STATE OF NEW YORK
DEPARTMENT OF HEALTH

433 River Street, Suite 303 Troy, New York 12180-2299

Antonia C. Novello, M.D., M.P.H. , Dr.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

November 29, 2005

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Kulbir Rangi, D.O.
[redacted]

Kulbir Rangi, D.O.
[redacted]

Kulbir Rangi, D.O.
[redacted]

Jean Bresler, Esq.
NYS Department of Health
[redacted]

RE: In the Matter of Kulbir Rangi, D.O.

Dear Parties:

Enclosed please find the Determination and Order (No. 05-276) of the Hearing Committee in the above referenced matter. This Determination and Order shall be deemed effective upon the receipt or seven (7) days after mailing by certified mail as per the provisions of §230, subdivision 10, paragraph (h) of the New York State Public Health Law.

As prescribed by the New York State Public Health Law §230, subdivision 10, paragraph (i), and §230-c subdivisions 1 through 5, (McKinney Supp. 1992), "the determination of a committee on professional medical conduct may be reviewed by the Administrative Review Board for professional medical conduct." Either the Respondent or the Department may seek a review of a committee determination.

All notices of review must be served, by certified mail, upon the Administrative Review Board and the adverse party within fourteen (14) days of service and receipt of the enclosed Determination and Order.

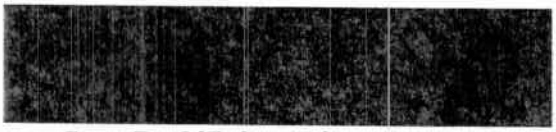
The notice of review served on the Administrative Review Board should be forwarded to:

James F. Horan, Esq., Administrative Law Judge
New York State Department of Health
Bureau of Adjudication
Hedley Park Place
433 River Street, Fifth Floor
Troy, New York 12180

The parties shall have 30 days from the notice of appeal in which to file their briefs to the Administrative Review Board. Six copies of all papers must also be sent to the attention of Mr. Horan at the above address and one copy to the other party. The stipulated record in this matter shall consist of the official hearing transcript(s) and all documents in evidence.

Parties will be notified by mail of the Administrative Review Board's Determination and Order.

Sincerely,



Sean D. O'Brien, Director
Bureau of Adjudication

SDO:djh

Enclosure

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

COPY

IN THE MATTER

OF

KULBIR RANGI, D.O.

DETERMINATION

AND

ORDER

BPMC. NO. 05-276

A Notice of Hearing, dated April 25, 2005, and a Statement of Charges, dated April 25, 2005, were served upon the Respondent, **KULBIR RANGI, D.O.** **STEVEN M. LAPIDUS, MD.**, Chairperson, **SHELDON GAYLIN, M.D.** and **CAROLYN C. SNIPE,** duly designated members of the State Board for Professional Medical Conduct, served as the Hearing Committee ("the Committee") in this matter pursuant to Section 230(10)(e) of the Public Health Law. **FREDERICK ZIMMER, ADMINISTRATIVE LAW JUDGE,** served as the Administrative Officer.

The **NEW YORK STATE DEPARTMENT OF HEALTH** ("the Department" or "the Petitioner") appeared by **DONALD P. BERENS, JR., ESQ.**, General Counsel, by **JEAN BRESLER, ESQ.**, of Counsel. Respondent appeared **PRO SE** on the first hearing day, August 8, 2005, and did not appear on the second hearing day, August 16, 2005.

Evidence was received and witnesses sworn and heard, and transcripts of these proceedings were made.

After consideration of the entire record, the Committee issues this Determination and Order.

PROCEDURAL HISTORY

Answer Filed	August 8, 2005
Pre-Hearing Conference	June 20, 2005
Witnesses for Petitioner	Jennifer Steele, D.O., Richard Krueger, M.D., Keith Wolf
Witnesses for Respondent	None
Hearing Dates	August 8 and 16, 2005
Deliberation Date(s)	September 26, 2005

STATEMENT OF CASE

The State Board for Professional Misconduct is a duly authorized professional disciplinary agency of the State of New York (§230 et seq of the Public Health Law of the State of New York [hereinafter P.H.L.]).

This case was brought by the Petitioner, New York State Department of Health, Office of Professional Medical Conduct pursuant to §230 of the P.H.L. Respondent is charged with three specifications of professional misconduct, as defined in §6350 of the Education Law of the State of New York ("Education Law"). Specifically, Respondent is charged with practicing the profession while impaired by a mental disability, pursuant to Education Law § 6530(7), with practicing while having a psychiatric condition which impairs the licensee's ability to practice, pursuant to Education Law § 6530(8) and with failing to comply with an Order issued by the State Board for Professional Medical Conduct under the authority of Public Health Law § 230(7), pursuant to Education Law § 6530(15).

A copy of the Statement of Charges is attached to this Determination and Order as Appendix I.

Respondent denied all of the allegations in his Answer (Respondent's Ex. A).

FINDINGS OF FACT

The following Findings of Fact were made after a review of the entire record in this matter. Unless otherwise noted, all findings and conclusions set forth below are the unanimous determinations of the Committee. Conflicting evidence, if any, was considered and rejected in favor of the cited evidence. Numbers below in parentheses refer to exhibits (denoted by the prefix "Ex.") or transcript page numbers ("T."). These citations refer to evidence found persuasive by the Committee in arriving at a particular finding.

Having heard testimony and considered documentary evidence presented by the Department and Respondent, respectively, the Committee hereby makes the following Findings of Fact:

1. **KULBIR RANGI, D.O.,** ("Respondent") began his surgical residency at Peninsula Hospital Center (PHC) in Far Rockaway, New York, in approximately August 1996. In June 1999, his residency at PHC was terminated (Pet's Ex.5 [PHC records], p. 4-5,120, 127).
2. During Respondent's medical residency at St. Barnabas Hospital ("SBH") which residency ended with his dismissal from SBH on February 22, 2000, he engaged in repeated harassing and threatening behavior toward Dr. Steele (formerly Maher), a female intern. Dr. Steele was a rotating intern at St. Barnabas beginning in July 1999. She had two surgical rotations, the first of which began during the first week of November 1999 and continued through December 1999. The second rotation began approximately late January 2000 and continued through March 2000. She met Respondent who was a medical resident, during her first surgical rotation.

(Steele, T. 26-27, 74-111; Pet's Ex. 6, p. 18, 22).

3. Respondent was on Dr. Steele's surgical team during the second surgical rotation (Steele, T. 96).

4. Respondent asked Dr. Steele out on dates after she repeatedly told him that she was not interested (Steele, T. 29).

5. Despite being told by Dr. Steele not to call, Respondent, on numerous occasions, called Dr. Steele. He called Dr. Steele while she was at the emergency department and in her car. He repeatedly paged her and, also, called her parents who live in Maine (Steele, T. 34-35, 41-42, 56).

6. Respondent paged Dr. Steele repeatedly for non-patient related reasons, and when Dr. Steele stopped answering the pages, he put 911 on the end of the pages so that she would answer the page (Steele, T. 42).

7. Respondent gave a love letter to Dr. Steele on progress note paper (Steele, T. 31-32; Pet's Ex. 6, pg. 2).

8. Dr. Steele repeatedly told Respondent to leave her alone. He was, also, told by Chief Resident McKenzie to leave Dr. Steele alone, and was warned by Dr. Edwards, Assistant Director of Surgery, to have no contact with Dr. Steele except for that required by hospital business. Nevertheless, Respondent continued his pattern of harassing behavior (Steele, T. 39, 50: Pet's Ex. 6, p. 11A-16).

9. At one point, Dr. McKenzie, the chief surgical resident, answered a page for Dr. Steele from Respondent who admitted to him that the pages were not related to hospital business (Wolf, T. 303).

10. Dr. Steele became fearful at work. She ultimately reported Respondent's conduct to

her superiors (Steele, T. 46, 51-53).

11. In February 2000, Dr. Steele complained about Respondent to the Director of Human Resources. Keith Wolf, Director of Employee Relations, then met with Respondent who acknowledged paging Ms. Steele for non-hospital related reasons (Wolf, T. 286-288).

12. The harassment continued after Respondent was terminated from SBH in February 2000 (Steele, T. 60-62).

13. On several occasions, Respondent called Dr. Steele at home and made threatening statements to her including threats to kill her and her husband (Steele, T. 61-62).

14. In the fall of 2001, notwithstanding Ms. Steele's complaint and his having been fired, Respondent called the hospital's emergency room and asked to speak to Dr. Steele. When he was told she was not there, he stated that they did not know who they were dealing with and threatened to burn the hospital down. Respondent, also, threatened to burn Dr. Miglieta's (a resident's) house down (Wolf, T. 296, 298, 304).

15. On August 12, 2003, Respondent appeared before an Investigative Committee of the Office of Professional Medical Conduct which found that Respondent may be impaired and issued an Order for him to appear for an evaluation by Richard Bohn Krueger, M.D. Dr. Krueger is a licensed physician certified by the American Board of Psychiatry and Neurology and the American Board of Internal Medicine. He practices as a private practitioner in the field of general psychiatry and is Medical Director of the Sexual Behavior Clinic at New York Psychiatric Institute, is an Attending Psychiatrist at the New York Psychiatric Institute, and is an Assistant Attending Psychiatrist at Columbia Presbyterian Medical Center (Krueger, T. p. 138-140; Pet's Ex.3 and 4).

16. The Order stated that Respondent must submit to any further testing or evaluations deemed appropriate by Dr. Krueger (Pet's Ex. 4).

17. Respondent met with Dr. Krueger for 2 hours on September 30th 2003, 2.5 hours on October 6, 2003, for 2 hours on October 13, 2003, and on October 28, 2003 for .5 hours (Pet's Ex. 10, p. 1).

18. Dr. Krueger directed Respondent to appear for testing by Dr. Stamford Singer. Although Respondent appeared for the tests, he refused to complete the tests or to have those tests provided to Dr. Krueger for review. Respondent, thereby, violated the Board's August 12, 2003 Order which required Respondent to submit to all tests or evaluations deemed appropriate by Dr. Krueger (Krueger, T. 213-220; Pet's Ex. 10, 11 and 12).

19. Dr. Krueger concluded from his review of exhibits, including memos of interviews with Dr. Steele, Dr. Miglietta, and meetings with Respondent, that Respondent was psychotic at the time of his interactions with Dr. Steele during his residency at SBH (Pet's Ex. 6 [including pgs. 18 and 19] and Ex. 10).

20. Dr. Krueger testified that in reaching his overall conclusions, he reviewed Respondent's PHC file which contained information significant to his evaluation of Respondent (Krueger, T. 150, 230-232).

21. Respondent's residency file at PHC demonstrates that during Respondent's tenure as a resident at PHC, he repeatedly exhibited behavior evidencing his mental instability. On April 7, 1997, he interfered with the care of a very sick patient by yelling ethnic slurs at the attending physician and ignoring orders. On June 6, 1997, he met with Dr. Heyman, Program Director of the Surgical Residency Program and was counseled regarding his behavior. Respondent denied the behavior and would

not heed any of the criticism. (Pet's Ex.5, p. 26,43).

22. Respondent's residency file at PHC demonstrates that, on June 22, 1997, Respondent refused to write a pre-op note on the grounds that he was too busy, and then proceeded to cross out another doctor's notes in the patient's record. After Dr. Heyman told Respondent that he would not approve his continuing in the program, Respondent threatened to sue Dr. Heyman (Pet's Ex.5, p. 16).

23. Respondent's residency file at PHC demonstrates that,on January 6, 1998, he failed to present for rounds, came late to a conference and when he was disciplined for this behavior he showed up at the chief of surgery's office, and followed him around and harassed him in front of patients (Pet's Ex. 5, p. 83-84).

24. Respondent's residency file at PHC demonstrates that on April 29, 1998, he was confrontational and inappropriate with an attending physician and on October 18, 1998, he used poor judgment by not calling an attending physician to care for a patient who subsequently died (Pet's Ex.5, p. 117, 160-161).

25. Respondent's residency file at PHC demonstrates that, on May 3, 1999, Respondent engaged in an altercation with a cafeteria employee (Pet's Ex. 5 p.124-125).

26. Dr. Krueger diagnosed that Respondent has a delusional disorder, erotomaniac type, and observed that Respondent, during his interviews and testing, exhibited poor insight, hostility, a tendency to confront, poor impulse control, paranoia, narcissism and poor judgment (Ex. 10, p 14).

27. He further diagnosed Respondent as having a personality disorder, not otherwise specified, with paranoid, grandiose and narcissistic features (Pet's Ex. 10, p. 15).

28. Dr. Krueger concluded that Respondent, at the time of his evaluation, was not fit to practice medicine, that he was suffering from a delusional disorder which impaired

his ability to function as a physician and that he had severe symptomology. Respondent's personality disorder prevented him from "letting information in". Respondent demonstrated no insight into his behavior with Dr. Steele in that he stated that he welcomed a hearing to vindicate him and to show that Dr. Steele was engaging in a conspiracy against him. Dr Krueger concluded that Respondent is impaired for the practice of medicine because of his delusional disorder and personality disorder and that these disorders have placed his patients and peers at risk. He would be dangerous if he was practicing medicine, and he was dangerous when he did practice (Pet's Ex. 10, p.10: Krueger, T. 201-204, 206-211, 232-233).

29. Respondent's mental disabilities persisted at the time he practiced medicine in New York State and continued during his evaluation. These disabilities result in extremely poor judgment, and pose a danger to patients and staff. Respondent is not fit to practice medicine (Krueger, T. 201, 209-212, 223-226, 233).

30. Respondent has been resistant to treatment and was still delusional at the time of his evaluation (Pet's Ex. 10, pg. 16; Krueger, T. 222).

PROCEDURAL MATTERS

Respondent participated by telephone in a June 20, 2005 pre-hearing conference at which he contested whether he had been adequately served with the jurisdictional papers. Respondent claimed that he never received the Notice of Hearing and Charges. The Administrative Law Judge ("ALJ") ultimately found that Respondent had been effectively served. In reaching this determination, the ALJ took into account that the Department had made three attempts to serve Respondent at the Department's last known address for

Respondent. After the process server documented and certified the duly diligent attempts at service under oath, the Department sent the jurisdictional papers to Respondent by certified mail to Respondent's last known address at least fifteen days before the hearing, as specified in Public Health Law § 230(10)(d). Additionally, the ALJ took into consideration that a prior attempt at initiating this proceeding had been attempted by the Department and dismissed without prejudice by the ALJ on the grounds that service was not adequately accomplished. That proceeding was dismissed after Respondent's participation in a pre-hearing conference. At that time, the ALJ advised Respondent that the Department would undoubtedly attempt to reinitiate service. While Respondent declined, at that time, to provide a mailing address on the grounds that he did not have a residence, he did provide an e-mail address to the ALJ and the Department. All documents and correspondence which reasonably could be e-mailed to Respondent were sent via e-mail for the current proceeding.

After the Department initiated the instant proceeding, both the Department and the ALJ were in e-mail contact with Respondent concerning the imminence of the instant proceeding. The Department e-mailed the Notice of Hearing and Charges to the Respondent. In determining the adequacy of service, the ALJ took into account that by declining to provide a location where he could be served, Respondent was in effect deliberately avoiding participating in the hearing process.

Respondent, also, objected that he was not permitted the effective representation of counsel during the proceeding. Respondent was, in fact, notified by e-mail at least three times at the very outset of the proceeding that it would be in his best interests to obtain legal representation. During the June 20, 2005 pre-hearing conference, Respondent claimed that he was unable to afford counsel and requested a thirty day adjournment to

attempt to obtain counsel. The Committee granted Respondent an adjournment until August 8, 2005, well over the thirty days requested. Respondent ultimately did not appear with counsel, on August 8, 2005, and requested a further adjournment at that time which was denied. It was the sense of both the ALJ and the Committee that Respondent had been provided with more than ample opportunity to obtain counsel. Further adjournments would have only served to frustrate the regulatory process.

On the first day of hearing, Respondent appeared and cross-examined the Department's witnesses, Drs. Steele and Krueger. Respondent was advised, on the record, of the date and time of the second hearing day which was scheduled for August 16, 2005 at 10 AM. By e-mail, the Administrative Law Judge reminded Respondent of the August 16, 2005 hearing date (T. 282-283). The Committee concludes that Respondent was made aware of the second hearing day which was scheduled for August 16, 2005 and that the hearing would proceed on that day (T. 272-275). Respondent failed to appear on August 16, 2005. He presented no evidence in defense of the charges against him.

During the course of this proceeding, the Department introduced a psychiatric evaluation authored by Dr. Krueger concerning the question of Respondent's impairment. The report was prepared by Dr. Krueger pursuant to an Order issued by the Department under the authority of New York Public Health Law § 230(7) to determine whether Respondent was impaired by alcohol, drugs, physical disability or mental disability. Respondent objected that Dr. Krueger's report was confidential and should not be subject to the Committee's review. The ALJ rejected this argument. First, the evaluation was conducted pursuant to a duly issued Order of the Board for Professional Medical Conduct. The Board's proceedings including the hearing process contain their own confidentiality protections with respect to an accused. It would defeat the Board's ability to determine if a

physician was practicing while impaired if the Board could not review reports issued pursuant to its own duly issued orders. In this sense, the physician is less a patient of the evaluator than a professional who is subject to the Board's authority. Second, Respondent had authorized, in this instance, the release of Dr. Krueger's report to OPMC. While Respondent later revoked his authorization, the ALJ ruled that once released to OPMC, the report lost whatever confidentiality it potentially possessed with respect to the hearing process.

WITNESSES

The Department presented three witnesses, Jennifer Steele, D.O., Richard Krueger, M.D. and Keith Wolf. The Committee found each of these witnesses to be credible. Dr. Steele testified as to Respondent's interactions with her during her internship, Dr. Wolf provided testimony concerning Respondent's residency and Dr. Krueger testified as to his evaluation of Respondent. Dr. Krueger was very credible, professional, knowledgeable and his testimony was consistent with the report he issued concerning his evaluation of Respondent.

During the August 8 hearing date, Respondent was informed that the Department was likely to conclude its case early on August 16 and that Respondent would be expected to present his case at that time. Respondent failed to appear on the August 16, 2005 hearing date. The Department, in fact, concluded its case on August 16 and Respondent who failed to appear, did not testify. The Committee was instructed by the ALJ that they might, but did not have to, draw a negative inference from Respondent's failure to testify. The Committee declined to draw such an inference other than to note that Respondent had not effectively responded to the Department's testimony and evidence. In other words, the Department's testimony and evidence was not controverted.

CONCLUSIONS

The Committee was instructed by the Administrative Law Judge that as a medical resident, Respondent would be considered a "licensee" under the definition of licensee contained in Public Health Law § 230(7). Respondent, consequently, is subject to the disciplinary procedures set forth in Public Health Law § 230, and to the definitions of medical misconduct set forth in Education Law § 6530.

The Committee, therefore, concludes, with regard to the opening paragraph of the Statement of Charges, that Respondent is a licensee as defined by Public Health Law § 230(7). It is further concluded, based on the above Findings of Fact, that Respondent practiced as a medical resident at PHC and SBH during the period of July 6, 1997 through February 22, 2000. The opening paragraph of the Statement of Charges, as well as Factual Allegation B, are, therefore, sustained as factually true.

FACTUAL ALLEGATION A

Factual Allegation A charges that Respondent is impaired for the practice of medicine by one or more psychiatric disorders and has been so impaired beginning no later than 1997. The Committee sustains this allegation.

The evidence demonstrates that Respondent exhibited aberrant behavior as early as 1997. The Committee concludes that Respondent was certainly severely impaired by the time of his interactions with Dr. Steele in November of 1999, if not earlier.

The Committee accepts Dr. Krueger's evaluation of Respondent and notes his diagnosis that Respondent has a delusional disorder, erotomaniac type. Dr. Krueger observed that Respondent, during his interviews and testing, exhibited poor insight, hostility, a tendency to confront, poor impulse control, paranoia, narcissism and poor judgment. Additionally, he diagnosed Respondent as having a personality disorder,

not otherwise specified, with paranoid, grandiose and narcissistic features (Ex. 10). The Committee accepts Dr. Krueger's conclusion that Respondent is impaired for the practice of medicine and that Respondent would pose a danger if he were allowed to practice. In this regard, the Committee notes Dr. Krueger's conclusion that Respondent put patients at risk and placed his peers in fear and at risk (Ex. 10, p. 16).

The Committee notes in regard to the question of whether Respondent is presently impaired that Respondent conducted himself during the August 8, 2005 hearing date in an aberrant and inappropriate manner. He was dressed in a scrub suit and his affect was inappropriate and bizarre. The Committee notes, for example, his repeated inappropriate laughter during the hearing as well as his inappropriate and condescending demeanor toward Dr. Krueger.

FACTUAL ALLEGATION B

Factual Allegation B states that Respondent practiced medicine between 1997 and February 2000. This allegation is sustained for reasons discussed earlier.

FACTUAL ALLEGATION C

Factual Allegation C alleges that, on or about August 12, 2003, pursuant to Public Health Law § 230(7), Respondent was ordered by an OPMC Committee to submit to a psychiatric examination based upon a determination that the Committee had reason to believe that Respondent may be impaired for the practice of medicine by alcohol, drugs or physical or mental disability. Respondent failed to comply with the Order.

The Committee sustains Factual Allegation C. The terms of the Order required Respondent to cooperate with Dr. Krueger in undergoing any evaluations, examinations or testing by such other professionals as designated by Dr. Krueger. Dr. Krueger referred Respondent to Dr. Singer for testing. While Respondent allowed Dr. Singer to test him, he

ultimately refused to allow the testing information to be released to Dr. Krueger. The Committee deemed this refusal a violation of the terms of the Order.

SPECIFICATIONS

Respondent was charged with three specifications of misconduct. In short, he was charged with having a psychiatric condition which impairs his ability to practice medicine, with practicing while impaired by a mental disability and with failing to comply with an Order issued pursuant to Public Health Law § 230(7). These specifications were charged under Education Law §§§ 6530(8), 6530(7) and 6530(15) respectively.

For the reasons discussed in the above Conclusions regarding the Factual Allegations, each of the Specifications is sustained.

DETERMINATION AS TO PENALTY

Pursuant to PHL section 230-a(6) the Committee unanimously determines that Respondent be limited from registering with the Education Department to practice medicine and that no medical license should be issued to Respondent in New York State. In other words, Respondent should be precluded from obtaining a medical license or from registering to practice medicine.

The Committee's determination is reached after due and careful consideration of the full spectrum of penalties available pursuant to P.H.L §230-a, including:

> (1) Censure and reprimand; (2) Suspension of the license, wholly or partially; (3) Limitations of the license to a specified area or type of practice;
> (4) Revocation of the license; (5) Annulment of the license or registration;
> (6) Limitations on registration or the issuance of any further license; (7) The imposition of monetary penalties; (8) A course of education or training;
> (9) Performance of public service, and (10) Probation.

The Committee reaches this determination based on Respondent's long standing mental impairment, poor prognosis and danger to patients and his peers. The Committee further concluded based on Dr. Krueger's report and testimony that Respondent has a poor

prognosis for recovery. Respondent shall, therefore, be precluded from registering with the Education Department to practice medicine or from applying to obtain a medical license in New York State. In the event that the Education Department determines, at some future date, that Respondent should be allowed to apply for a license, the Committee strongly recommends that a license not be issued to Respondent unless he can successfully demonstrate that he can practice safely. Respondent must present satisfactory positive proof through a formal and complete evaluation that he has been through an acceptable course of therapy, is no longer mentally impaired and can practice medicine safely.

ORDER

IT IS HEREBY ORDERED THAT:

1. The **FIRST, SECOND AND THIRD SPECIFICATIONS** are hereby **SUSTAINED;**
2. Respondent, **KULBIR RANGI, D.O.**, is hereby **LIMITED AND PRECLUDED FROM REGISTERING WITH THE NEW YORK STATE EDUCATION DEPARTMENT TO PRACTICE MEDICINE OR FROM HAVING A MEDICAL LICENSE ISSUED TO HIM IN NEW YORK STATE**; and
3. This **DETERMINATION AND ORDER** shall be effective upon service on the Respondent pursuant to Public Health Law section 230(10)(h).

DATED: Poughkeepsie, New York
November 29, **, 2005**

[redacted]

STEVEN M. LAPIDUS, M.D.
Chairperson
SHELDON GAYLIN, M.D.
CAROLINE C. SNIPE

EXHIBIT 1

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

IN THE MATTER

OF

KULBIR RANGI, D.O.

STATEMENT

OF

CHARGES

KULBIR RANGI, D.O., the Respondent, has been a "licensee," as that term is defined in N.Y. Public Health Law Sec. 230(7), at times on and after July 6, 1997 and continuing until February 22, 2000, having practiced medicine as a resident at Peninsula Hospital Center and St. Barnabas Hospital. Respondent is not currently authorized to practice medicine in New York.

FACTUAL ALLEGATIONS

A. Respondent is impaired for the practice of medicine by one or more psychiatric disorders and has been so impaired beginning no later then 1997.

B. Respondent practiced medicine between 1997 and February 2000.

C. On or about August 12, 2003, pursuant to Public Health Law §230(7), Respondent was ordered, by a Committee on Professional Conduct of the State Board for Professional Medical Conduct, to submit to a psychiatric examination based upon a determination that the Committee had reason to believe that Respondent may be impaired for the practice of medicine by alcohol, drugs, physical disability or mental disability.

1. Respondent failed to comply with said order.

SPECIFICATION OF CHARGES

FIRST SPECIFICATION

BEING AN HABITUAL USER OR HAVING A PSYCHIATRIC CONDITION WHICH IMPAIRS THE ABILITY TO PRACTICE

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(8) by being a habitual abuser of alcohol, or being dependent on or a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effects, or having a psychiatric condition which impairs the licensee's ability to practice as alleged in the facts of the following:

1. The facts in paragraph A.

SECOND SPECIFICATION

PRACTICING WHILE IMPAIRED

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(7) by practicing the profession while impaired by alcohol, drugs, physical disability, or mental disability as alleged in the facts of the following:

2. The facts in Paragraphs A and B.

THIRD SPECIFICATION

FAILING TO COMPLY WITH AN ORDER ISSUED PURSUANT TO PHL §230(7)

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(15) by failing to comply with an order issued pursuant to subdivision seven of section two hundred thirty of the public health law, as alleged in the facts of:

3. The facts in paragraph C and C1.

DATED: April 25, 2005
New York, New York

[redacted]
Roy Nemerson
Deputy Counsel
Bureau of Professional
Medical Conduct

TO: Jean Bresler, Esq.
Associate Counsel
New York State Department of Health
Bureau of Professional Medical Conduct
[redacted]

Kulbir Rangi, D.O.
[redacted]

Kulbir Rangi, D.O.
[redacted]

Kulbir Rangi, D.O.
[redacted]