



New York State 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 of Health

Charles J. Vacanti, M.D.
Chair

May 9, 1996

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

George T.C. Way, M.D.
384 North Road
Poughkeepsie, New York 12601

RE: License No. 042734

Dear Dr. Way:

Effective Date: 05/16/96

Enclosed please find Order #BPMC 96-111 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 Vacanti, M.D.
Chair

Board for Professional Medical Conduct

Enclosure

cc: Irving O. Farber, Esq.
Meiselman, Farber, Packman & Eberz
11 Raymond Avenue, P.O. Box 2958
Poughkeepsie, New York 12603

Kevin C. Roe, Esq.

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

-----X

IN THE MATTER :
OF : ORDER
GEORGE T.C. WAY, M.D. : BPMC #96-111

-----X

Upon the application of GEORGE T.C. WAY, M.D., to surrender his license as a physician in the State of New York, which application is made a part hereof, it is

ORDERED, that the application and the provisions thereof are hereby adopted; 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 via certified mail, whichever is earliest.

SO ORDERED,

DATED: 6 May 1996

Charles J. Vacanti

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

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

-----X

IN THE MATTER : APPLICATION TO
OF : SURRENDER
GEORGE T.C. WAY : LICENSE

-----X

STATE OF NEW YORK)

ss.:

COUNTY OF *DUTCHESS*)

GEORGE T.C. WAY, M.D., being duly sworn, deposes and says:

On or about November 17, 1944, I was licensed to practice medicine as a physician in the State of New York having been issued License No. 042734 by the New York State Education Department.

I understand that the Director of the State Board for Professional Medical Conduct, upon the recommendation of an investigative committee and in consultation with the Executive Secretary, has directed that charges be prepared regarding my care and treatment of patients at St. Francis Hospital and Vassar Brothers Hospital.

Rather than contest any charges which may be brought, 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.

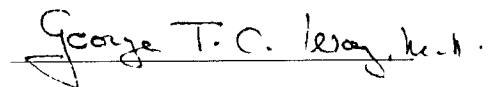
I hereby make this application to the State Board for

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, 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 state Board for Professional Medical Conduct shall be made without prejudice to the continuance of any disciplinary proceeding and the final determination by a Committee on Professional Medical Conduct pursuant to the provisions of the Public Health Law.

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 further agree that I will not reapply for licensure in the State of New York. I understand that this is a disciplinary surrender of my license.

I am making this Application of my own free will and accord and not under duress, compulsion, or restraint of any kind or manner.


GEORGE T.C. WAY, M.D.
Respondent

Sworn to before me this
14th day of April, 1996


NOTARY PUBLIC

YVONNE RIOS PACE
Notary Public, State of New York
Qualified in Dutchess County
Commission Expires

10/31/97

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

-----X

IN THE MATTER : APPLICATION TO
OF : SURRENDER
GEORGE T. C. WAY, M.D. : LICENSE

-----X

The undersigned agree to the attached applicatio.. of the Respondent to surrender his license.

Date: April 19, 1996

George T.C. Way, M.D.
GEORGE T.C. WAY, M.D.
Respondent

Date: _____, 1996

Irving O. Farber
IRVING O. FARBER, Esq.
Attorney for Respondent

Date: April 29, 1996

Kevin C. Roe
KEVIN C. ROE
Associate Counsel
Bureau of Professional
Medical Conduct

Date: May 1, 1996

Anne F. Saile
ANNE F. SAILE
Acting Director, Office
of Professional Medical Conduct

Date: 6 May, 1996

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