



New York State Board for Professional Medical Conduct

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Executive Secretary

Public

August 9, 2005

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Gail E. DeHart, D.O.
464 Peabody Road
Gouverneur, NY 13642

Re: License No. 192269

Dear Dr. DeHart:

Enclosed is a copy of your order not to practice medicine which is effective August 16, 2005.

Sincerely,

Ansel R. Marks, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: Wilfred T. Friedman, Esq.
The Bar Building
36 West 44th Street, Suite 816
New York, NY 10036

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

IN THE MATTER
OF
GAIL E. DeHART, D.O.

ORDER FOR
NON PRACTICE OF
MEDICINE


Upon the proposed application and agreement of GAIL E. DeHART, D.O. (Respondent) for an Order by which Respondent agrees to cease the practice of medicine until 30 days after the final disposition of the criminal charges pending in Saint Lawrence County, which application and agreement is made a part hereof, it is agreed to and

ORDERED, that the application and agreement and the provisions thereof are hereby adopted and so ORDERED, 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 or Respondent's attorney, or upon transmission via facsimile to Respondent's attorney, whichever is earliest.

SO ORDERED.

DATED: 8-9-2005


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

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

IN THE MATTER
OF
GAIL E. DeHART, D.O.

APPLICATION FOR
AND AGREEMENT
TO
NOT PRACTICE
MEDICINE/
ORDER OF THE
BOARD

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

GAIL E. DeHART, D.O., states:

1. That on or about May 27, 1993, I was licensed to practice as a physician in the State of New York, having been issued License No. 192269 by the New York State Education Department.
2. My current address is 464 Peabody Road, Gouverneur, NY 13642, and I will advise the Director of the Office of Professional Medical Conduct of any change of my address.
3. I understand that the New York State Board for Professional Medical Conduct is investigating certain aspects of my medical practice to determine if I may have engaged in professional misconduct.
4. I hereby agree to the following :
I will not engage in the practice of medicine until thirty days after the final disposition of the criminal charges pending against me in St. Lawrence County.

For the purpose of this agreement, "final disposition" shall mean either the plea and sentencing, dismissal of charges with prejudice or plea to an adjournment in contemplation of dismissal.

5. I hereby stipulate that any failure by me to comply with the above condition imposed by this Order shall constitute misconduct as defined by New York State Education Law §6530(29).

6. **Further, I hereby acknowledge that any activity by me that constitutes the practice of medicine at any time after the effective date of this order, and during the pendency of the Order, shall constitute the unauthorized practice of medicine within the meaning of N.Y. Educ. Law §6512, defining a Class E felony.**

7. I presently maintain courtesy hospital privileges at Claxton Hepburn Hospital, Ogdensburg, New York. Said privileges have been temporarily suspended. I agree to neither exercise nor seek privileges or employment as a physician during the pendency of this agreement.

8. I understand that unless and until I am allowed to resume the practice of medicine under the terms of this non-disciplinary agreement, my licensure status is "inactive" and I am not authorized to practice medicine in the State of New York or any other State. I further understand that my signing this agreement shall not be construed to be an admission of any act of misconduct. I further understand that any practice of medicine while my license is "inactive" shall constitute a violation of N.Y. Educ. Law Section 6530(12), regardless of the

location of such practice. Finally, I agree that this agreement may be made public, including notice to the National Practitioners' Data Bank, Federation of State Medical Boards, and posting on the NYS Department of Health's website.

9. I understand that unless and until I am allowed to resume the practice of medicine under the terms of this agreement, I shall notify all persons who request my medical services that I have ceased the active practice of medicine.

10. I understand that the Department of Health, Office of Professional Medical Conduct shall notify each hospital or facility at which I presently hold privileges, that I have ceased the active practice of medicine, and that my licensure status during the pendency of the agreement is inactive. I also agree to cause a written notice to be placed in a conspicuous location at my office at 464 Peabody Road, Gouverneur, New York that I have ceased the active practice of medicine, and that my licensure status at present is inactive.

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

12. 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 any 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.

13. 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 Order to my attorney, or upon transmission via facsimile to my attorney, whichever is earliest.

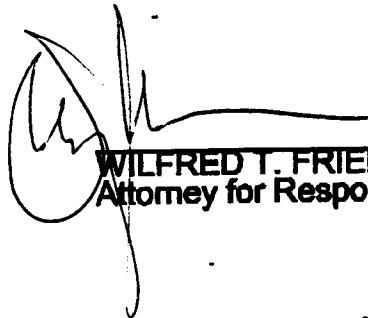
14. I am making this Application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner. In consideration of the value to me of the acceptance by the Board of this Application, I knowingly waive any right I may have to contest the Order for which I hereby apply,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

DATED: July 13 2005


GAIL E. DeHART, D.O.
RESPONDENT

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

DATE: 7/15/05


WILFRED T. FRIEDMAN
Attorney for Respondent

DATE: 7/18/05


ANTHONY M. BENIGNO
Associate Counsel
Bureau of Professional
Medical Conduct

DATE: August 8, 2005


DENNIS GRAZIANO
Director
Office of Professional
Medical Conduct