



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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NYS Department of Health

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NYS Department of Health

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

Executive Secretary

January 5, 2001

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Steven Engelberg, R.P.A.
1110 East Ogden Avenue
Apartment 208
Milwaukee, Wisconsin 53202

RE: License No. 005623

Dear Mr. Engelberg:

Enclosed please find Order #BPMC 01-4 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect January 5, 2001.

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

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".

Ansel R. Marks, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: Carolyn Shearer, Esq.
Bond, Schoeneck and King
111 Washington Avenue
Albany, New York 12210

Valerie B. Donovan, Esq.

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

IN THE MATTER

OF

STEVEN ENGELBERG, R.P.A.

CONSENT
AGREEMENT
AND
ORDER

BPMC No. 01-4

STEVEN ENGELBERG, R.P.A., (Respondent) says:

That on or about January 2, 1997, I was licensed to practice as a Registered Physician Assistant in the State of New York, having been issued License No. 005623 by the New York State Education Department.

My current address is 1110 East Ogden Avenue, Apartment 208, Milwaukee, Wisconsin 53202, 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 two specifications of professional misconduct.

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

I do not contest the charges. I hereby agree to the following penalty:

1. Censure and Reprimand.
2. Two thousand (\$2,000.00) fine, payable in full within 180 days 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

3. Respondent shall perform 100 hours of community service to be completed within 180 days of the effective date of this Order. The service must be medical in nature, and delivered in a facility or with an organization equipped to provide

medical services and serving a needy or medically under served population. A written proposal for community service must be submitted to, and is subject to the written approval of the Director of OPMC. Community service performed prior to written approval shall not be credited toward compliance with 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 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 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.

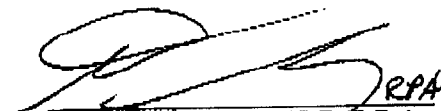
I understand that, in the event that this Application is not granted by the Board, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me, such Application shall not be used against me in any way and shall be kept in strict 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.

AFFIRMED:

DATED 12/22/00



RPA
STEVEN ENGELBERG, R.P.A.
RESPONDENT

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

DATE: 1/2/01


CAROLYN SHEARER, ESQ.
Attorney for Respondent

DATE: 1/3/01


VALERIE B. DONOVAN
Assistant Counsel
Bureau of Professional Medical Conduct

DATE: 1/4/01

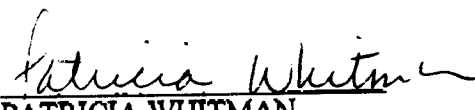

PATRICIA WHITMAN
Deputy Director
Office of Professional Medical Conduct

Exhibit A

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

-----X

IN THE MATTER : STATEMENT
OF : OF
STEVEN ENGELBERG, R.P.A. : CHARGES

-----X

STEVEN ENGELBERG, R.P.A., the Respondent, was authorized to practice as a Registered Physician Assistant in New York State on January 2, 1997, by the issuance of license number 005623 by the New York State Education Department. Respondent is currently registered with the New York State Education Department. His current address is 1110 East Ogden Avenue, Apartment 208, Milwaukee, Wisconsin 53202.

FACTUAL ALLEGATIONS

A. On or about April 1, 1985, Respondent was convicted in the Suffolk County Court, New York State, of Criminal Sale of a Controlled Substance 5th Degree, a felony.

1. On or about November 14, 1996, Respondent signed an Application for Allied Health Professional form with Southside Hospital, Bay Shore, New York, and fraudulently and/or with willful falseness responded "no" to the following question: "Have there ever been any felony criminal charges brought against you?"

SPECIFICATIONS OF MISCONDUCT

FIRST SPECIFICATION

WILFULLY MAKING OR FILING A FALSE REPORT

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

1. The facts in Paragraphs A and A.1.

SECOND SPECIFICATION

FRAUDULENT PRACTICE

Respondent is charged with committing professional misconduct as defined by New York Education Law § 6530(2) by practicing the profession of medicine fraudulently, in that Petitioner charges:

2. The facts in Paragraphs A and A.1.

DATED: *January 3, 2001*
Albany, New York

Peter D. Van Buren
PETER D. VAN BUREN
Deputy Counsel
Bureau of Professional
Medical Conduct

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

IN THE MATTER
OF
STEVEN ENGELBERG, R.P.A.

CONSENT
ORDER

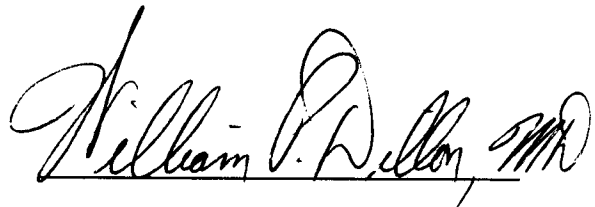
Upon the proposed agreement of STEVEN ENGELBERG, R.P.A..
(Respondent) for Consent Order, which application is made a part hereof, it is
agreed to and

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: 1/4/01



WILLIAM P. DILLON, M.D.
Chair
State Board for Professional
Medical Conduct