

**IN THE MATTER  
OF  
ROSS M. KATZ, M.D.**

**NONDISCIPLINARY  
ORDER  
OF CONDITIONS  
PURSUANT TO  
§230 OF THE  
PUBLIC HEALTH LAW**


Upon the proposed agreement of **ROSS M. KATZ, M.D.** (Licensee) for Consent Order, which Application is made a part hereof, it is agreed to and

**ORDERED**, that the application and the provisions thereof are hereby adopted and so **ORDERED**, and it is further

**ORDERED**, that this order shall take effect as of the date of the personal service of this order upon Licensee, upon receipt by Licensee of this order via certified mail, or seven days after mailing of this order by certified mail, whichever is earliest.

**SO ORDERED.**

DATED: 12/16/03

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

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

IN THE MATTER  
OF  
ROSS M. KATZ, M.D.  
CO-03-08-3785-A

STIPULATION AND  
APPLICATION  
FOR A  
NONDISCIPLINARY  
ORDER  
OF CONDITIONS  
PURSUANT TO  
§230 OF THE  
PUBLIC HEALTH  
LAW

**ROSS M. KATZ, M.D.**, representing all statements herein made to be true, deposes and says:

That on or about June 15, 1984, I was licensed to practice as a physician in the State of New York, having been issued License No. 163631 by the New York State Education Department.

My current residence is 6491 E. Greythorn Drive, Scottsdale, AZ 85262. I will notify the Director of the Office of Professional Medical Conduct ("the Director") of any change in my residence, employment, or medical practice addresses or hospital affiliations.

I understand that the New York State Board for Professional Medical Conduct has investigated allegations concerning my fitness to practice medicine.

I request that the State Board for Professional Medical Conduct ("the Board") and the Director, in reliance upon the results of its investigation to date, that I have practiced medicine without incident in at least the year preceding the date of the instant application, conclude the investigation of these allegations, provided I successfully, and without incident, comply with the Conditions set forth below. In consideration of the Board and the Director granting this Application, and upon the State Board's election not to bring disciplinary charges against me, I agree that the State Board for Professional Medical Conduct and the Director of the Office of Professional Medical Conduct, shall issue a *Nondisciplinary Order of Conditions Pursuant to New York Public Health Law §230*. This Order shall set the following *Conditions* upon my practice:

I agree not to engage in the practice of anesthesiology in the State of New York until I have demonstrated to the Director, OPMC, my fitness to practice.

I shall provide ninety (90) days notice, in writing, prior to returning to the practice of anesthesiology in the State of New York or any jurisdiction where that practice is predicated on my having a license to practice medicine in New York State. The Director in his sole discretion, may impose whatever conditions, he deems reasonable.

Licensee shall conduct himself in all ways in a manner befitting his professional status, and shall conform fully to the moral and professional standards of conduct and obligations imposed by law and by his profession. Licensee acknowledges that if he commits professional misconduct as enumerated in New York State Education Law §6530 or §6531, those acts shall be deemed to be a violation of this Order and that an action may be taken against Licensee 's license pursuant to New York State Public Health Law.

Licensee shall submit written notification to the New York State Department of Health addressed to the Director of the Office of Professional Medical Conduct, New York State Department of Health, 433 River Street, Suite 303, Troy, NY 12180-2299; said notice is to include a full description of any employment and practice, professional and residential addresses and telephone numbers within or without New York State, and any and all investigations, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility, within thirty days of each action.

Licensee shall fully cooperate in every respect with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Order and in its investigation of Licensee. Licensee shall respond in a timely manner to each and every request by OPMC to provide written periodic verification of Licensee's compliance with the terms of this Order. Licensee shall meet with a person designated by the Director of OPMC, as directed. Licensee shall respond promptly and provide any and all documents and information within Licensee's control, upon the direction of OPMC. This condition shall be in effect beginning upon the effective date of the Consent Order and will continue while Licensee possesses a license.

I stipulate that my failure to comply with these conditions shall constitute misconduct as defined by New York State Education Law §6530(29).

I, hereby, make this Application to the State Board for Professional Medical Conduct (the Board) and request that it be granted.

I understand that nothing in this Application shall be construed as an admission by me of any act of alleged misconduct, nor a finding of such misconduct. I, hereby, deny any acts of misconduct and reserve my right to assert any and all defenses on my behalf in any later or other proceeding.

I understand and agree that any failure by me to comply with, successfully complete, and satisfy any or all of the material conditions set forth herein shall vest the Director of OPMC, in the exercise of reasonable discretion, to vacate this agreement and permit the Director to pursue further investigation and/or prosecution of misconduct against to the full extent authorized by the Public Health Law and Education Law.

I understand that an Order issued upon this Application does not bar prosecution for professional misconduct based upon allegations of violations of Educ. Law Sec. 6530 unrelated to the issues whether those alleged violations occurred before or after the date of this Application.

I agree that if the Board grants this Application, an Order of the Chairperson of the Board shall issue in accordance with its terms. I understand that this Nondisciplinary Order shall be disclosed to the Federal National Practitioner Data Bank, the Federation of State Medical Boards and on the DOH website.

I make this Application of my own free will and accord and not under duress, compulsion or restraint of any kind. In consideration of the value to me of the Board's acceptance of this Application, I hereby waive any right I may have to contest the Order for which I apply, whether administratively or judicially, I agree to be bound by the Order, and ask that the Board grant this Application.

DATE: 12.8.03



ROSS M. KATZ, M.D.  
Licensee

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

IN THE MATTER  
OF  
ROSS M. KATZ, M.D.

STIPULATION AND  
APPLICATION  
FOR A  
NONDISCIPLINARY  
ORDER  
OF CONDITIONS  
PURSUANT TO  
§230 OF THE  
PUBLIC HEALTH LAW

The undersigned agree to the attached Application of the Licensee and to the issuance of the proposed Order of Conditions Pursuant to §230 of the Public Health Law.

DATE: 09 December 2003

  
ROBERT BOGAN, ESQ.  
Associate Counsel  
Bureau of Professional Medical Conduct

DATE: 15 December 2003

  
DENNIS J. GRAZIANO  
Director  
Office of Professional Medical Conduct