

The University of the State of New York
Education Department



IN THE MATTER

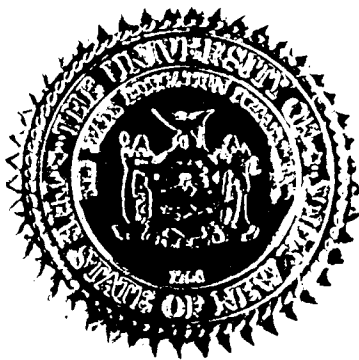
of the

Application of SHELDON STEIN
for restoration of his license to practice
medicine in the State of New York

Case No. 92-163-60R

It appearing that the license of SHELDON STEIN, 602 Albany Post Road, Hyde Park, New York 12538, to engage in the practice of medicine in the State of New York, having been revoked by action of the Board of Regents on March 23, 1990, and he having petitioned the Board of Regents for restoration of said license, and the Regents having given consideration to said petition, and having agreed with and accepted the recommendations of the Peer Review Panel and the Committee on the Professions, now, pursuant to action taken by the Board of Regents on November 20, 1992, it is hereby

ORDERED that the petition for restoration of license No. 134916, authorizing SHELDON STEIN to practice medicine in the State of New York, is granted.



IN WITNESS WHEREOF, I, THOMAS SOBOL,
Commissioner of Education of the State of New
York, for and on behalf of the State Education
Department, do hereunto set my hand and affix
the seal of the State Education Department at
the City of Albany, this 11th day of December,
1992.

Thomas Sobol

Commissioner of Education

Case No. 92-163-60R

It appearing that the license of SHELDON STEIN, 602 Albany Post Road, Hyde Park, New York 12538, to engage in the practice of medicine in the State of New York, having been revoked by action of the Board of Regents on March 23, 1990, and he having petitioned the Board of Regents for restoration of said license, and the Regents having given consideration to said petition, and having agreed with and accepted the recommendations of the Peer Review Panel and the Committee on the Professions, now, pursuant to action taken by the Board of Regents on November 20, 1992, it was

VOTED that the petition for restoration of license No. 134916, authorizing SHELDON STEIN to practice medicine in the State of New York, be granted.



The University of the State of New York

X-----X

IN THE MATTER

OF

SHELDON STEIN

(PHYSICIAN)

X-----X

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

Michele A. Haughton being duly sworn, deposes and says:

I am over the age of twenty-one years and am an employee of the New York State Education Department, One Park Avenue, 6th Floor, New York, New York 10016-5802.

On the 12th day of April, 1990, I personally delivered to the Murray Hill Post Office, the Duplicate Original Order of the Commissioner of Education No. 10141, dated the 30th day of March, 1990 the Vote of the Board of Regents and the Report of the Regents Review Committee/Application by Certified Mail - Return Receipt Requested to the respondent herein named at 62 Albany Post Road, Hyde Park, N.Y. 12538 & Nathan L. Dembin, Esq., Bower & Gardner, 110 E. 59th Street, N.Y.C., N.Y. 10022. The Certified Mail Receipt No. P 147y 889 461 & P 147 889 462.

The effective date of the Order being the 17th day of April, 1990.

Michele A. Haughton

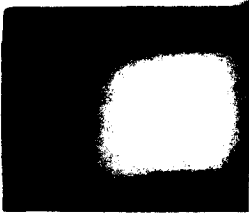
Sworn to before me this
12th day of April, 1990

Ronald J. Mastrion

RONALD J. MASTRION
Notary Public, State of New York
No. 43-4301171
Qualified in Richmond County
Commission Expires 5-31-91

10141 P 147 889 462 3/18

10141 P 147 889 461 3/18



Nathan L. Dembin, Esq.
Bower & Gardner
110 E. 59th Street
NYC, NY 10022

Sheldon Stein, Physician
62 Albany Post Road
Hyde Park, N.Y. 12538

2.40
.85

2.40
.85

RECEIVED

RECEIVED DELIVERY

2.00

2.00

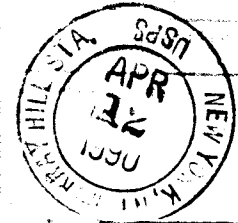
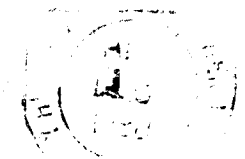
1.20

1.20

6.45

6.45

RE: STEIN



SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) 2. Restricted Delivery (Extra charge)

<p>3. Article Addressed to:</p> <p>Sheldon Stein, Physician 62 Albany Post Road Hyde Park, N.Y. 12538</p>	<p>4. Article Number P147 889 461</p> <p>Type of Service</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>
<p>5. Signature - Address X <i>[Signature]</i></p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>
<p>6. Signature - Agent X</p>	
<p>7. Date of Delivery</p>	<p>10141</p>



AFFIDAVIT OF SERVICE

STATE OF NEW YORK
COUNTY OF NEW YORK, ss:

FRED BURGESS, ESQ., being duly sworn, deposes and says that he is over 18 years of age, is not a party to this action, and resides at Albany, New York.

That on the 14th day of December, 1992, he served the Restoration Order

in BOARD OF REGENTS v. SHELDON STEIN, M.D.

upon the following, as authorized by his attorney:

SHELDON STEIN, M.D.
10 Scenic Drive
Hyde Park, New York 12538

by delivering said Restoration Order to the above personally.

Fredrick W. Burgess
FRED BURGESS, ESQ.

Sworn to before me this
14th day of December, 1992

Charles E. O'Brien
NOTARY PUBLIC

AFFIDAVIT OF SERVICE

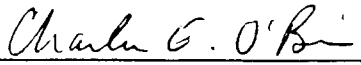
STATE OF NEW YORK
COUNTY OF NEW YORK, ss:

SHELDON STEIN, M.D., being duly sworn, deposes and says that he is over 18 years of age and resides at 10 Scenic Drive, Hyde Park, New York 12538.

That on the 14th day of December, 1992, he duly took possession of and received the Restoration Order on behalf of his attorney, NATHAN L. DEMBIN.


SHELDON STEIN, M.D.

Sworn to before me this
14th day of December, 1992


NOTARY PUBLIC

