



New York State Board for Professional Medical Conduct

433 River Street, Suite 303 • Troy, New York 12180-2299 • (518) 402-0863

Antonia C. Novello, M.D., M.P.H., Dr. P.H.
*Commissioner
NYS Department of Health*

Dennis P. Whalen
*Executive Deputy Commissioner
NYS Department of Health*

Dennis J. Graziano, Director
Office of Professional Medical Conduct

RECEIVED

Michael A. Gonzalez, R.P.A.
Vice Chair

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

February 10, 2004

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Timothy Wimbly, M.D.
266 Washington Avenue
Apt. D6
Brooklyn, NY 11205

Re: License No. 191540

Dear Dr. Wimbly:

Enclosed please find Order #BPMC 04-29 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect February 17, 2004.

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 to the Board for Professional Medical Conduct, New York State Department of Health, Hedley Park Place, Suite 303, 433 River Street, Troy, New York 12180.

Sincerely,

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

Enclosure

cc: Stephen Mitchell, Esq.
225 Broadway, Suite 912
New York, NY 10007

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

IN THE MATTER
OF
TIMOTHY WIMBLY, M.D.

CONSENT
ORDER

BPMC No. 04-29

Upon the application of (Respondent) TIMOTHY WIMBLY, M.D. in the attached Consent Agreement and Order, which is made a part of this Consent Order, it is

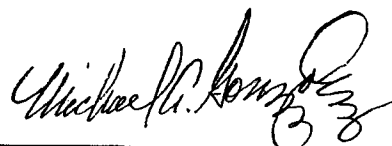
ORDERED, that the Consent Agreement, and its terms, are adopted and SO ORDERED, and it is further

ORDERED, that this 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.

DATED: 2/6/04


MICHAEL A. GONZALEZ, R.P.A.
Vice Chair
State Board for Professional Medical Conduct

**IN THE MATTER
OF
TIMOTHY WIMBLY, M.D.**

**CONSENT
AGREEMENT
AND
ORDER**

TIMOTHY WIMBLY, M.D., representing that all of the following statements are true, deposes and says:

That on or about March 2, 1993, I was licensed to practice as a physician in the State of New York, and issued License No. 191540 by the New York State Education Department.

My current address is 266 Washington Avenue, Apt. D6, Brooklyn, New York 11205, 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 has charged me with One specification of professional misconduct.

A copy of the Statement of Charges, marked as Exhibit A, is attached to and part of this Consent Agreement.

I plead guilty to the First Specification, in full satisfaction of the charges against me, and agree to the following penalty:

1. Censure and Reprimand.

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

That Respondent shall maintain current registration of

licensure with the New York State Education Department Division of Professional Licensing Services (except during periods of actual suspension), and shall pay all registration fees. This condition shall take effect thirty (30) days after the Consent Order's effective date and will continue so long as Respondent remains licensed in New York State; 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 licensed in New York State.

I stipulate that my failure to comply with any conditions of this Order shall constitute misconduct as defined by New York State Education 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.

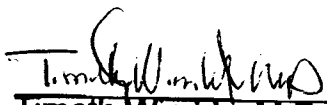
I ask the Board to adopt this Consent Agreement.

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.

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.

DATED 11/23/04



Timothy Wimbley, M.D.
RESPONDENT

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

DATE: _____



Stephen Mitchel, ESQ.
Attorney for Respondent

DATE: 1/26/04



Amy B. Merklen
Assistant Counsel
Bureau of Professional Medical Conduct

DATE: 2/04/04



DENNIS J. GRAZIANO
Director
Office of Professional Medical Conduct

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

IN THE MATTER
OF
TIMOTHY TYRONE WIMBLY, M.D.

STATEMENT
OF
CHARGES
AMENDMENT

TIMOTHY TYRONE WIMBLY, M.D., Respondent, was authorized to practice medicine in New York State on March 2, 1993, by the issuance of license number 191540 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. On or about June 27, 1980, Respondent obtained funds in the amount of \$3,500 and on or about September 22, 1980, funds in the amount of \$6,000 from the Health Education Assistance Loan's (HEAL) for the purpose of payment for medical education that he was obliged to repay according to terms of the HEAL, a program of the Federal Department of Health and Human Services (DHHS).
- B. Respondent failed to repay said loans per Respondent's loan agreements.

SPECIFICATIONS
FIRST SPECIFICATION

Respondent violated New York Education Law § 6530(42) in that Respondent failed to repay medical education loan(s) plus costs, in that Petitioner charges:

1. The facts in Paragraphs A.

DATED: July 24, 2003
Albany, New York


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