



***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*

Kendrick A. Sears, M.D.  
*Chairman*

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

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

*Public*

January 31, 2006

***CERTIFIED MAIL-RETURN RECEIPT REQUESTED***

Gail Dehart, D.O.  
464 Peabody Road  
Gouverneur, NY 13642

Re: License No. 192269

Dear Dr. Dehart:

Enclosed is a copy of Order #BPMC 06-16 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect February 7, 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: Wilfred T. Friedman, Esq.  
Friedman and Mahdavian, P.C.  
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.

SURRENDER  
ORDER  
BPMC No. 06-16

Upon the application of (Respondent) Gail E. DeHart,, D.O., to Surrender her license as a physician in the State of New York, which is made a part of this Surrender Order, it is

ORDERED, that the Surrender, and its terms, are adopted and it is further

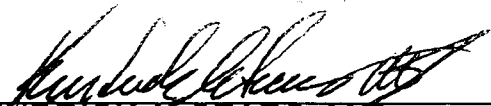
ORDERED, that Respondent's name be stricken from the roster of physicians in the State of New York; it is further

ORDERED, that this Order shall be effective upon issuance by the Board, either

- by mailing of a copy of this Surrender Order, either by first class mail to Respondent at the address in the attached Surrender Application or by certified mail to Respondent's attorney, OR
- upon facsimile transmission to Respondent or Respondent's attorney, whichever is first.

SO ORDERED.

DATE: 1-27-2006

  
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.

SURRENDER  
of  
LICENSE

Gail E. DeHart, D.O., representing that all of the following statements are true, states:

That on or about May 27, 1993, I was licensed to practice as a physician in the State of New York, and issued License No. 192269 by the New York State Education Department.

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 address.

I understand that the New York State Board for Professional Medical Conduct has charged me with thirty-seven specifications of professional misconduct.

A copy of the Statement of Charges, marked as Exhibit "A", is attached to and part of this Surrender of License.

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 admit guilt to the first specification, specifically as alleged in paragraphs B and B8 and D and D3, the thirtieth specification and the thirty-first

specification, in full satisfaction of the charges against me.

I ask the Board to accept the Surrender of my License, and I agree to be bound by all of the terms set forth in Exhibit "B," attached.

I understand that if the Board does not accept this Surrender, none of its terms shall bind me or constitute an admission of any of the acts of alleged misconduct; this application shall not be used against me in any way and shall be kept in strict confidence; and the Board's denial shall be without prejudice to the pending disciplinary proceeding and the Board's final determination pursuant to the Public Health Law.

I agree that, if the Board accepts the Surrender of my License, the Chair of the Board shall issue a Surrender Order in accordance with its terms. I agree that this Order shall take effect upon its issuance by the Board, either by mailing of a copy of the Surrender Order by first class mail to me at the address in this Surrender of License, or to my attorney by certified mail, OR upon facsimile transmission to me or my attorney, whichever is first. The Order, this agreement, and all attached Exhibits shall be public documents, with only patient identities, if any, redacted.

I ask the Board to accept this Surrender of License of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's acceptance of this Surrender of License, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive my right to contest the Surrender Order for which I apply, whether administratively or judicially, and I agree to be bound by the Surrender Order.

I am aware and agree that regardless of prior communication, the attorney for the Department, the Director of the Office of Professional Medical Conduct,

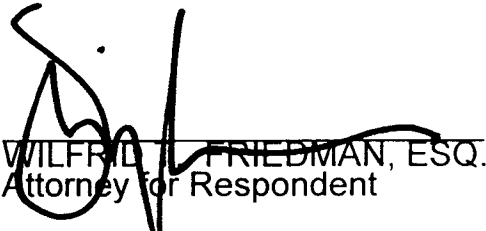
and the Chairperson of the State Board for Professional Medical Conduct each reserve full discretion to enter into the agreement which I propose and this application which I submit, or to decline to do so.

DATE: 1/10/06

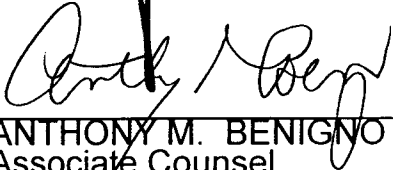
  
GAIL E. DeHART, D.O.  
RESPONDENT

The undersigned agree to Respondent's attached Surrender of License and to its proposed penalty, terms and conditions.

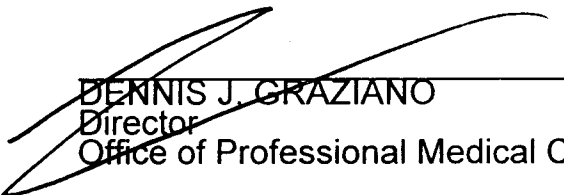
DATE: 1/11/06

  
WILFRID L. FRIEDMAN, ESQ.  
Attorney for Respondent

DATE: 1/12/06

  
ANTHONY M. BENIGNO  
Associate Counsel  
Bureau of Professional Medical Conduct

DATE: 1/25/06

  
DENNIS J. GRAZIANO  
Director  
Office of Professional Medical Conduct

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

STATEMENT  
OF  
CHARGES

Gail E. DeHart, D.O., the Respondent, was authorized to practice medicine in New York State on or about May 27, 1993, by the issuance of license number 192269 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

- A. On or about April 21, 2003 through April 23, 2003 Respondent treated Patient A (Patient names are listed in the appendix), a 39-year-old woman, at E. J. Noble Hospital in Gouverneur, New York. Patient A, a known diabetic, presented to the Emergency Department with a glucose of 459, a white blood count of 14,000 (with a left shift), a pH of 7.407 and a CO2 of 19. Respondent's medical care of Patient A failed to meet accepted standards of medical care in the following respects:
1. Respondent failed to perform and/or document an adequate physical examination for Patient A.
  2. Respondent failed to order a timely septic workup for Patient A despite her being a known diabetic, having positive abdominal signs, having open wounds in her vagina and an elevated white blood count.
  3. Respondent failed to order a timely endocrine consultation.
  4. Respondent failed to assess the significance of Patient A's tachypnea and tachycardia.

5. Respondent improperly treated Patient A with narcotics prior to assessing the etiology of her abdominal pain.
6. Respondent failed to adequately address Patient A's laboratory findings.
7. Respondent failed to adequately follow-up on Patient A after her admission.
8. Respondent failed to maintain a record for Patient A which accurately reflected the evaluation and treatment he provided to her.

B. Respondent treated Patient B, a 40 year old male, from on or about March 20, 2001 until October 15, 2004 at her medical office in Edwards and Gouverneur, New York. Patient B presented at her office on March 20, 2001 with a history of a leg injury along with chronic pain from orthopedic complaints. Respondent's medical care of Patient B failed to meet accepted standards of medical care in the following respects:

1. Respondent failed to obtain and/or document an adequate history for Patient B.
2. Respondent failed to perform and/or document an adequate physical examination for Patient B.
3. Respondent failed to order baseline liver function tests (LFT) prior to prescribing Zocor on March 7, 2002 and/or periodic follow up testing.
4. Respondent prescribed excessive doses of medications containing acetaminophen.
5. Respondent failed to order pulmonary studies in conjunction with treating Patient B's chronic obstructive pulmonary disease (COPD).
6. Respondent prescribed an inappropriate starting dosage of methadone.
7. Respondent treated Patient B with excessive doses of steroid injections.



8. Respondent prescribed excessive doses of narcotics to Patient B.
9. Respondent failed to timely obtain and/or order a pain management and/or orthopedic consultation for Patient B.

C. Respondent treated Patient C, a 45 year old male, from on or about June 30, 2003 until October 8, 2004 at her medical office in Gouverneur, New York. Respondent presented at her office on June 30, 2003 with a history of craniotomy, stroke, seizures and headaches. Respondent's medical care of Patient C failed to meet accepted standards of medical care in the following respects:

1. Respondent inappropriately treated Patient C with Wellbuterin despite the patient's documented history of seizures.

D. Respondent treated Patient D, a 51 year old male, from on or about May 25, 1999 until September 2, 2003 at her medical office in Edwards and Gouverneur, New York. Patient D presented at her office on May 25, 1999 with a history of depression, shortness of breath and edema. Respondent's medical care of Patient D failed to meet accepted standards of medical care in the following respects:

1. Respondent failed to obtain and/or document an adequate history for Patient D.
2. Respondent failed to perform and/or document an adequate physical examination for Patient D.
3. Respondent inappropriately prescribed excessive pain medications for patient D.

4. Respondent diagnosed Patient D with pneumonia without laboratory data and a clinical presentation to support the diagnosis.
5. Respondent failed to follow up on the abnormal liver function test to determine its etiology.
6. Respondent inappropriately prescribed Viagra to Patient D without sufficient indications or a documented history of erectile dysfunction.
7. Respondent failed to order appropriate laboratory testing.

E. On or about February 3, 2003 through February 10, 2003, Respondent treated Patient E, an 18-year-old female, at E.J. Noble Hospital in Gouverneur, New York. Patient E presented to the Emergency Department with a history of vomiting 4 to 5 times per day for two months with a 20 pound weight loss. The patient stated she has only been drinking water for one month. Her right abdomen was mildly tender. Respondent's medical care of Patient E failed to meet accepted standards of medical care in the following respects:

1. Respondent a failed to obtain and/or record an adequate history for Patient E.
2. Respondent fail to perform and/or record an adequate physical examination for Patient E.
3. Respondent failed to perform a rectal examination on Patient E.
4. Respondent failed to obtain a stool sample from Patient E.
5. Respondent failed to obtain a gastrointestinal consultation.
6. Respondent failed to determine the etiology of the patient's gastrointestinal complaints, including an evaluation for a gastrointestinal bleed.

7. Respondent's discharge plan was inadequate for Patient E's medical condition at discharge.

F. On or about May 16, 2000 through April 18, 2003, Respondent treated Patient F, a 42 year-old male, at her office in Edwards, New York and at E.J. Noble Hospital in Gouverneur, New York. Patient F presented at her office with a chief complaint of ulcers and stomach pain. Patient F's medical history included a stroke in 1987, headache, shortness of breath and palpitations. Respondent's medical care of Patient F failed to meet accepted standards of medical care in the following respects:

1. Respondent prematurely discontinued Patient F's IV fluids during his admission of April 14, 2003.
2. Respondent failed to obtain a timely endocrine consultation.

G. Respondent treated Patient G, a 64 year old female, at her medical office in Edwards, New York and at EJ Noble Hospital, Gouverneur, New York from on or about January 7, 1994 through and including June 29, 2004. Patient G presented at Respondent's medical office with a family history of heart disease, high blood pressure and diabetes. She was on medication to control her blood glucose and angina. Respondent's medical care of Patient G failed to meet accepted standards of medical care in the following respects:

1. Respondent failed to rule out other causes for Patient G's leukocytosis during her hospital admission of November 13, 2002 through November 15, 2002.

2. Respondent inappropriately prescribed excessive doses of medications with acetaminophen from on or about February 9-16, 2004.
3. On or about February 7, 1994 Respondent should have ordered an EKG and/or have the patient admitted to a hospital and/or ordered an endocrine consultation.
4. Respondent failed to adequately assess the patient's medical condition for complications of diabetes mellitus including, but not limited to peripheral vascular disease, retinopathy, neuropathy, cardiovascular disease and renal disease.
5. On or about February 14, 1994, Respondent should have admitted the patient to the hospital and/or ordered a cardiology consultation.
6. On or about May 13, 1996 Respondent should have admitted the patient to the hospital and/or ordered an endocrine consultation.
7. On or about November 12, 2001 Respondent should have admitted the patient to the hospital.

H. Respondent treated Patient H, a 76 year old woman, at her medical office and at EJ Noble Hospital, Gouverneur, New York from on or about November 27, 2001 through and including April 21, 2002, the date of her death. Patient H presented at Respondent's medical office on November 27, 2001 very short of breath, wheezing and with pitting edema. Respondent's medical care of Patient H failed to meet accepted standards of medical care in the following respects:

1. Respondent failed to order provocative testing to properly assess Patient H's cardiac status.
2. Respondent failed to maintain a record for Patient H which accurately

reflected the evaluation and treatment provided to her.

- I. Respondent treated Patient I with methadone to assist Patient I with quitting her abuse of crack cocaine and other illegal drugs. Respondent was not certified by the federal government to dispense methadone for the treatment of drug abusers.
  
- J. On or about July 27, 2003 Respondent submitted an application for appointment at Claxton-Hepburn Hospital, Ogdensburg, New York. In response to question 6 on page 11, "Have your membership or clinical privileges at any hospital or other health care facility been denied, revoked, suspended, reduced, voluntarily surrendered or not renewed," Respondent fraudulently answered, "no". Respondent previously resigned her privileges on April 30, 2003 at E.J. Noble Hospital after she was reappointed on April 28, 2003 with stipulations that she comply with various conditions. Additionally, Respondent's clinical privileges had been suspended on two occasions for failure to timely complete her charts. On April 25, 2003 Respondent's admitting privileges to the Intensive Care Unit and the management of critical care patients were temporarily suspended as a result of the alleged clinical mismanagement of a critical care patient.
  
- K. During an interview with the Office of Professional Medical Conduct (OPMC), Respondent fraudulently stated that there was never a restriction placed on her privileges at EJ Noble Hospital and that she resigned because she was not satisfied with the nursing care provided to her patients. On April 25, 2003 Respondent's admitting privileges to the Intensive Care Unit and the management of critical care patients was temporarily suspended as a result

of alleged clinical mismanagement of a critical care patient.

- L. On at least two occasions between the winter of 2003 and the fall of 2004 Respondent asked patients to fill a prescription and give her back some or all of the prescription.
- M. Between the winter of 2003 and the fall of 2004 Respondent practiced medicine while her ability was impaired due to drugs.
- N. Between the winter of 2003 and the fall of 2004 Respondent was dependent on or a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs have a similar effect.
- O. Respondent allowed her office manager, Employee A, to administer injections to patients without her being a licensed care provider.
- P. Respondent allowed her office manager, Employee A, to sign official New York State prescription forms.
- Q. Respondent prescribed and/or possessed narcotic medication in the name of Employee B without Employee B's knowledge and/or without medical justification.

## **SPECIFICATION OF CHARGES**

### **FIRST SPECIFICATION**

#### **NEGLIGENCE ON MORE THAN ONE OCCASION**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(3) by practicing the profession of medicine with negligence on more than one occasion as alleged in the facts of two or more of the following:

1. Paragraphs A and A1, A and A2, A and A3, A and A4, A and A5, A and A6, A and A7, A and A8, B and B1, B and B2, B and B3, B and B4, B and B5, B and B6, B and B7, B and B8, B and B9, C and C1, D and D1, D and D2, D and D3, D and D4, D and D5, D and D6, D and D7, E and E1, E and E2, E and E3, E and E4, E and E5, E and E6, E and E7, F and F1, F and F2, G and G1, G and G2, G and G3, G and G4, G and G5, G and G6, G and G7, H and H1, H and H2.

### **SECOND SPECIFICATION**

#### **INCOMPETENCE ON MORE THAN ONE OCCASION**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(5) by practicing the profession of medicine with incompetence on more than one occasion as alleged in the facts of two or more of the following:

2. Paragraphs A and A1, A and A2, A and A3, A and A4, A and A5, A and A6, A and A7, A and A8, B and B1, B and B2, B and B3, B and B4, B and B5, B and B6, B and B7, B and B8, B and B9, C and C1, D and D1, D and D2, D and D3, D and D4, D and D5, D and D6, D and D7, E and E1, E and E2, E and E3, E and E4, E and E5, E and E6, E and E7, F and F1, F and F2, G and G1, G and G2, G and G3,

G and G4, G and G5, G and G6, G and G7, H and H1, H and H2,

### **THIRD THROUGH TWELFTH SPECIFICATIONS**

#### **GROSS NEGLIGENCE**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(4) by practicing the profession of medicine with gross negligence on a particular occasion as alleged in the facts of the following:

3. Paragraphs A and A2.
4. Paragraphs A and A3.
5. Paragraphs A and A5.
6. Paragraphs C and C1.
7. Paragraphs E and E1, and E and E2.
8. Paragraphs G and G3.
9. Paragraphs G and G4.
10. Paragraphs G and G5.
11. Paragraphs G and G6.
12. Paragraphs G and G7.

### **THIRTEENTH THROUGH TWENTY-SECOND SPECIFICATIONS**

#### **GROSS INCOMPETENCE**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(6) by practicing the profession of medicine with gross incompetence as alleged in the facts of the following:

13. Paragraphs A and A2.
14. Paragraphs A and A3.
15. Paragraphs A and A5.
16. Paragraphs C and C1.



17. Paragraphs E and E1 and E and E2.
18. Paragraphs G and G3.
19. Paragraphs G and G4.
20. Paragraphs G and G5.
21. Paragraphs G and G6.
22. Paragraphs G and G7.

**TWENTY-THIRD AND TWENTY-FOURTH SPECIFICATIONS**  
**FAILURE TO COMPLY WITH LAWS OR RULES**  
**GOVERNING THE PRACTICE OF MEDICINE**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(16) by a wilful or grossly negligent failure to comply with substantial provisions of federal, state, or local laws, rules or regulations governing the practice of medicine, as alleged in the facts of:

23. Paragraph I.
24. Paragraph P.

**TWENTY-FIFTH THROUGH TWENTY-EIGHTH SPECIFICATIONS**  
**FRAUDULENT PRACTICE**

Respondent is charged with committing professional misconduct as defined by N.Y. Educ. Law §6530(2) by practicing the profession of medicine fraudulently as alleged in the facts of the following:

25. Paragraph J.
26. Paragraph K.
27. Paragraph L.
28. Paragraph Q.

**TWENTY-NINTH SPECIFICATION**  
**SUBMITTING A FALSE APPLICATION**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(21) by willfully making or filing a false report required by law or by the department of health or the education department, as alleged in the facts of:

29. Paragraph J.

**THIRTIETH 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:

30. Paragraph M.

**THIRTY-FIRST SPECIFICATION**  
**BEING A HABITUAL USER OR DEPENDENT ON DRUGS**  
**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 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:

31. Paragraph N.

**THIRTY-SECOND AND THIRTY-THIRD SPECIFICATIONS**  
**DELEGATING RESPONSIBILITIES TO AN UNLICENSED PERSON**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(25) by delegating professional responsibilities to a person when the licensee delegating such responsibilities knows or has reason to know that such person is not qualified by licensure to perform them, as alleged in the facts of:

- 32. Paragraph O.
- 33. Paragraph P.

**THIRTY-FOURTH AND THIRTY-FIFTH SPECIFICATIONS**  
**PERMITTING, AIDING OR ABETTING AN UNLICENSED PERSON TO**  
**PERFORM ACTIVITIES REQUIRING A LICENSE**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(11) by permitting, aiding or abetting an unlicensed person to perform activities requiring a license as alleged in the facts of the following:

- 34. Paragraph O.
- 35. Paragraph P.

**THIRTY-SIXTH AND THIRTY-SEVENTH SPECIFICATIONS**  
**MORAL UNFITNESS**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(20) by engaging in conduct in the practice of the profession of medicine that evidences moral unfitness to practice as alleged in the facts of the following:

- 36. Paragraph L.
- 37. Paragraph Q.

DATED: November 3, 2005  
Albany, New York

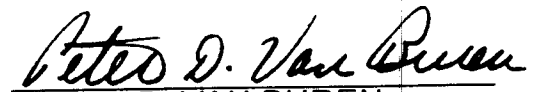
  
PETER D. VAN BUREN  
Deputy Counsel  
Bureau of Professional  
Medical Conduct

EXHIBIT "B"

**GUIDELINES FOR CLOSING A MEDICAL PRACTICE FOLLOWING A  
REVOCATION, SURRENDER OR SUSPENSION (of six months or more)  
OF A MEDICAL LICENSE**

1. Respondent shall immediately cease the practice of medicine in compliance with the terms of the Surrender Order. Respondent shall not represent himself or herself as eligible to practice medicine and shall refrain from providing an opinion as to professional practice or its application.
2. Within 15 days of the Surrender Order's effective date, Respondent shall notify all patients that he or she has ceased the practice of medicine, and shall refer all patients to another licensed practicing physician for their continued care, as appropriate.
3. Within thirty days of the Surrender Order's effective date, Respondent shall have his or her original license to practice medicine in New York State and current biennial registration delivered to the Office of Professional Medical Conduct (OPMC) at 433 River Street Suite 303, Troy, NY 12180-2299.
4. Respondent shall arrange for the transfer and maintenance of all patient medical records. Within thirty days of the Surrender Order's effective date, Respondent shall notify OPMC of these arrangements, including the name, address, and telephone number of an appropriate contact person, acceptable to the Director of OPMC, who shall have access to these records. Original records shall be retained for patients for at least six years after the last date of service, and, for minors, at least six years after the last date of service or three years after the patient reaches the age of majority, whichever time period is longer. Records shall be maintained in a safe and secure place that is reasonably accessible to former patients. The arrangements shall ensure that all patient information is kept confidential and is available only to authorized persons. When a patient or authorized representative requests a copy of the patient's medical record, or requests that the original medical record be sent to another health care provider, a copy of the record shall be promptly provided or sent at reasonable cost to the patient (not to exceed 75 cents per page.) Radiographic, sonographic and like materials shall be provided at cost. A qualified person shall not be denied access to patient information solely because of inability to pay.
5. Within 15 days of the Surrender Order's effective date, if Respondent holds a Drug Enforcement Agency (DEA) certificate, Respondent shall advise the DEA in writing of the licensure action and shall surrender his or her DEA controlled substance certificate, privileges, and any used DEA #222 U.S. Official Order Forms Schedules 1 and 2, to the DEA.
6. Within 15 days of the Surrender Order's effective date, Respondent shall return any unused New York State official prescription forms to the Bureau of Narcotic Enforcement of the New York State Department of Health. Respondent shall have all prescription pads bearing Respondent's name destroyed. If no other licensee is providing services at Respondent's practice location, Respondent shall dispose of all medications.

7. Within 15 days of the Surrender Order's effective date, Respondent shall remove from the public domain any representation that Respondent is eligible to practice medicine, including all related signs, advertisements, professional listings whether in telephone directories or otherwise, professional stationery or billings. Respondent shall not share, occupy or use office space in which another licensee provides health care services.
8. Respondent shall not charge, receive or share any fee or distribution of dividends for professional services rendered (by himself or others) while barred from practicing medicine. Respondent may receive compensation for the reasonable value of services lawfully rendered, and disbursements incurred on a patient's behalf, prior to the Surrender Order's effective date.
9. If Respondent is a shareholder in any professional service corporation organized to engage in the practice of medicine and Respondent's license is revoked, surrendered or suspended for six months or more pursuant to this Order, Respondent shall, within ninety days of the Order's effective date, divest himself/herself of all financial interest in such professional services corporation in accordance with New York Business Corporation Law. If Respondent is the sole shareholder in a professional services corporation, the corporation must be dissolved or sold within ninety days of the Order's effective date.
10. Failure to comply with the above directives may result in civil or criminal penalties. Practicing medicine when a medical license has been suspended, revoked or annulled is a Class E Felony, punishable by imprisonment for up to four years, under § 6512 of the Education Law. Professional misconduct may result in penalties including revocation of the suspended license and/or fines of up to \$10,000 for each specification of misconduct, under § 230-a of the Public Health Law.