



**Department  
of Health**

**ANDREW M. CUOMO**  
Governor

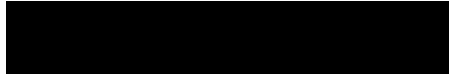
**HOWARD A. ZUCKER, M.D., J.D.**  
Commissioner

**SALLY DRESLIN, M.S., R.N.**  
Executive Deputy Commissioner

August 22, 2016

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

Alan Pecorella, R.P.A.



Re: License No. 000683

Dear Mr. Pecorella:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 16-290. This order and any penalty provided therein goes into effect August 29, 2016.

Please direct any questions to: Board for Professional Medical Conduct, 90 Church Street, 4th Floor, New York, NY 10007-2919, telephone # 212-417-4445.

Sincerely,



Henry Spector, M.D.  
Acting Executive Secretary  
Board for Professional Medical Conduct

Enclosure

IN THE MATTER  
OF  
ALAN PECORELLA, R.P.A.

BPMC No. 16-290  
CONSENT  
ORDER

Upon the application of (Respondent) ALAN PECORELLA, R.P.A. 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

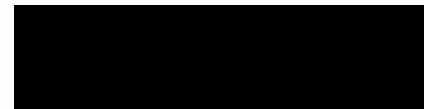
ORDERED, that this Consent Order shall be effective upon issuance by the Board, either

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.

DATE: 8/19/2016



\_\_\_\_\_  
Carmela Torrelli  
Vice Chair  
State Board for Professional Medical Conduct

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

IN THE MATTER  
OF  
ALAN PECORELLA, R.P.A.

CONSENT  
AGREEMENT

ALAN PECORELLA, R.P.A. represents that all of the following statements are true:

That on or about August 5, 1977, I was registered to practice as a physician assistant in the State of New York, and issued Registration No. 000683 by the New York State Education Department.

My current address is [REDACTED], 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 (Board) has charged me with one or more specifications 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 Statement of Charges, in full satisfaction of the charges against me, and agree to the following penalty:

Pursuant to N.Y. Pub. Health Law § 230-a(6), Respondent shall be subject to a limitation precluding registration or issuance of any further registration.

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

That Respondent shall comply with each and every penalty imposed by this Order pursuant to N.Y. Pub. Health Law § 230-a; and

That Respondent shall be precluded from practicing as a physician assistant in New York State, from practicing as a physician assistant in any setting where his practice is based solely on his New York registration, and from further reliance upon Respondent's New York registration to practice as a physician assistant to exempt Respondent from the registration, certification or other requirements set forth in statute or regulation for the practice of any other profession licensed, regulated or certified by the Board of Regents, Department of Education, Department of Health or the Department of State; and

That if Respondent is currently registered to practice as a physician assistant in New York State, Respondent shall, within 30 days of the issuance of the Consent Order, notify the New York State Education Department, Division of Professional Licensing Services, that Respondent's registration status is "inactive," and shall provide proof of such notification to the Director of OPMC immediately upon having done so; and

That Respondent shall provide the Director, Office of Professional Medical Conduct (OPMC), Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204-2719, with the following information, in writing, and ensure that this information is kept current: a full description of Respondent's employment and practice; all professional and residential addresses and telephone numbers within and outside New York State; and all investigations, arrests, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility. Respondent shall notify OPMC, in writing, within 30 days of any additions to or changes in the required information. This condition shall take effect 30 days after the Order's effective date and shall continue at all times until Respondent receives written notification from the Office of Professional Medical Conduct, Physician Monitoring Program, that OPMC has determined that Respondent has fully complied with and satisfied the requirements of the Order, regardless of tolling; 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 registered in New York State; and

That Respondent shall comply with all conditions set forth in attached Exhibit "B" ("Requirements for Closing a Physical Assistant Practice").

I stipulate that my failure to comply with any conditions of this Order shall constitute misconduct as defined in N.Y. Educ. 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. The Order, this agreement, and all attached Exhibits shall be public documents, with only patient identities, if any, redacted. As public documents, they may be posted on the

Department's website. OPMC shall report this action to the National Practitioner Data Bank and the Federation of State Medical Boards, and any other entities that the Director of OPMC shall deem appropriate.

I stipulate that the proposed sanction and Order are authorized by N.Y. Pub. Health Law §§ 230 and 230-a, and that the Board for Professional Medical Conduct and the Office of Professional Medical Conduct 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 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.

I am aware and agree that, regardless of prior communication, the attorney for the Department, the Director of the Office of Professional Medical Conduct, and the Chairperson of the State Board for Professional Medical Conduct each reserve full discretion to enter into the Consent Agreement that I propose in this application, or to decline to do so.

DATE 9 Aug 2011

  
ALAN PECORELLA, R.P.A.  
RESPONDENT

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

DATE: 8/16/16

[REDACTED]

MARC S. NASH  
Senior Attorney  
Bureau of Professional Medical Conduct

DATE: 8/17/16

[REDACTED]

KEITH W. SERVIS  
Director  
Office of Professional Medical Conduct



**EXHIBIT "A"**

**IN THE MATTER**  
  
**OF**  
  
**ALAN PECORELLA, R.P.A.**

STATEMENT  
  
OF  
  
CHARGES

ALAN PECORELLA, R.P.A., the Respondent, was authorized to practice as a physician assistant in New York State on or about August 5, 1977, and issued Registration No. 000683 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

- A. On or about December 28, 2012, Respondent submitted his re-registration application for his New York physician assistant registration to the New York State Education Department for the period covering February 1, 2013 to January 21, 2016.
- B. On or about November 13, 2013, in General Sessions Court for Sevier County, Tennessee, Respondent pled guilty to one count of simple possession of a controlled substance, a Class A misdemeanor.
- C. Respondent's crime as described above in Tennessee would, if committed in New York State, have constituted a crime under New York State law, specifically N.Y. Penal Law § 220.03, Criminal possession of a controlled substance in the seventh degree (a Class A misdemeanor).
- D. On or about November 19, 2014, the State of Tennessee Department of Health, Board of Medical Examiners' Committee on Physician Assistants (hereinafter "Tennessee Board"), by a Consent Order, revoked Respondent's physician assistant license for a period of no less than two years. This revocation was based upon the

finding that on November 13, 2013 in the General Sessions Court for Sevier County, Tennessee, Respondent pled guilty to simple possession of a controlled substance, a Class A misdemeanor, for which Respondent was fined \$750 and sentenced to eleven months and twenty-nine days supervised probation to consist of an alcohol and drug assessment, random drug screens, and no drug and alcohol use.

E. On or about September 17, 2015, Respondent submitted his re-registration application for his New York physician assistant registration to the New York State Department of Education for the period covering February 1, 2017 through January 31, 2019. In this application, Respondent answered "No" to the question,

"Since your last registration application, have you been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court?"

Respondent's answer was false, he knew the answer was false, and he intended to mislead through false representation.

F. On or about September 17, 2015, Respondent submitted his re-registration application for his New York physician assistant registration to the New York State Department of Education for the period covering February 1, 2017 through January 31, 2019. In this application, Respondent answered "No" to the question,

"Since your last registration application, has any licensing or disciplinary authority revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, or refused to issue or renew a professional license or certificate held by you now or previously, or fined, censured, reprimanded or otherwise disciplined you?"

Respondent's answer was false, he knew the answer was false, and he intended to mislead through false representation.

**SPECIFICATION OF CHARGES**  
**FIRST SPECIFICATION**  
**CRIMINAL CONVICTION (Other Jurisdiction)**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(9)(a)(iii) by having been convicted of committing an act constituting a crime under the law of another jurisdiction and which, if committed within this state, would have constituted a crime under New York state law (namely N.Y. Penal Law § 220.03) as alleged in the facts of the following:

1. The facts in Paragraphs B and C.

**SECOND SPECIFICATION**  
**FRAUD**

Respondent is charged with committing professional misconduct as defined by N.Y. Educ. Law § 6530(2) by practicing the profession fraudulently or beyond its authorized scope, as alleged in:

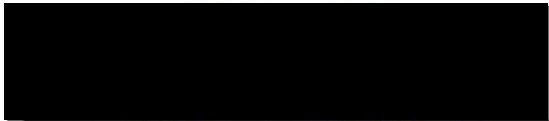
2. The facts in Paragraphs A, B, E and F and/or the facts in Paragraphs A, D, E and F.

**THIRD SPECIFICATION**  
**WILLFULLY MAKING A FALSE STATEMENT**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(21) by willfully making or filing a false report, as alleged in:

3. The facts in Paragraphs A, B, E and F and/or the facts in Paragraphs A, D, E and F.

DATE: August 16, 2016  
Albany, New York

  
MICHAEL A. HISER  
Deputy Counsel  
Bureau of Professional Medical Conduct

## EXHIBIT "B"

### **Requirements for Closing a Physical Assistant Practice (Following Agreement to Never Register/Never Practice)**

1. Respondent shall immediately cease and desist from engaging in practicing as a p physician assistant in New York State, or under Respondent's New York registration, in accordance with the terms of the Order. In addition, Respondent shall refrain from providing an opinion as to professional practice or its application and from representing that Respondent is eligible to practice as a physician assistant in New York or pursuant to a New York registration.
2. Within 5 days of the Order's effective date, Respondent shall deliver Respondent's current biennial registration, if any, to the Office of Professional Medical Conduct (OPMC) at Riverview Center, 150 Broadway, Suite 355, Albany, New York 12204-2719.
3. Within 15 days of the Order's effective date, Respondent shall, with regard to New York practice or practice anywhere pursuant to Respondent's New York registration, notify all patients of the cessation of Respondent's practice, and shall refer all patients to another licensed practicing physician or registered physician assistant for continued care, as appropriate. Respondent shall notify, in writing, each health care plan with which the Respondent contracts or is employed, and each hospital where Respondent has privileges, that Respondent has ceased practice as a physician assistant. Within 45 days of the Order's effective date, Respondent shall provide OPMC with written documentation that all patients and hospitals have been notified of the cessation of Respondent's practice as a physician assistant.
4. Respondent shall, with regard to New York practice as a physician assistant or practice anywhere pursuant to Respondent's New York registration, make arrangements for the transfer and maintenance of all patient medical records. Within 30 days of the Order's effective date, Respondent shall notify OPMC of these

arrangements, including the name, address, and telephone number of an appropriate and acceptable contact persons who shall have access to these records. Original records shall be retained for at least 6 years after the last date of service rendered to a patient or, in the case of a minor, for at least 6 years after the last date of service or 3 years after the patient reaches the age of majority, whichever time period is longer. Records shall be maintained in a safe and secure place that is reasonably accessible to former patients. The arrangements shall include provisions to ensure that the information in the record is kept confidential and is available only to authorized persons. When a patient or a patient's representative requests a copy of the patient's medical record, or requests that the original medical record be sent to another health care provider, a copy of the record shall be promptly provided or forwarded at a reasonable cost to the patient (not to exceed 75 cents per page.) Radiographic, sonographic and similar materials shall be provided at cost. A qualified person shall not be denied access to patient information solely because of an inability to pay.

5. In the event that Respondent holds a Drug Enforcement Administration (DEA) certificate for New York State, Respondent shall, within fifteen (15) days of the Order's effective date, advise the DEA, in writing, of the licensure action and shall surrender his/her DEA controlled substance privileges for New York State to the DEA. Respondent shall promptly surrender any unused DEA #222 U.S. Official Order Forms Schedules 1 and 2 for New York State to the DEA. All submissions to the DEA shall be addressed to Diversion Program Manager, New York Field Division, U.S. Drug Enforcement Administration, 99 Tenth Avenue, New York, NY 10011.
6. Within 15 days of the Order's effective date, Respondent shall return any unused New York State official prescription forms to the Bureau of Narcotic Enforcement of the New York State Department of Health. If no other registrant is providing services at Respondent's practice location, Respondent shall properly dispose of all medications.

7. Within 15 days of the Order's effective date, Respondent shall, with regard to New York practice as a physician assistant or practice anywhere pursuant to Respondent's New York registration, remove from the public domain any representation that Respondent is eligible to practice as a physician assistant, including all related signs, advertisements, professional listings (whether in telephone directories, internet or otherwise), professional stationery or billings. Respondent shall not share, occupy, or use office space in which another registrant provides health care services.
8. Respondent shall not, with regard to New York practice as a physician assistant or practice anywhere pursuant to Respondent's New York registration, charge, receive or share any fee or distribution of dividends for professional services rendered by Respondent or others while Respondent is barred from engaging in the practice of a physician assistant. Respondent may be compensated for the reasonable value of services lawfully rendered, and disbursements incurred on a patient's behalf, prior to the Order's effective date.
9. If Respondent is a shareholder in any professional service corporation organized to engage in the practice of medicine or as a physician assistant in New York, Respondent shall divest all financial interest in the professional services corporation, in accordance with New York Business Corporation Law. Such divestiture shall occur within 90 days. If Respondent is the sole shareholder in a professional services corporation, the corporation must be dissolved or sold within 90 days of the Order's effective date.