



**New York State Board for Professional Medical Conduct**

433 River Street, Suite 303 Troy, New York 12180-2299 • (518) 402-0863

Barbara A. DeBuono, M.D., M.P.H.  
Commissioner of Health

Patrick F. Carone, M.D., M.P.H.  
Chair  
Ansel R. Marks, M.D., J.D.  
Executive Secretary

July 3, 1998

**CERTIFIED MAIL-RETURN RECEIPT REQUESTED**

Cesar Carabuena, M.D.  
317 Claremont Avenue  
Mount Vernon, New York 10522

RE: License No. 105215

Dear Dr. Carabuena:

Enclosed please find Order #BPMC 98-130 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect **July 3, 1998**.

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  
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: Richard Betheil, Esq.  
Pryor, Cashman, Sherman & Flynn  
410 Park Avenue  
New York, New York 10022-4441

Marcia Kaplan, Esq.

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

**IN THE MATTER  
OF  
CESAR CARABUENA, M.D.**

**SURRENDER  
OF  
LICENSE  
BPMC #98-130**

STATE OF NEW YORK )  
  )     ss.:  
COUNTY OF                )

CESAR CARABUENA, M.D., being duly sworn, deposes and says:

On or about December 4, 1969, I was licensed to practice medicine as a physician in the State of New York having been issued License No. 105215 by the New York State Education Department.

My current address is 317 Claremont Avenue, Mount Vernon, N.Y. 10522, and I will advise the Director of the Office of Professional Medical Conduct of any change of my address.

I understand that I have been charged with one specification of professional misconduct as set forth in the Statement of Charges, annexed hereto, made a part hereof, and marked as Exhibit "A".

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 on the grounds that I do not contest the first specification in full satisfaction of the Statement of Charges.

I am currently permanently retired from the active practice of medicine and do not intend to return to active practice, whether in New York or elsewhere. Accordingly, I hereby knowingly waive any right that I may have to reapply for

licensure in the State of New York, affirm that I will not reactivate any inactive or expired licenses elsewhere, agree to surrender within 30 days of the date of this Order any active licenses I may have elsewhere, and agree that I will not practice medicine in New York or elsewhere.

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 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 Surrender 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 Surrender Order for which I hereby apply, whether administratively or judicially, and ask that the Application be granted.

AFFIRMED:

DATED June 22, 1998

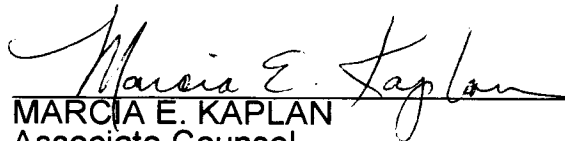
  
\_\_\_\_\_  
CESAR CARABUENA, M.D.  
RESPONDENT

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

Date: 6/22/98

  
\_\_\_\_\_  
RICHARD BETHEIL, ESQ.  
Attorney for Respondent

Date: June 24, 1998

  
\_\_\_\_\_  
MARCIA E. KAPLAN  
Associate Counsel  
Bureau of Professional  
Medical Conduct

Date: June 26, 1998

  
\_\_\_\_\_  
ANNE F. SAILE  
Director  
Office of Professional Medical Conduct

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

IN THE MATTER  
OF  
CESAR CARABUENA, M.D.

SURRENDER  
ORDER

Upon the proposed agreement of CESAR CARABUENA, M.D. (Respondent) to Surrender his license as a physician in the State of New York, which proposed agreement is made a part hereof, it is agreed to and


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 be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of the Surrender 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: 6/30/98

  
PATRICK F. CARONE, M.D., M.P.H.  
Chairperson  
State Board for Professional  
Medical Conduct

**EXHIBIT "A"**

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

**IN THE MATTER  
OF  
CESAR CARABUENA, M.D.**

**STATEMENT  
OF  
CHARGES**

CESAR CARABUENA, M.D., the Respondent, was authorized to practice medicine in New York State on or about December 4, 1969 by the issuance of license number 105215 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

- A. On or about March 19, 1995, Respondent submitted an Application for Medical Staff Appointment and Clinical Privileges to The Jamaica Hospital in which he knowingly failed to disclose his history of privileges at North General Hospital and/or the fact that North General Hospital had suspended those privileges on or about October 18, 1994.

**SPECIFICATION OF CHARGES**

**FIRST SPECIFICATION**

**VIOLATING PUB. HEALTH LAW SEC. 2805-k**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(14)(McKinney Supp. 1998) by violating section twenty-eight hundred five-k of the public health law, as alleged in the facts of:

1. Paragraph A.

DATED: April , 1998  
New York, New York

---

ROY NEMERSON  
Deputy Counsel  
Bureau of Professional  
Medical Conduct