## 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

November 13, 1995

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

ValentineW. Zetlin, M.D. 123 Leonia Avenue Leonia, New Jersey 07605

RE: License No. 047744

Effective Date: 11/20/95

Dear Dr. Zetlin:

Enclosed please find Order #BPMC 95-269 of the New York State Board for Professional Medicai 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

Charles Vacante

Enclosure

cc: Ronald L. Kuby, Esq.

Kunstler & Kuby

13 Gay Street

New York, New York 10014

Peter Van Buren, Esq.

STATE OF NEW YORK : DEPA	RTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL ME	DICAL CONDUCT
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IN THE MATTER	:
OF	: ORDER
VALENTIN WOLF ZETLIN,	M.D. : BPMC #95-269
	v

Upon the Application of VALENTIN WOLF ZETLIN, 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: 2 November 1995

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

IN THE MATTER

: APPLICATION TO

OF

SURRENDER

VALENTIN WOLF ZETLIN, M.D. : LICENSE

STATE OF NEW YORK )

ss.:

COUNTY OF NEW YORK )

VALENTIN WOLF ZETLIN, M.D., being duly sworn, deposes and says:

On or about July 1,1948, I was licensed to practice medicine as a physician in the State of New York having been issued License No. 047744 by the New York State Education Department.

I am currently registered with the New York State Education Department to practice as a physician in the State of New York from an address at 340 West 58th Street, New York, N.Y. 10019. I reside at 30 Lincoln Plaza, New York, N.Y. 123 Lemia Are Levila N.J. 07605

On September 13,1995, I pled guilty to one count of Offering a False Instrument for Filing in Manhattan Criminal Court and agreed to surrender my license as part of my sentence. I acknowledge that professional misconduct proceedings could be brought by the State Board for Professional Medical Conduct as a

result of this conviction.

Pursuant to my agreement with the Court and rather than contest any proceedings which might 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.

Valentine Holf Zethin

VALENTINGWOLF ZETLIN, M.D. Respondent

Sworn to before me this

12 day of October, 1995

KAREN ANNE BORODINSKY

Notary Public, State of New York
No. 31-4761341
Qualified in New York County
Commission Expires March 30, 19,

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STATE OF NEW YORK : DEPART STATE BOARD FOR PROFESSIONAL M	Х	
IN THE MATTER	: 1	APPLICATION TO
OF	:	SURRENDER
VALENTINEWOLF ZETLIN	M.D. :	LICENSE
	X	
The undersigned agree to  Respondent to surrender his l:  Law Can Bucker  Date: 10-12-1995  KAFEN ANNE BORODINSKY Notary Public, State of New York No. 31-4761341 Qualified in New York County Commission Expires March 30, 19  9  Date: 19-20-1995	cense.	ef rethin, M.D.  ETLIN, M.D.  Esq.
Date: <u>10-25</u> , 1995	PETER D. VAN BU Bureau of Profe	REN, Deputy Counselessional

Date: 03, 30, 1995

KATHLEEN M. TANNER Director, Office of Professional Medical Conduct

Date: 2 November 1995

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