



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

March 26, 1996

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

William W. Burney, M.D.
6608 Pepperwood Court
Wichita, Kansas 67726

Re: License No. 145020
Effective Date April 2, 1996

Dear Dr. Burney:

Enclosed please find Order #BPMC 96-67 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 J. Vacanti, M.D.
Chair
Board for Professional Medical Conduct

Enclosure

NEW YORK STATE DEPARTMENT OF HEALTH 28

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

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IN THE MATTER :
OF : ORDER
WILLIAM W. BURNEY, M.D. : BPMC #96-67

-----X

Upon the Application of WILLIAM W. BURNEY, 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: 20 March 1996

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

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 in that I do not wish to contest any proceeding which the New York State Board for Professional Medical Conduct could bring resulting from the Kansas Stipulation Agreement and Enforcement Action.

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 re-apply for licensure in the State of New York. I

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

-----X

IN THE MATTER : APPLICATION TO
OF : SURRENDER
WILLIAM W. BURNEY, M.D. : LICENSE

-----X

STATE OF KANSAS)

ss.:

COUNTY OF SEDGWICK)

WILLIAM W. BURNEY, M.D., being duly sworn, deposes and says:

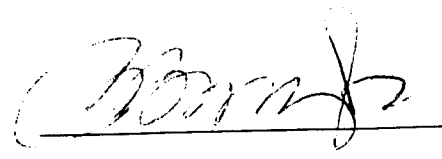
On or about 1981 I was licensed to practice medicine as a physician in the State of New York having been issued License No. 145020 by the New York State Education Department.

I am not currently registered with the New York State Education Department to practice as a physician in the State of New York. My address is 1755 North Madison, Wichita, Kansas 67214.

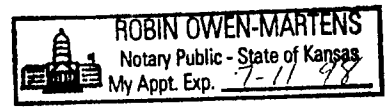
On or about February 13, 1994, I entered into a Stipulation Agreement and Enforcement Order with the Kansas State Board of Healing Arts wherein I voluntarily surrendered my license.

understand that this is a disciplinary surrender of my license.

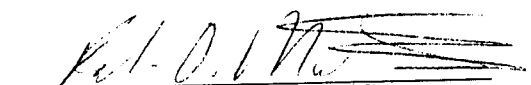
I am making this Application of my own free will and accord and not under duress, compulsion, or restraint of any kind or manner.



WILLIAM W. BURNEY, M.D.
Respondent



Sworn to before me this
13th day of March, 1996


NOTARY PUBLIC

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

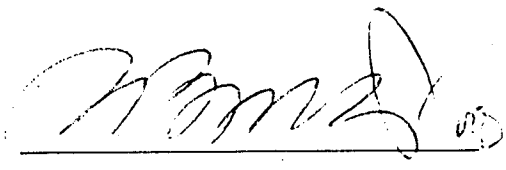
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IN THE MATTER : APPLICATION TO
OF : SURRENDER
WILLIAM W. BURNEY, M.D. : LICENSE

-----X

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

Date: MARCH 13, 1996

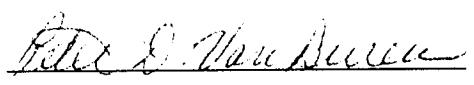


WILLIAM W. BURNEY, M.D.
Respondent

Date: _____, 1995

_____, Esq.
Attorney for Respondent

Date: MARCH 14, 1996



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

Date: 3/20, 1996

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

Date: 20 March 1996

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