



**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

Public

Kendrick A. Sears, M.D.  
Chairman

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

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

February 8, 2006

**CERTIFIED MAIL-RETURN RECEIPT REQUESTED**

Christojohn Samuel, M.D.  
3845 Davids Avenue  
Agoura, CA 91301-3643

Re: License No. 137349

Dear Dr. Samuel:

Enclosed is a copy of Modification Order #BPMC 04-192 of the New York State Board for Professional Medical Conduct. This modification order and any penalty provided therein goes into effect February 15, 2006.

**If the penalty imposed by this Order is a surrender, revocation or suspension, you are required to deliver your license and registration within five (5) days of receipt of this 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: Jamie Skebba, Esq.  
Moore, Winter, Skebba & McLennan  
701 North Brand Blvd, Suite 200  
Glendale, CA 91203

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

---

IN THE MATTER  
OF  
CHRISTOJOHN SAMUEL, M.D.

MODIFICATION  
ORDER  
BPMC No. 04-192

---

Upon the proposed Application to Modify Consent Order BPMC No. 04-192 of  
**CHRISTOJOHN SAMUEL, M.D.**, (Respondent) for Consent Order, that is made a part of this  
Modification Order, it is agreed to and

ORDERED, that the attached Application, and its terms, are adopted and it is further  
ORDERED, that this Modification Order shall be effective upon issuance by the Board,  
either by mailing of a copy of this Modification Order, by either first class mail, to Respondent at  
the address in the attached Application or certified mail to Respondent's attorney, or upon  
transmission via facsimile to Respondent or Respondent's attorney, whichever is earliest.

SO ORDERED.

DATED: 2-7-06



---

KENDRICK A. SEARS, M.D.  
Chair  
State Board for Professional  
Medical Conduct

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

---

**IN THE MATTER**  
**OF**  
**CHRISTOJOHN SAMUEL, M.D.**

**APPLICATION TO**  
**MODIFY CONSENT ORDER**  
**BMPC No. 04-192**

---

**CHRISTOJOHN SAMUEL, M.D.**, (Respondent) deposes and says:

That on or about February 22, 1979, I was licensed to practice as a physician in the State of New York, having been issued License No. 137349 by the New York State Education Department.

My current address is 3845 Davids Avenue, Agoura, CA 91301-3643.

I am currently subject to CONSENT ORDER BMPC No. 04-192, dated August 24, 2004, annexed hereto, made a part hereof, and marked as Exhibit I (hereinafter "Original Order"), that was issued upon a CONSENT AGREEMENT AND ORDER signed by me on July 28, 2004, (hereinafter "July 28, 2004, Agreement"), adopted by the Original Order.

I apply, hereby, to the State Board for Professional Medical Conduct for a Modification Order (hereinafter "Modification Order"), modifying the Original Order, as follows: to delete the language in the Original Order that states:

“ Three (3) year suspension of my New York state license, stayed, with three (3) years probation to run concurrently with and until the successful completion of the probation imposed by the January 16, 2004, Division of Medical Quality, Medical Board of California, Department of Consumer Affairs, Decision and Order, in accordance with Exhibit B attached, hereto.”

“ Should I return to the practice of medicine in New York state or in any other jurisdiction where that practice is predicated on my New York state license to practice medicine prior to the successful completion of the probation by the State of California, I shall provide ninety (90) days notice, in writing, to the Director, OPMC. The Director in his sole discretion, may impose whatever Probation, limitation(s), term(s) or further condition, he deems reasonable. “

" That, except during periods of actual suspension, I shall maintain current registration of my license with the New York State Education Department Division of Professional Licensing Services, and pay all registration fees. This condition shall be in effect beginning thirty days after the effective date of the Consent Order and will continue while Respondent possesses his license; and"

substituting therefore:


"I shall never activate my registration to practice medicine in New York state or seek to reapply for a license to practice medicine in New York state."

The Modification Order to be issued will not constitute a new disciplinary action against me, but will substitute the proposed language for the above described language in the Original Order.

I am making this Application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner, and seek the anticipated benefit of the requested Modification. In consideration of the value to me of the acceptance by the Board of this Application, I knowingly waive any right I may have to contest the Original Order or the Modification Order for which I apply, whether administratively or judicially, and ask that the Board grant this Application.

AFFIRMED:

DATED: 1-27-06

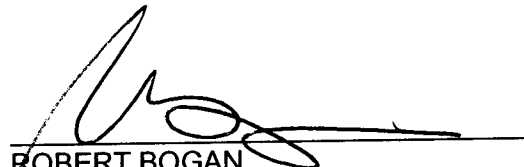
  
CHRISTOJOHN SAMUEL, M.D.  
Respondent

The undersigned agree to the attached application of Respondent and to the proposed penalty based on the terms and conditions thereof.

DATE: \_\_\_\_\_

\_\_\_\_\_  
JAMIE B. SKEBBA  
Attorney for Respondent

DATE: 02/02/05

  
\_\_\_\_\_  
ROBERT BOGAN  
Associate Counsel  
Bureau of Professional Medical Conduct

DATE: 2/06/06

  
\_\_\_\_\_  
DENNIS J. GRAZIANO  
Director  
Office of Professional Medical Conduct



"Exhibit A"

***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

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

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

**PUBLIC**

August 26, 2004

**CERTIFIED MAIL-RETURN RECEIPT REQUESTED**

Christojohn Samuel, M.D.  
3845 Davids Avenue  
Agoura, CA 91301-3643

Re: License No. 137349

Dear Dr. Samuel:

Enclosed please find Order #BPMC 04-192 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect September 2, 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: Jamie B. Skebba, Esq.  
Moore, Winter, Skebba & McLennan, LLP  
700 North Central Avenue, Suite 500  
Glendale, CA 91203

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

---

IN THE MATTER  
OF  
CHRISTOJOHN SAMUEL, M.D.  
CO-04-03-1383-A

---

CONSENT AGREEMENT  
AND ORDER

BPMC No. 04-192

**CHRISTOJOHN SAMUEL, M.D., states:**

That on or about February 22, 1979, I was licensed to practice as a physician in the State of New York, having been issued License No. 137349 by the New York State Education Department.

My current address is 3845 Davids Avenue, Agoura, CA 91301-3643, and I will advise the Director of the Office of Professional Medical Conduct of any change of my address within thirty (30) days thereof.

I understand that the New York State Board for Professional Medical Conduct has charged me with one (1) specification of professional misconduct.

A copy of the Statement of Charges, is annexed hereto, made a part hereof, and marked as Exhibit A.

I do not contest the one (1) Specification, in full satisfaction of the charges against me. I agree, hereby, to the following penalty:

Three (3) year suspension of my New York state license, stayed, with three (3) years probation to run concurrently with and until the successful completion of the probation imposed by the January 16, 2004, Division of Medical Quality, Medical Board of California, Department of Consumer Affairs, Decision and Order, in accordance with Exhibit B attached, hereto.

Should I return to the practice of medicine in New York state or in any other jurisdiction where that practice is predicated on my New York state license to practice medicine prior to the successful completion of the probation by the State of California, I shall provide ninety (90) days notice, in writing, to the Director, OPMC. The Director in his sole discretion, may impose whatever probation, limitation(s), term(s) or further condition, he deems reasonable.

I further agree that the Consent Order for which I hereby apply shall impose the following conditions:

That, except during periods of actual suspension, I shall maintain current registration of my license with the New York State Education Department Division of Professional Licensing Services, and pay all registration fees. This condition shall be in effect beginning thirty days after the effective date of the Consent Order and will continue while Respondent possesses his license; and

That I 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 all matters regarding Respondent. I shall respond in a timely manner to each and every request by OPMC to provide written periodic verification of Respondent's compliance with the terms of this Order. I shall meet with a person designated by the Director of OPMC as directed. I shall respond promptly and provide any and all documents and information within my 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 I possess my license.

I, hereby, stipulate that any failure by me to comply with such conditions shall constitute misconduct as defined by New York State Education Law §6530(29).

I agree that in the event I am charged with professional misconduct in the future, this agreement and order shall be admitted into evidence in that proceeding.



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

I understand that, in the event that this application is not granted by the Board, 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 Board shall be made without prejudice to the continuance of any disciplinary proceeding and the final determination by the Board 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. I agree that such order shall be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of the Consent Order to me at the address set forth in this agreement, or to my attorney, or upon transmission via facsimile to me or my attorney, whichever is earliest.

I am making this application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner. In consideration of the value to me of the acceptance by the Board of this application, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive any right I may have to contest the Consent Order for which I hereby apply, whether administratively or judicially, and ask that the application be granted.

AFFIRMED


DATED

7/28/2004

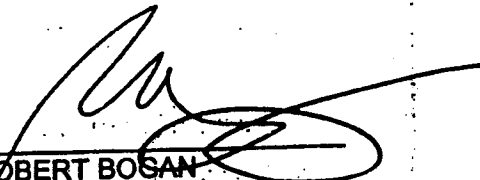
  
CHRISTOJOHN SAMUEL, M.D.  
Respondent

The undersigned agree to the attached application of the Respondent and to the proposed penalty based on the terms and conditions thereof.

DATE: Aug 11, 2007

  
JAMIE B. SKEBBA  
Attorney for Respondent

DATE: 17 August 2007

  
ROBERT BOSAN  
Associate Counsel  
Bureau of Professional Medical Conduct

DATE: 20 August 2007

  
DENNIS J. GRAZIANO  
Director  
Office of Professional Medical Conduct

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

---

IN THE MATTER  
OF  
CHRISTOJOHN SAMUEL, M.D.

---

CONSENT ORDER

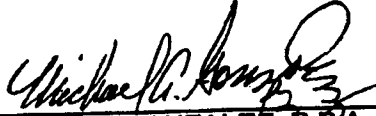
Upon the proposed agreement of **CHRISTOJOHN SAMUEL, M.D.** (Respondent) for Consent Order, which application is made a part hereof, it is agreed to and

ORDERED, that the application and the provisions thereof are hereby adopted; and 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 of the Consent Order to Respondent at the address set forth in this agreement or to Respondent's attorney by certified mail, or upon transmission via facsimile to Respondent or Respondent's attorney, whichever is earliest.

SO ORDERED.

DATED: 8/24/04

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

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

---

IN THE MATTER  
OF  
CHRISTOJOHN SAMUEL, M.D.  
CO-04-03-1383-A

---

STATEMENT  
OF  
CHARGES

CHRISTOJOHN SAMUEL, M.D., the Respondent, was authorized to practice medicine in New York State on February 22, 1979, by the issuance of license number 137349 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

A. On or about January 16, 2004, the Division of Medical Quality, Medical Board of California, Department of Consumer Affairs (hereinafter "California Board"), by a Decision and Order (hereinafter "California Order"), revoked Respondent's license to practice medicine, stayed the revocation and placed Respondent on three (3) years probation, subject to terms and conditions, based on gross negligence.

B. The conduct resulting in the California Board disciplinary action against Respondent would constitute misconduct under the laws of New York state, pursuant to the following sections of New York state law:

1. New York State Education Law Section 6530(4) (gross negligence).

**SPECIFICATION**

Respondent violated New York State Education Law Section 6530 (9)(d) by having his license to practice medicine revoked or having other disciplinary action taken by a duly authorized professional disciplinary agency of another state, where the conduct resulting in the revocation or other disciplinary action would, if committed in New York state, constitute professional misconduct under the laws of New York state, in that the Petitioner charges:

1. The facts in Paragraphs A and/or B.

DATED: *June 14*, 2004

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

## EXHIBIT B

### Terms of Probation

1. Respondent 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.
2. Respondent shall submit written notification to the New York State Department of Health addressed to the Director, Office of Professional Medical Conduct (OPMC), Hedley Park Place, 433 River Street Suite 303, Troy, New York 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.
3. Respondent shall fully cooperate with and respond in a timely manner to requests from OPMC to provide written periodic verification of Respondent's compliance with the terms of this Order. Respondent shall personally meet with a person designated by the Director of OPMC as requested by the Director.
4. Any civil penalty not paid by the date prescribed herein shall be subject to all provisions of law relating to debt collection by New York State. This includes but is not limited to the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection; and non-renewal of permits or licenses [Tax Law section 171(27)]; State Finance Law section 18; CPLR section 5001; Executive Law section 32].
5. Respondent's professional performance may be reviewed by the Director of OPMC. This review may include, but shall not be limited to, a review of office records, patient records and/or hospital charts, interviews with or periodic visits with Respondent and his staff at practice locations or OPMC offices.
6. Respondent shall maintain legible and complete medical records which accurately reflect the evaluation and treatment of patients. The medical records shall contain all information required by State rules and regulations regarding controlled substances.
7. Respondent shall comply fully with the January 16, 2004, Decision and Order of the California Board and any extension or modification thereof.
8. Respondent shall provide a written authorization for the California Board to provide the Director of OPMC with any/all information or documentation as requested by OPMC to enable OPMC to determine whether Respondent is in compliance with the California Order.
9. Respondent shall submit quarterly a signed Compliance Declaration to the Director of OPMC, which truthfully attests whether Respondent has been in compliance with the California Board during the declaration period specified.
10. Respondent shall comply with all terms, conditions, restrictions, limitations and penalties to which he is subject pursuant to the Order and shall assume and bear all costs related to compliance. Upon receipt of evidence of noncompliance with, or any violation of these terms, the Director of OPMC and/or the Board may initiate a violation of probation proceeding and/or any such other proceeding against Respondent as may be authorized pursuant to the law.