



***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.  
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NYS Department of Health*

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

Dennis J. Graziano, Director  
*Office of Professional Medical Conduct*

**PUBLIC**

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*Chair*

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

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

March 4, 2003

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

John F. Coughlan, P.A.  
1200 Coral Lane  
Englewood, FL 34224

RE: License No. 001500

Dear Mr. Coughlan:

Enclosed please find Order #BPMC 03-53 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect March 4, 2003.

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 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: Thoomas V. Kenny, Jr., Esq.  
65 Second Street  
Troy, NY 12180

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

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**IN THE MATTER**  
**OF**  
**JOHN F. COUGHLAN, P.A.**  
**PM-01-10-5369-A**

**SURRENDER**  
**ORDER**  
BPMC #03-53

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**JOHN F. COUGHLAN, P.A.,** says:

On or about September 5, 1980, I was licensed to practice as a Physician Assistant in the State of New York having been issued License No. 001500 by the New York State Education Department. I currently reside at 1200 Coral Lane, Englewood, FL 34224.

I am not currently registered with the New York State Education Department to practice as a Physician Assistant in the State of New York.

I understand that the New York State Board for Professional Medical Conduct has charged me with one (1) specification of professional misconduct as set forth in the Statement of Charges, annexed hereto, made a part hereof, and marked as Exhibit "A."

I have been offered the opportunity, by the State of New York, to resolve this matter by a Consent Agreement. As I have not practiced as a Physician Assistant in New York state in many years and do not intend to return to practice as a Physician Assistant in New York state, I am, therefore, applying to the State Board for Professional Medical Conduct for an agreement to allow me to surrender my license as a Physician Assistant in the State of New York and request that the Board issue this Surrender Order.

I, hereby, agree not to contest the one (1) specification set forth in the Statement of Charges (Exhibit A).

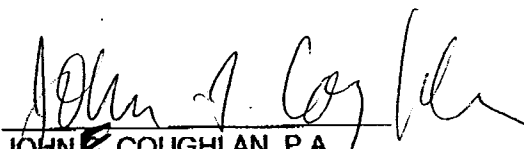
I understand that in the event that this proposed agreement is not granted by the State Board for Professional Medical Conduct, nothing contained herein shall be binding upon me or

proposed agreement 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.

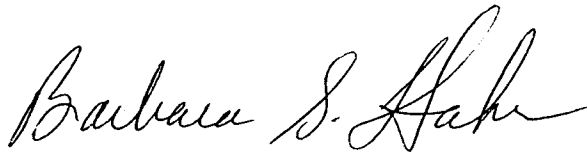
I agree that, in the event the Board grants my Application, as set forth herein, an order of the Chairperson of the Board shall be issued in accordance with same upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of the Order to me at the address set forth above or to my attorney or upon transmission via facsimile to me or my attorney, whichever is first.

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

Date: 19 Feb, 2003

  
JOHN F. COUGHLAN, P.A.  
Respondent

JOHN F. COUGHLAN

  
2/19/03



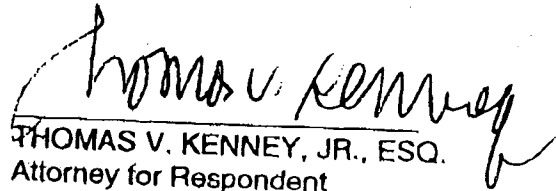
Barbra S Hahn

My Commission CC900662


Expires January 09 2004

AGREED TO:

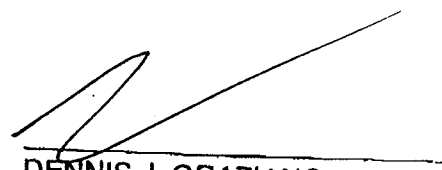
Date: 2/20/03, 2003

  
THOMAS V. KENNEY, JR., ESQ.  
Attorney for Respondent

Date: 20 February 2003

  
ROBERT BOGAN  
Associate Counsel  
Bureau of Professional Medical Conduct

Date: 26 February 2003

  
DENNIS J. GRAZIANO  
Director, Office of Professional  
Medical Conduct

STATE OF NEW YORK

DEPARTMENT OF HEALTH

STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

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IN THE MATTER  
OF  
JOHN F. COUGHLAN, P.A.  
PM-01-10-5369-A

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STATEMENT  
OF  
CHARGES

JOHN F. COUGHLAN, P.A., the Respondent, was authorized to practice medicine as a Physician Assistant in New York state on September 5, 1980, by the issuance of license number 001500 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

A. On or about March 28, 2001, in the Circuit Court, Punta Gorda, Charlotte County, Florida, Respondent was found guilty of Driving while license suspended-with knowledge, in violation of Florida Statutes, Section 322.34(2)(a), a misdemeanor, and was sentenced to pay \$25.00 costs of prosecution, a \$150.00 fine, \$215.50 costs, and a \$50.00 public defender fee.

**SPECIFICATION**

Respondent violated New York Education Law §6530(9)(a)(iii) by being convicted of an act constituting a crime under the law of another jurisdiction and which, if committed within this state, would have constituted a crime under New York state law, in that Petitioner charges:

1. The facts in Paragraph A.

DATED: *Dec. 20*, 2002  
Albany, New York

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

**ORDER**

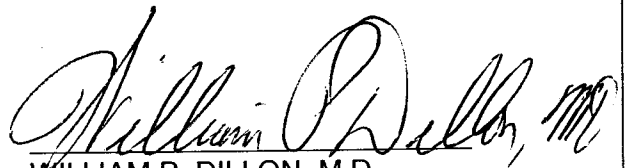
Upon the proposed agreement of **JOHN C. COUGHLAN, P.A.**, to Surrender his license as a Physician Assistant in the State of New York, which proposed agreement is made a part hereof, it is AGREED TO and

ORDERED, that the proposed agreement and the provisions thereof are, hereby, adopted; it is further

ORDERED, that the name of the Respondent be stricken from the roster of Physician Assistants in the State of New York; it is further

ORDERED, that this Order shall be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy to Respondent at the addresses set forth in this agreement or to Respondent's attorney or upon transmission via facsimile to Respondent or Respondent's attorney, whichever is earliest.

DATED: 2/28, 2003



WILLIAM P. DILLON, M.D.

Chair

State Board for Professional  
Medical Conduct