 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 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: 19 May 1946,

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 LEE ALLEN, M.D.

APPLICATION
FOR
CONSENT ORDER

STATE OF NEW YORK ) ss.:

ROBERT LEE ALLEN, M.D., being duly sworn, deposes and says:

That on or about October 21, 1993, I was licensed to practice as a physician in the State of New York, having been issued License No. 193998 by the New York State Education Department.

My current address is Box 154, 303 Parkway Drive, NE, Atlanta, Georgia 30312-1212, 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 one specifications of professional misconduct.

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

I admit guilt to the one specification, in full satisfaction of the charges against me. I hereby agree to the penalty that my license to practice medicine in the State of New York be suspended for five (5) years and that said suspension is stayed. I hereby further agree to a five (5) year period of probation in accordance with the terms set forth in Exhibit "B", annexed hereto and made a part hereof. The five year period of probation shall be tolled until such time as I resume the active practice of medicine in the State of New York.

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 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.

ROBERT LEE ALLEN, M.D. RESPONDENT

Sworn to before me this

My Hotel

Jay of 12/4 4 , 1996

Notary Public Gwinnett County, Georgia My Commission Expires Sept. 19, 1998

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

## OF

### ROBERT LEE ALLEN, M.D.

APPLICATION
FOR
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: 5 796

ROBERT LEE ALLEN, M.D. Respondent

MICHAEL S. KELTON, ESQ. Attorney for Respondent

DATE: 5/14/96

CLAUDIA MORALES BLOCH Associate Counsel Bureau of Professional Medical Conduct

DATE: May 15 1996

ANNE F. SAILE Acting Director Office of Professional Medical Conduct

DATE: 17 May 1996

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 LEE ALLEN, M.D.

OF CHARGES

ROBERT LEE ALLEN, M.D., the Respondent, was authorized to practice medicine in New York State on or about October 21, 1993, by the issuance of license number 193998 by the New York State Education Department.

# SPECIFICATION HAVING BEEN FOUND GUILTY OF PROFESSIONAL MISCONDUCT

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(9)(b)(McKinney Supp. 1996) by having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York state, constitute professional misconduct under the laws of New York state [namely N.Y. Educ. Law §§6530(2) and 6530(8)] as alleged in the facts of the following:

1. On or about March 7, 1995, an Order was entered by the Virginia Board of Medicine finding that Respondent had violated sections of the Virginia code constituting unprofessional conduct, in that, Respondent had, on more than one occasion, diverted Fentanyl from the Hospital where he worked by taking quantities of this

drug, and, additionally, admitted to self-administering Toradol, a Schedule VI controlled substance, without legal authorization or prescription.

DATED:

February *≥ 9*, 1996 New York, New York

ROY NEMERSON Deputy Counsel Bureau of Professional Medical Conduct

#### **EXHIBIT "B"**

#### TERMS OF PROBATION

- 1. ROBERT LEE ALLEN, M.D., 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/her profession;
- 2. Respondent shall comply with all federal, state and local laws, rules, and regulations governing the practice of medicine in New York State.
- 3. Respondent's probation shall be supervised by the Office of Professional Medical Conduct.
- 4. 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, Corning Tower Building, 4th Floor, Empire State Plaza, Albany, New York 12237 of any employment and practice, of Respondent's residence and telephone number, and of any change in Respondent's employment, practice, residence, or telephone number within or without the State of New York;
- Respondent shall submit written notification to OPMC of any and all investigations, charges, convictions or disciplinary actions taken by any local, state, or federal agency, institution, court, or facility, within 30 days of each charge and/or action. Respondent shall authorize the release of any written materials or reports prepared pursuant to such investigations, charges, convictions, and/or disciplinary actions, as requested by OPMC.
- 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 New York State Department of Health, addressed to the Director, Office of Professional Medical Conduct, as aforesaid, within the first three months of the period of probation;
- 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 or by the Board of Regents; said proof of the above to be submitted no later than the first two months of the period of probation;
- 8. Respondent shall comply with all terms, conditions, restrictions, and

penalties to which he is subject pursuant to the order of the Board and shall assume and bear all costs related to compliance with the Terms of Probation;

- Any civil penalty not paid by the date prescribed herein shall be subject to all provisions of law relating to debt collection by the State of New York. 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 §171(27); State Finance Law §18; CPLR §5001; Executive Law §32)
- 10. Respondent shall remain alcohol free and drug free from mood altering substances other than those prescribed for his treatment by a licensed physician aware of his history. Respondent shall not self-prescribe any medications.
- 11. Respondent shall be monitored by a qualified health care professional ("Sobriety Monitor") approved by the Office of Professional Medical Conduct ("OPMC"). Respondent shall submit the name of a proposed Sobriety Monitor within seven days of the effective date of this order.
  - a. Respondent shall submit the name of a proposed successor within seven (7) days of learning that the approved Sobriety Monitor is no longer willing or able to serve. The Sobriety Monitor shall oversee Respondent's compliance with the terms of probation imposed herein and shall cause to be performed random, supervised, unannounced blood, breathalyzer and/or urine tests for the presence of alcohol and other drugs. Respondent shall be screened two (2) times per month for the first six months. After that period of time, specimens shall be collected at the discretion of the monitor. The frequency of collection of samples by the sobriety monitor shall be subject to the approval of the OPMC.
  - b. The Sobriety Monitor shall notify the OPMC immediately if Respondent refused such a test.
  - c. The Sobriety Monitor shall notify the OPMC immediately if such a test reveals or if the monitor otherwise learns the Respondent is not alcohol/drug free.
  - d. Every three months, the Sobriety Monitor shall submit to the OPMC a report certifying compliance with each of the terms of probation or describing in detail any failure to comply. The quarterly reports shall include the results of all tests for the presence of alcohol and other drugs performed during that quarter.
  - e. The Sobriety Monitor shall have the capacity to perform urine drug screens seven days per week.
- Respondent shall be supervised in a medical practice by a licensed physician ("Supervisor") approved by the OPMC, familiar with Respondent's history of chemical dependency and with the terms of this Application for Consent Order. Respondent shall submit the name of a Supervisor to OPMC within seven days of the effective date of this order.

- a. Respondent shall obtain a successor Supervisor subject to the approval of the Office of Professional Medical Conduct within seven (7) days of Respondent's becoming aware that the original supervising physician will no longer serve in that capacity.
- b. The Supervisor shall submit a report to the Office of Professional Medical Conduct every three (3) months regarding the quality of Respondent's medical practice, any unexplained absences from work and Respondent's compliance or failure to comply with each condition described within this Application for Consent Order.
- c. The Supervisor shall have the capability of taking a "stat" specimen from the Respondent for a toxicological screen in response to any complaint or observation that indicates Respondent may not be drug or alcohol free.
- d. The Supervisor shall oversee Respondent's prescribing, administering, dispensing, inventorying and wasting of controlled substances.
- e. The Supervisor shall notify the OPMC immediately if Respondent violates any terms of this Order.
- 13. Respondent shall continue in treatment with a qualified health care professional ("Therapist") or a successor approved by the OPMC, for as long as the Therapist deems it necessary .Respondent shall submit the name of the Therapist to OPMC for approval within 7 days of the effective date of the Order.
  - a. The Therapist shall submit a report to the Office of Professional Medical Conduct every three months certifying compliance with treatment by Respondent and describing in detail any failure to comply.
  - b. The Therapist shall report immediately to the Office of Professional Medical Conduct any significant pattern of absences or discontinuation of recommended treatment by Respondent.
  - c. OPMC shall reserve the authority to have Respondent undergo an independent evaluation every six (6) months by a practitioner approved by OPMC who specializes in psychiatry and/or chemical dependency issues. A report of such assessment shall be submitted promptly to OPMC.
- 14. Respondent shall not treat or prescribe for himself or any member of his family.
- Respondent shall inform all physicians or other health care practitioners from whom he seeks treatment of his history. Should he be prescribed any controlled or mood altering substances, he shall notify his Sobriety Monitor and OPMC before such medications are administered.
- 16. OPMC shall reserve the right to conduct on site review of

Respondent's office, office records, hospital practice and hospital records at least semi-annually.

- All costs and expenses incurred in connection with the compliance with all of the terms of probation and the consent application and resulting order shall be the sole responsibility of the Respondent.
- So long as there is full compliance with every term herein set forth, Respondent may continue to practice his or her aforementioned profession in accordance with the terms of probation; provided, however, that upon receipt of evidence of noncompliance with, or any violation of these terms, the Director of the Office of Professional Medical Conduct and/or the Board may initiate a violation of probation proceeding and/or such other proceeding against Respondent as may be authorized pursuant to the Public Health Law.
- The period of probation shall be tolled until and unless Respondent engages in the active practice of medicine in the State of New York. Respondent shall submit written notification that he intends to begin a medical practice in New York State to the Director of OPMC at least thirty (30) days prior to the actual commencement of such a medical practice. Furthermore, until completion of the term of probation, he shall notify the Director, in writing, prior to any change in that status.