

Public

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK

DIRECTOR, OFFICE OF PROFESSIONAL DISCIPLINE 1411 BROADWAY, 10TM FLOOR NEW YORK, NEW YORK 10018-3496 Tel: (212) 951-8500 Fax: (212) 951-6420

March 25, 2011

Crisologo L. Padilla, Physician REDACTED

Re: Application for Restoration

Dear Dr. Padilla:

Enclosed please find the Commissioner's Order regarding Case No. CP-11-04 which is in reference to Calendar No. 23078. This order and any decision contained therein goes into effect five (5) days after the date of this letter

Very truly yours,

Donald Dawson Director of Investigations

By:

REDACTED

Ariana Miller Supervisor

DD/AM/go

cc:



IN THE MATTER

of the

Application of CRISOLOGO L. PADILLA for restoration of his license to practice as a physician in the State of New York.

Case No. CP-11-04

It appearing that the license of CRISOLOGO L. PADILLA, REDACTED

to practice as a physician in the State of New York, was revoked by Order of the State Board for Professional Medical Conduct, dated September 30, 2002, and he having petitioned the Board of Regents for restoration of said license, and the Regents having given consideration to said petition and having reviewed the record, and having agreed with and adopted the recommendations of the Peer Committee and the majority of the Committee on the Professions, now, pursuant to action taken by the Board of Regents on February 8, 2011, it is hereby

ORDERED that the petition for restoration of License No. 109998, authorizing CRISOLOGO L. PADILLA to practice as a physician in the State of New York, is denied.



IN WITNESS WHEREOF, I, David M. Steiner, 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 Aday of March 2011.

REDACTED

Commissioner of Education

Case No. CP-11-02

It appearing that the license of CRISOLOGO L. PADILLA, REDACTED

the State Board for Professional Medical Conduct, dated September 30, 2002, and he having petitioned the Board of Regents for restoration of said license, and the Regents having given consideration to said petition and having reviewed the record, and having agreed with and adopted the recommendations of the Peer Committee and the majority of the Committee on the Professions, now, pursuant to action taken by the Board of Regents on February 8, 2011, it is hereby

VOTED that the petition for restoration of License No. 109998, authorizing CRISOLOGO L. PADILLA to practice as a physician in the State of New York, is denied.

THE UNIVERSITY OF THE STATE OF NEW YORK The State Education Department

Report of the Committee on the Professions Application for Restoration of Physician License

Re: Crisologo L. Padilla

Found guilty, based on a guilty plea, in U.S. District Court, Southern District of New York, of one count of Accepting Kickbacks for Medicare Referrals and one count of Tax Evasion. He was ordered to pay \$30,000 in restitution and a \$100 assessment and was sentenced to three years probation.

O6/10/02 Charged with professional misconduct by the Office of Professional Medical Conduct of the New York State Health Department, based on the federal conviction.

09/30/02 Hearing Committee of the State Board for Professional Medical Conduct sustained charges and revoked license.

02/23/06 Application submitted for restoration of physician license.

02/08/07 Peer Committee restoration review.

11/27/07 Report of the Peer Committee.

09/30/08 Committee on the Professions meeting with applicant.

01/24/11 Report of the Committee of the Professions.

Disciplinary History. (See attached disciplinary documents.) On October 23, 2001, Dr. Padilla pled guilty in U.S. District Court, Southern District of New York, to Accepting Kickbacks for Medicare Referrals and to Tax Evasion. He was sentenced to serve 3 years of probation and to pay \$30,000 in restitution and a \$100 assessment. The Office of Professional Medical Conduct (OPMC) served Dr. Padilla with professional misconduct charges dated June 10, 2002 based on his federal conviction. He was found guilty of that charge, and his license was revoked on September 30, 2002.



On February 23, 2006, Dr. Padilla submitted the instant application for restoration of his physician license.

Recommendation of Peer Committee. (See attached Report of the Peer Committee.) The Peer Committee (Lopez, Balentine, Robinson) convened on February 8, 2007 to consider Dr. Padilla's application for restoration of his physician license. In its report dated November 27, 2007, the Committee voted unanimously to recommend that Dr. Padilla's application for restoration be denied.

Recommendation of the Committee on the Professions. On September 30, 2008, the Committee on the Professions (Templeman, Cannell, Hansen), met with Dr. Padilla to consider his application for restoration. He was not represented by an attorney.

Applicant's Statements to COP

The Committee asked Dr. Padilla to explain the events that brought him to his present situation of having to seek restoration of his license. He explained that he had a very busy private medical practice and that he had been referring many of his patients out to third parties to secure durable medical equipment as well as medical tests that they needed. In the late 1980's, some of those outside providers started to give him gifts consisting of office equipment for the referrals, and he accepted those items as gifts. However, the gift giving snowballed. Eventually, one laboratory offered him cash for his referral. He went along with these offers of cash and gifts simply because it was so easy to do so, even after he realized that it was wrong since they were kickbacks. Much of the equipment that he was given was actually rented by the outside groups for his benefit. He was eventually caught by the Federal Bureau of Investigation (FBI), when they taped him having a conversation with an oxygen supplier over the telephone. After his arrest, Dr. Padilla cooperated with the FBI, and his cooperation led to charges against six more entities that were giving kickbacks. Dr. Padilla stated that he was sentenced to three years of probation in his federal case and that his medical license was revoked by New York State. He noted that 14 other doctors had been prosecuted by the FBI as a result of the same investigation, but that the others only had their licenses suspended. He was released from probation in 2006.

The Committee asked Dr. Padilla to explain why he took the cash and other kickbacks that led to the loss of his license, and how he was different now so that the Committee could be assured that he would not repeat those actions if his license were to be restored. Dr. Padilla explained that he did not need the money when he took the cash and gifts. It was simply greed that led him to accept them. At the present time, he still has sufficient income and would not need extra money that would lead him to take kickbacks. He believes that he is different at the present time because the experience of losing his license and undergoing a criminal prosecution was devastating to him. He felt shame for disgracing not only himself, but also his family and the profession. The loss of his license left him feeling incomplete. He indicated that he would never again participate in any illegal act.

The committee asked Dr. Padilla to explain why he waited almost three years after losing his license to start taking continuing medical education (CME) courses or to do volunteer work. Dr. Padilla stated that his attorney had failed to explain to him what was expected of him in order to get his license back. Once he received proper legal advice, he proceeded to take CME courses. He has taken over 300 CME courses, some live and some over the internet, and is continuing to take them every day over the internet. He indicated that several of the courses included ethics. He also provided more than a hundred volunteer hours at his church, where he worked in a soup kitchen for people in need. Dr. Padilla admitted that he has not been doing much volunteer work recently because, at the age of 73, he has some medical problems that have hindered him. He has a limp from arthritis and also has a heart ailment. In addition, he has been assisting family members.

Dr. Padilla informed the Committee that if he were to get his license back, he does not now plan to return to private practice. He would hope to work part-time as a medical assistant and would like to volunteer to supervise interns. He would also like to volunteer to provide treatment at medical missions to poor countries. He wants to try to give something back to society.

COP Recommendation

The overarching concern in all restoration cases is the protection of the public. Education Law §6511 gives the Board of Regents discretionary authority to make the final decision regarding applications for the restoration of a professional license. Section 24.7 of the Rules of the Board of Regents charges the COP with submitting a recommendation to the Board of Regents on restoration applications. Although not mandated by law or regulation, the Board of Regents has instituted a process whereby a Peer Committee first meets with an applicant for restoration and provides a recommendation to the COP. A former licensee petitioning for restoration has the significant burden of satisfying the Board of Regents that there is a compelling reason that licensure should be granted in the face of misconduct that resulted in the loss of licensure. There must be clear and convincing evidence that the petitioner is fit to practice safely, that the misconduct will not recur, and that the root causes of the misconduct have been addressed and satisfactorily dealt with by the petitioner. It is not the role of the COP to merely accept, without question, the arguments presented by the petitioner but to weigh and evaluate all of the evidence submitted and to render a determination based upon the entire record.

The majority of the COP agrees with the reasoning, findings and recommendations of the Peer Committee. Although Dr. Padilla does appear to be remorseful for his prior actions, we found nothing compelling in his presentation that would convince us to recommend the restoration of his license. We note that he did not seek psychological counseling of any sort to get a better understanding of why he took kickbacks. Although he appears to have suffered shame for his past actions that led to his conviction and loss of license, he was unable to adequately explain to us how he has changed since the time of his criminal misconduct, as a result of which we are unable to formulate an opinion that he is completely rehabilitated. We, therefore, do not feel that he can be returned to the profession without threat of a reoccurrence. In addition, we agree with the Peer Committee that the amount of continuing medical

education documented in the record and the amount of community service in which the applicant has engaged are insufficient to justify the restoration of his medical license, especially in light of the fact that his license was revoked almost eight years ago.

The minority member of the Committee on the Professions disagrees with the recommendation of the Peer Committee. The minority member found that Dr. Padilla was genuinely remorseful for his actions and that he had come to an understanding of the fact that his greed, which he readily admitted to be the driving force behind his illegal activities, had led him down a road to his loss of self-respect. He found Dr. Padilla to now have a true appreciation of the importance of demonstrating to the public that he is worthy of holding a medical license in this State. The minority member does not believe that Dr. Padilla would commit a criminal act again, and he found that Dr. Padilla had re-educated and rehabilitated himself by taking a substantial amount of CME courses and performing an adequate amount of volunteer work, which had been limited recently due to health issues. The minority member also found Dr. Padilla's expressed hope to be able to give back to the public by performing volunteer work as a physician to be laudable. The minority member recommended that the revocation of Dr. Padilla's license to practice as a physician in the State of New York be stayed, that he be placed on probation for five years under the terms of probation attached to this report and labeled as Exhibit "A," and that upon satisfactory completion of the probationary period, his license to practice be fully restored.

Based on all of the foregoing, a complete review of the record, and its meeting with him, the Committee on the Professions, by a vote of two to one, voted to concur with the recommendation of the Peer Committee that the application herein be denied at this time.

Leslie Templeman, Chair Jeffrey Cannell Stanley Hansen

EXHIBIT "A"

TERMS OF PROBATION RECOMMENDED BY MINORITY MEMBER OF THE COMMITTEE ON THE PROFESSIONS

Crisologo L. Padilla

- That applicant, during the period of probation, shall be in compliance with the standards of conduct prescribed by the law governing applicant's profession;
- 2. That applicant shall submit written notification to the New York State Department of Health, addressed to the Director, Office of Professional Medical Conduct, of any employment and/or practice, applicant's residence, telephone number, or mailing address, and of any change in applicant's employment, practice, residence, telephone number, or mailing address within or without the State of New York;
- 3. That applicant shall submit written proof from the Division of Professional Licensing Services (DPLS), New York State Education Department (NYSED), that applicant has paid all registration fees due and owing to the NYSED and applicant shall cooperate with and submit whatever papers are requested by DPLS in regard to said registration fees, said proof from DPLS to be submitted by applicant to the Department of Health (DOH), addressed to the Director, Office of Professional Medical Conduct (OPMC), as aforesaid, no later than the first three months of the period of probation;
- 4. That applicant shall submit written proof to DOH, addressed to the Director, OPMC, as aforesaid, that 1) applicant is currently registered with the NYSED, unless applicant submits written proof that applicant has advised DPLS, NYSED, that applicant is not engaging in the practice of applicant's profession in the State of New York and does not desire to register, and that 2) applicant has paid any fines which may have previously been imposed upon applicant by the Board of Regents or pursuant to section 230-a of the Public Health Law, said proof of the above to be submitted no later than the first two months of the period of probation;
- 5. That applicant shall only practice within an institutional or other group setting under the onsite supervision of a physician licensed by the State of New York, said setting and supervision to be subject to the prior approval of the Director of the Office of Professional Medical Conduct, and shall have quarterly performance reports submitted to the New York State Department of Health (DOH), addressed to the Director, Office of Professional Medical Conduct, as aforesaid, from his employer, evaluating his performance as a physician in his place of employment, said reports to be prepared by applicant's supervisor or employer;
- 6. That applicant shall make quarterly visits to an employee of the OPMC, DOH, unless otherwise agreed to by said employee, for the purpose of said employee monitoring applicant's terms of probation to assure compliance therewith, and applicant shall cooperate with said employee, including the submission of information requested by said employee, regarding the aforesaid monitoring;

- That upon receipt of evidence of noncompliance with or any other violation of any of the aforementioned terms of probation, the OPMC may initiate a violation of probation proceeding; and
- 8. That the period of probation shall be tolled during periods in which the applicant is not engaged in the active practice of medicine in New York State. The applicant shall notify the Director of OPMC, in writing, if the applicant is not currently engaged in or intends to leave the active practice of medicine in New York State for a period of thirty (30) consecutive days or more. The applicant shall then notify the Director again prior to any change in that status. The period of probation shall resume and any terms of probation which were not fulfilled shall be fulfilled upon the applicant's return to practice in New York State.



The University of the State of New York

NEW YORK STATE EDUCATION DEPARTMENT OFFICE OF PROFESSIONAL RESPONSIBILITY STATE BOARD FOR MEDICINE

In the Matter of the Application of

CRISOLOGO L. PADILLA

REPORT OF THE PEER COMMITTEE CAL. NO. 23078

for the restoration of his license to practice as a physician in the State of New York.

CRISOLOGO L. PADILLA, REDACTED

hereinafter known as the applicant, was previously licensed to practice as a physician in the State of New York by the New York State Education Department. Said license was revoked in September 2002. The applicant has applied for restoration of his license.

CHRONOLOGY OF EVENTS

8/17/71 The applicant was issued license number 109998 to practice as a physician in the State of New York.

10/23/01 In the United States District Court, Southern District of New York, the applicant was found guilty, based on a plea of guilty, of one count of Accepting Kickbacks for Medicare Referrals, in violation of 42 USC 1320a-7b(b)(1)(B), and one count of Tax Evasion, in violation of 26 USC 7201. He was sentenced to \$30,000.00 in restitution, a \$100.00 assessment and three years probation.

6/10/02 The applicant was charged with professional misconduct by the Office of Professional Medical Conduct.

9/30/02 Order issued revoking the applicant's license to practice medicine in the State of New York.

2/23/06 The applicant submits his application for restoration of license to practice as a physician in the State of New York.

2/9/07 Peer Committee restoration review.

BACKGROUND INFORMATION

The written application, supporting papers provided by the applicant, and papers resulting from the investigation conducted by the Office of Professional Discipline (OPD), were compiled by the prosecutor from OPD into a packet that was distributed to this Peer Committee in advance of its meeting and also provided to the applicant.

Listed below is information from that packet, which was also submitted by OPD on the day of the meeting. Further details pertaining to the documents in the packet may be found therein.

PRIOR DISCIPLINARY HISTORY

The Federal Bureau of Investigation arrested the applicant in June 1998 on charges of conspiracy to commit health care fraud. The applicant pled guilty in United States District Court, Southern District, to felony charges of accepting kickbacks for Medicare referrals and federal tax evasion. On October 23, 2001, he was sentenced to three years probation, with an assessment of \$100 and restitution of \$30,000. The applicant paid his assessment and restitution, completed probation and was discharged on October 22, 2004.

In June 2002, the Office of Professional Medical Conduct charged the applicant with misconduct based on the felony conviction. From approximately 1987 through 1998, the applicant, a board-certified surgeon and general practitioner, knowingly participated in Medicare fraud by conspiring with laboratories and providers of durable medical equipment for referral kickbacks. The applicant also failed to report three years of proceeds from said kickbacks to the Internal Revenue Service and, in addition to the conviction for tax evasion, was required

to pay \$70,000 in back taxes. The Hearing Committee determined that although the applicant had cooperated with authorities in ongoing fraud investigations, he did so to obtain leniency in sentencing. The Committee noted that the applicant's participation in the conspiracy, when combined with the other participants, resulted in illicit proceeds that reached into the high six-figure range. They determined that the applicant's long-term, deliberate criminal fraud, for which he obtained medical equipment and cash, was sufficient to prove the self-serving intent of his actions.

The applicant's New York State medical license was revoked, effective October 8, 2002.

THE APPLICATION

The application lists (in exhibit F thereof, page 96 of the packet) approximately 85 continuing medical education (CME) credits, starting from January 2005. An additional 250 CME credits are documented in a submission accompanying the packet under a cover letter dated January 17, 2007 from the applicant's attorney's law firm and signed by attorney Denise Buda. The application states, in part G thereof regarding rehabilitation, that some of the courses listed in exhibit F involved ethics or had ethical components to them.

The application cites as community service, 28 hours of volunteer work at St. Francis Xavier Welcome Table beginning in September 2005. The submission cited above (January 17, 2007) notes an additional 45 hours.

INVESTIGATIVE INTERVIEW

On June 21, 2006, the applicant, along with attorney Denise Buda, appeared at OPD's for an interview. In substance, the applicant related the following. He stated that his motive for his misconduct was simply greed to obtain financial gains. He stated, "Everyone was doing it." The applicant cooperated with the U.S. Attorney in the arrest of others involved in the same scheme. He said he accepts his punishment and accepts his involvement in the crimes. One regret he has is that after his cooperation, his license was still revoked. He said that 14 others involved were only suspended by the Department of Health. The applicant has paid all fines and restitution to the I.R.S.

The applicant is retired and supports himself with savings and Social Security, along with stock dividends. He is married with four children including a son who is a physician and a daughter that is a nurse practitioner. Another son has a bipolar condition. He stated that he worked hard to obtain his license, so if he is reinstated he intends to assist his daughter and volunteer in a hospital. He said he does not wish to go into

private practice. He has had bypass surgery and at present is in good health and has no need for any medications.

PEER COMMITTEE MEETING

On February 8, 2007, this Peer Committee met to consider this matter. The applicant appeared before us personally and was represented by Michael Kelton, Esq. Also present was Wayne Keyes, Esq., an attorney from the Division of Prosecutions, Office of Professional Discipline (OPD). During the course of opening statements, applicant's exhibit A, a letter dated October 7, 2002, was admitted into evidence.

The applicant's first witness was Dr. Howard Bleier who has known the applicant for approximately thirty years. He became aware of the applicant's conviction in September 2005 when the applicant asked him to provide a supporting affidavit.

Dr. Bleier went on to say that in the few years that he worked with the applicant at Community Hospital he felt that the applicant had very good skills and his patients were happy with him and he had an excellent reputation at the hospital.

The next witness was Rev. Anthony Rucando who has known the applicant and his wife for approximately eleven years through his parish. He said he has only really came to know the applicant in the past few years. He knows about the applicant's conviction because the applicant told him about it around

September of 2005 when the applicant asked him for a supporting affidavit. He said he believes the applicant took full responsibility for his criminal activity and is very remorseful.

The applicant's next witness was Dr. H. Barry Opell who has known the applicant for approximately thirty years and worked with him since the 1980's at Community Hospital where they would consult with each other regarding patients and refer patients to each other. He has known about the applicant's conviction and loss of license since these events happened. The first time he discussed these things with the applicant was when the applicant asked him for a supporting affidavit in the fall of 2005.

Dr. Opell said that the applicant is a consummate surgeon, and always appropriate in his conduct as a surgeon and he had a very good reputation. He said the applicant has expressed his remorse for his misconduct by saying that what he had done was stupid, that he was ashamed of it because he had slurred his name amongst his peers, in the hospital and in the community in general.

The applicant's next witness was Betty Perrini who became a patient of the applicant in 1989 when she was dissatisfied with her treatment by other physicians. He took care of her illness and also a subsequent illness. She and her husband became social friends with the applicant and began boating and fishing

together. Ms. Perrini also became employed in the applicant's office in November 1992. She said the applicant was loved and respected by his patients. After the applicant lost his license she worked in the office with the applicant's son, Dr. Michael Padilla, for a few more years. Ms. Perrini was actually in the office when the applicant was taken into custody by the authorities. She said the applicant subsequently told her what he had done and he expressed remorse by saying it was stupid and he lost everything as a result of it. He also expressed remorse because of all the patients who had relied on him and could no longer do so. Ms. Perrini also supplied a supporting affidavit for the applicant.

The applicant was the final witness. He gave a brief family history including a mention of his son with a mental health condition and a third son who is a registered nurse.

The applicant then described his recent health history which started in 2000 with quadruple bypass surgery followed by carotid surgery. He said his recovery was slow from these procedures.

The applicant then went into some detail about the kickbacks he received starting in 1987 when he was given an EKG machine as a thank you for referring patients. This was followed by a pulmonary spirometry device and then a computer. He said in

1994 he began receiving cash kickbacks that amounted to approximately \$85,000 between then and 1998 when he was taken into custody. He said that from the very beginning he knew what he was doing was wrong but it was so easy to do that he got greedy. He said he had a very good practice and did not need the money from these kickbacks. He said that he never referred a patient that did not actually need what he prescribed for them.

The applicant went on to say that as soon as he was caught he began to cooperate with the U.S. Attorney's Office and this resulted in the conviction of four individuals.

The applicant said that as a result of his criminal activity, the guilt is like "carrying a cross." He said that he is very sorry. He said that what he did was wrong, dishonest and not acceptable and that he did it purely out of greed and that he has no one to blame but himself. He said he brought shame and disgrace not only on himself but on his family and the medical profession.

Regarding community service, the applicant said he continues to do four hours every Sunday at the soup kitchen at St. Francis Hospital.

Regarding CME's, the applicant said he has taken many courses including a five hour course on medical ethics and other courses that also consisted partly of ethics.

The applicant went on to say that he would like to get his license back so he could work with his daughter in her nurse practitioner practice where he would act as the physician mentor of said practice. He said he would also like to teach in medical school and perhaps go on a volunteer medical mission in the Philippines.

He said he would not repeat his criminal conduct again because of the pain, shame and disgrace it caused him and his family, and because it is against his religion and his conscience.

When asked by Mr. Keyes if he had received any formal counseling to deal with the shame and disgrace, the applicant said he had not but that he prays when he is confronted with those feelings and that it helps.

Upon further questioning by Mr. Keyes, the applicant confirmed that although his license was revoked in September 2002, he had done no formal CME until January of 2005. He also confirmed that he had done no community service until September of 2005. The applicant said that from 2002 to 2005 he had been busy trying to rehabilitate himself physically and had been caring for his mentally disabled son and his wife.

The applicant was then told by a panel member that in New York State a nurse practitioner must have a supervising

physician who is responsible for the practice of the nurse practitioner and who must audit the charts of the nurse practitioner with a certain frequency. The applicant was then asked if he thought it was appropriate that such a supervising physician be a close relative of the nurse practitioner. The applicant said he could not answer that question. In that regard, the following exchange took place between the chairperson and the applicant:

THE CHAIRMAN: You have stated that in the event that your license is restored, one of the things primarily, the main thing that you would like to do is to be collaborating physician to your daughter.

Now, what sort of type of specialty, or what sort of nurse practitioner is she going to be?

THE WITNESS: She will do general medicine.

THE CHAIRMAN: General medicine?

THE WITNESS: Yes.

THE CHAIRMAN: Now, do you feel that under those circumstances, being that you are going to be the corroborating physician, and you would have to set up protocols, referrals, diagnosis management, you would have to review charts, and you would have to deal with disagreements in management, as well as disagreements in diagnosis with your daughter, do you feel that

you are qualified, or do you consider that that is going to create a problem for you?

THE WITNESS: I feel strongly that I'm very much qualified.

THE CHAIRMAN: Do you think that you can set protocols for her to practice medicine?

THE WITNESS: Yes.

THE CHAIRMAN: You do?

THE WITNESS: Yes.

RECOMMENDATION

The Peer Committee has considered the entire record in this matter.

We believe the application for restoration of licensure in this matter is premature. The applicant had only been involved in CME for two years before the hearing herein. For the first two years after the revocation of his license, he did no CME, at least none he could document. In addition, the CME that the applicant has documented is insufficient to warrant restoration of licensure at this time. Also, we believe the CME done by the applicant was done to prepare for this hearing, not to reeducate himself.

Furthermore, the applicant did not perform any community service until a year and a half before the hearing. We believe

this was also done in preparation for the hearing, not out of a desire to give back to the community for his wrongdoing.

We also must question the applicant's judgment regarding his ambition to be the supervising physician overseeing his daughter's nurse practitioner practice. To do so the applicant would have to set standards of practice, protocols, methods of solving patient conflicts, methods of solving disagreements in management and disagreements regarding diagnosis. We do not believe the applicant has enough CME to do that. Also, given the close family relationship, we believe this could create an ethically questionable situation.

Further, we see no reason to give consideration for the applicant's cooperation with the U.S. Attorney's Office. He has already received the benefit of that cooperation by a light sentence in that criminal matter of three years probation.

We simply do not believe that the applicant has met his burden of demonstrating sufficient remorse, re-education, and rehabilitation to warrant reinstatement of his license at this time. It is therefore our unanimous recommendation that his application for restoration of licensure as a physician in the State of New York be denied.

We hope the applicant will take our comments into consideration should he reapply in the future.

Respectfully submitted,

RAFAEL LOPEZ, M.D., Chairperson

JERRY BALENTINE, M.D.

BENJAMIN ROBINSON. ESQ. 0

REDACTED

Chairperson

Dated