Corning Tower

The Governor Nelson A. Rockefeller Empire State Plaza

Albany, New York 12237

Barbara A. DeBuono, M.D., M.P.H. *Commissioner*

Karen Schimke
Executive Deputy Commissioner

March 13, 1996

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

David W. Smith, Esq.
NYS Dept. of Health
5 Penn Plaza-6th Floor
New York, New York 10001

George Weinbaum, Esq. 3 Barker Avenue White Plains, New York 10601

Edmund Carloni, M.D. 300-F High Point Road Hartsdale, New York 10530

RE: In the Matter of Edmund Carloni, M.D.

Dear Mr. Smith, Mr. Weinbaum and Dr. Carloni:

Enclosed please find the Determination and Order (No. 96-53) 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.

Five days after receipt of this Order, you will be required to deliver to the Board of Professional Medical Conduct your license to practice medicine if said license has been revoked, annulled, suspended or surrendered, together with the registration certificate. Delivery shall be by either certified mail or in person to:

Office of Professional Medical Conduct New York State Department of Health Corning Tower - Fourth Floor (Room 438) Empire State Plaza Albany, New York 12237 If your license or registration certificate is lost, misplaced or its whereabouts is otherwise unknown, you shall submit an affidavit to that effect. If subsequently you locate the requested items, they must then be delivered to the Office of Professional Medical Conduct in the manner noted above.

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 licensee or the Department may seek a review of a committee determination.

Request for review of the Committee's determination by the Administrative Review Board stays all action until final determination by that Board. Summary orders are not stayed by Administrative Review Board reviews.

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 Empire State Plaza Corning Tower, Room 2503 Albany, New York 12237-0030

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,

Tyrone T. Butler, Director
Bureau of Adjudication

TTB:rlw Enclosure



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

IN THE MATTER

OF

EDMUND CARLONI, M.D.

AND
ORDER

BPMC-96-53

F. MICHAEL JACOBIUS, M.D., Chairperson, DIANE E. GARNEAU, M.D. and KENNETH KOWALD, duly designated members of the State Board of Professional Medical Conduct, appointed by the Commissioner of Health of the State of New York pursuant to Section 230(1) of the Public Health Law, served as the Hearing Committee in this matter pursuant to Sections 230(10)(e) and 230(12) of the Public Health Law. STEPHEN BERMAS, ESQ., Administrative Law Judge, served as Administrative Officer for the Hearing Committee.

Mr. Kenneth Kowald was appointed to serve in place of Ms. Eugenia Herbst who became ill during the pendency of this matter. Accordingly, Mr. Kenneth Kowald was not present at the hearings held on November 1 and 29, 1995, but he has duly affirmed that he had read and considered the transcripts of the proceedings, and the evidence received at such hearing days, prior to deliberations.

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

SUMMARY OF THE PROCEEDINGS

August 30, 1995 Notice of Hearing dated:

September 21, 1995 Statement of Charges dated:

November 1, 1995 Hearing Dated:

November 29, 1995 January 25, 1996

February 13, 1996 Deliberation Date:

NYS Department of Health Place of Hearing:

5 Penn Plaza

New York, New York

Henry M. Greenberg, General Counsel Petitioner Appeared by:

NYS Department of Health David W. Smith, Esq.

BY:

Associate Counsel

George Weinbaum, Esq. Respondent Appeared by:

3 Barker Avenue

White Plains, New York 10601

STATEMENT OF CHARGES

The Statement of Charges has been marked as Petitioner's Exhibit I and hereto attached as Appendix A.

CREDIBILITY OF WITNESSES

The Hearing Committee found Dr. Elliot Howard to be a credible, knowledgeable witness, and as an internist, to have the proper background for his testimony in this matter.

While the Committee found Dr. Alvin Yapalter to be a credible witness in general, some parts of his testimony, particularly with respect to the adequacy of Respondent's medical records and the adequacy of Respondent's medical care, were not credible because as a psychiatrist he did not have the appropriate background and experience.

Respondent was found not to be credible because of his testimony that he knew how to prescribe barbiturate drugs and how to detoxify addicted patients when there was no evidence that he had any adequate training or experience in these fields.

FINDINGS OF FACT

Numbers in parentheses refer to transcript page numbers or exhibits. These citations represent evidence found persuasive by the Hearing Committee in arriving at a particular finding. Conflicting evidence, if any, was considered and rejected in favor of cited evidence.

GENERAL FINDINGS

1. Dr. Edmund Carloni has been in private practice for thirty-one (31) years, since 1964. (T. 119, 1. 20-23)

- 2. Dr. Carloni is on staff at Saint Agnes Hospital in Westchester County. (T. 120, 1. 10-13)
- 3. Prior to the time period covered by the Statement of Charges, Dr. Carloni saw patients at the Methadone Clinic of the Psychiatric Services of White Plains. There he would do an evaluation, history and physical examination of the patients. (T. 122, 1. 14-22)
- 4. Dr. Carloni was used by the Methadone Clinic for admissions, physical examinations, and he also treated patients medically. The Clinic was in touch with Dr. Carloni on a day-to-day basis and they were satisfied with his services. (T. 400, 1.20-25; T. 401, 1. 2-16)
- 5. Dr. Carloni was affiliated with the Methadone Clinic for almost twenty (20) years. (T. 401, 1. 2-16)

PATIENT A

- 6. Respondent treated Patient A between June, 1992 and September, 1993. (T. 15-16; Ex. 3)
- 7. Respondent never performed an adequate physical examination on Patient A nor took an adequate medical history. (T. 16, 1. 13-16; T. 17, 1.16-18 and 24-25; T. 19-24, 45-46, 205-206; Ex. 3)
- 8. There was no medical justification for Respondent's diagnoses of vaginitis, gastritis or bronchitis. (T. 19-23; 439; Ex. 3)
- 9. Respondent prescribed Ceclor, Ceftin, Prozac, Elavil, Tylenol #4 and Valium without medical justification. (T. 23-25, 40-41, 44-46; Ex. 3)

- Even though Respondent diagnosed Patient A with nervousness, insomnia, bleeding ulcer and vaginitis, he failed to adequately evaluate or treat these conditions. (T. 21-26, 47-48; Ex. 3)
- 11. Patient A was on methadone the entire time Respondent treated her. Nevertheless, Respondent continued to give Patient A: Prozac, Elavil, Tylenol #4, Valium and Dilaudid even though he testified that she should not have been taking them while she was on Methadone. (T. 184-189; Ex. 3)
- 12. Respondent's patient notes for Patient A are inaccurate and incomplete. Among other things, they do not reflect an adequate medical history or physical examination, the patient's ongoing treatment by other physicians and her use of Methadone. (T. 160-167, 172-179, 404; Ex. 3)
- 13. The care rendered to Patient A by Respondent did not meet minimum acceptable medical standards. (T. 26-27, 47-50; Ex. 3)

PATIENT B

- 14. Respondent treated Patient B between June and August, 1992. (Ex. 4)
- 15. Respondent never performed an adequate physical examination on Patient B nor took an adequate medical history. (T. 45-46; Ex. 4)

- The prescribing of Valium and Zantac for Patient B was not medically justified. (T. 46-47; Ex. 4)
- 17. Although asthma and nervousness were noted as medical problems of Patient B, Respondent did not adequately evaluate or treat these conditions. (T. 47; Ex. 4)
- 18. Respondent claimed that he wanted to detoxify Patient B from Valium, but that is nowhere evidenced in the medical records of Patient B. (T. 445; Ex. 4)
- 19. Respondent's patient notes for Patient B are inaccurate and incomplete. They fail to contain, among other things, any medical history or physical examination, the reasons for diagnoses or any reference at all to detoxification. (Ex. 4)
- 20. The care rendered to Patient B by Respondent did not meet minimum acceptable medical standards. (T. 47; Ex. 4)

PATIENT C

- 21. Respondent treated Patient C in August, 1990 and again between June and August, 1992. (Ex. 5)
- 22. Throughout such period, Respondent failed to taken an adequate medical history or perform an adequate physical examination. (T. 55-56; Ex. 5)
- 23. Respondent diagnosed Patient C with gastritis and anemia without any medical justification. (T. 55-58, 284-285; Ex. 5)

- 24. Respondent diagnosed Patient C with an ulcer, but did not adequately evaluate or treat such condition. (T. 55-56; Ex. 5)
- 25. Respondent prescribed Ativan and Valium together, which was medically wrong (T. 55-58; Ex. 5), and Respondent admitted that his prescribing for Patient C was medically inappropriate. (T. 297-298)
- 26. Respondent's patient notes for Patient C are incomplete and inaccurate. Among other things, there is no reflection of an adequate medical history or physical examination and no justification for diagnoses. (Ex. 5)
- 27. The care rendered to Patient C by Respondent did not meet minimum acceptable medical standards. (T. 57-58; Ex. 5)

PATIENT D

- 28. Respondent treated Patient D from February, 1991 through April, 1994. (Ex. 6)
- 29. Throughout such period, Respondent failed to obtain an adequate medical history or perform an adequate physical examination. (T. 67-73; Ex. 6)
- Respondent diagnosed Patient D with anxiety, muscle sprain and upper respiratory infection without medical justification. (T,. 71-74, 298-311; Ex. 6)

Patient D had back and neck pain and coughed up green sputum, all of which conditions Respondent failed to adequately evaluate or treat. (T. 67-74, 298-300, 313-314; Ex. 6)

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- Respondent prescribed for Patient D excessive doses of Darvon, Valium, Percocet and Tylenol #4, despite the fact that he knew that Patient D had an already existing drug problem. (T. 64-68, 73-74, 307-309, 317-320; Ex. 6)
- Respondent's patient notes for Patient D were inaccurate and incomplete. Among other things, they did not contain an adequate medical history or physical examination, any prior or current medical records from other treating physicians or anything about a prior existing drug problem. (Ex. 6)
- 34. The care rendered to Patient D by Respondent did not meet minimum acceptable medical standards. (T. 73-74; Ex. 6)

PATIENT E

- 35. Respondent treated Patient E between May, 1992 and January, 1993. (Ex. 7)
- Throughout such period, Respondent failed to take an adequate medical history or perform an adequate physical examination. (T. 85-86, 454-455; Ex. 7)
- Respondent diagnosed Patient E with gastritis, insomnia, respiratory infection and anxiety without medical justification. (T. 80-88; Ex. 7)

- Patient E complained of loose bowel movements and anxiety, but Respondent failed to adequately evaluate or treat either condition. (T. 80-88, 343-344, 455-457; Ex. 7)
- The prescribing of Prozac, Tylenol #4, Darvocet, Valium and Xanax were excessive and not medically justified. (T. 80-88, 345-348, 477-488; Ex. 7)
- 40. Respondent's patient notes for Patient E are incomplete and inaccurate. They do not reflect, among other things, an adequate history or physical examination, prior medical records or street use of Valium. (Ex. 7)
- The care rendered to Patient E by Respondent did not meet minimum acceptable medical standards. (T. 88; Ex. 7)

ARTICLE 33

Respondent has been found guilty of violating Article 33 of the NY Public Health Law in the improper prescribing of the controlled substances Ativan, Valium, Xanax and/or Percocet. (Ex. 8)

CONCLUSION OF LAW

FIRST:

Respondent is found to have engaged in professional misconduct by reason of practicing medicine with negligence on more than one occasion within the meaning of N.Y. Education Law Section 6530(3) (McKinney Suppl. 1995) as set forth in Findings of Fact 6 through 41, supra.

SECOND:

Respondent is found to have engaged in professional misconduct by reason of practicing medicine with incompetence on more than one occasion within the meaning of N.Y. Education Law Section 6530(5) (McKinney Suppl. 1995) as set forth in Findings of Fact 6 through 41, supra.

THIRD:

Respondent is found to have engaged in professional misconduct by reason of failing to maintain records for Patients A, B, C, D and E which accurately reflect the evaluation and treatment of said patients, within the meaning of N.Y. Education Law Section 6530(32) (McKinney Suppl. 1995) as set forth in Findings of Fact 7, 12, 15, 19, 22, 26, 29, 33, 36 and 40, supra.

FOURTH:

Respondent is found to have engaged in professional misconduct within the meaning of N.Y. Education Law Section 6530(9)(e) (McKinney Suppl. 1995) by having been found guilty by the Commissioner of Health of violating Article 33 of the N.Y. Public Health Law, as set forth in Finding of Fact 42, supra.

ORDER

The Hearing Committee determined and orders that Respondent's license to practice medicine be, and hereby is, **REVOKED.**

DATED:

New York, New York
Merch // , 1996

F MICHAEL JACOBIUS, M.D.

Chairperson

DIANE E. GARNEAU, M.D. KENNETH KOWALD



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

IN THE MATTER

OF

EDMUND CARLONI, M.D.

NOTICE OF HEARING

TO:

EDMUND CARLONI, M.D. 300-F High Point Road Hartsdale, NY 10530

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PLEASE TAKE NOTICE:

A hearing will be held pursuant to the provisions of N.Y. Pub. Health Law §230 (McKinney 1990 and Supp. 1995) and N.Y. State Admin. Proc. Act §§301-307 and 401 (McKinney 1984 and Supp. 1995). The hearing will be conducted before a committee on professional conduct of the State Board for Professional Medical Conduct on November 1, 1995, at 10:00 a.m., at the Offices of the New York State Department of Health, 5 Penn Plaza, Sixth Floor, New York, New York, and at such other adjourned dates, times and places as the committee may direct.

At the hearing, evidence will be received concerning the allegations set forth in the Statement of Charges, which is attached. A stenographic record of the hearing will be made and the witnesses at the hearing will be sworn and examined. You shall appear in person at the hearing and may be represented by counsel. You have the right to produce witnesses and evidence on your behalf, to issue or have subpoenas issued on your behalf in order to require the production of witnesses and documents, and you may cross-examine witnesses and examine evidence produced against you. A summary of the Department of Health Hearing Rules is enclosed.

The hearing will proceed whether or not you appear at the hearing. Please note that requests for adjournments must be made in writing and by telephone to the Administrative Law Judge's Office, Empire State Plaza, Tower Building, 25th Floor, Albany, New York 12237, (518-473-1385), upon notice to the attorney for the Department of Health whose name appears below, and at least five days prior to the

scheduled hearing date. Adjournment requests are not routinely granted as scheduled dates are considered dates certain. Claims of court engagement will require detailed Affidavits of Actual Engagement. Claims of illness will require medical documentation.

Pursuant to the provisions of N.Y. Pub. Health Law §230 (McKinney 1990 and Supp. 1995), you may file an answer to the Statement of Charges not less than ten days prior to the date of the hearing. If you wish to raise an affirmative defense, however, N.Y. Admin. Code tit. 10, §51.5(c) requires that an answer be filed, but allows the filing of such an answer until three days prior to the date of the hearing. Any answer shall be forwarded to the attorney for the Department of Health whose name appears below. Pursuant to §301(5) of the State Administrative Procedure Act, the Department, upon reasonable notice, will provide at no charge a qualified interpreter of the deaf to interpret the proceedings to, and the testimony of, any deaf person.

At the conclusion of the hearing, the committee shall make findings of fact, conclusions concerning the charges sustained or dismissed, and in the event any of the charges are sustained, a determination of the penalty to be imposed or appropriate action to be taken. Such determination may be reviewed by the Administrative Review Board for Professional Medical Conduct.

THESE PROCEEDINGS MAY RESULT IN A DETERMINATION THAT YOUR LICENSE TO PRACTICE MEDICINE IN NEW YORK STATE BE REVOKED OR SUSPENDED, AND/OR THAT YOU BE FINED OR SUBJECT TO OTHER SANCTIONS SET OUT IN NEW YORK PUBLIC HEALTH LAW §§230-a (McKinney Supp. 1995). YOU ARE URGED TO OBTAIN AN ATTORNEY TO REPRESENT YOU IN THIS MATTER.

DATED:

New York, New York

ROY NEMERSON Deputy Counsel Bureau of Professional Medical Conduct

Inquiries should be directed to: David W. Smith
Associate Counsel
Bureau of Professional
Medical Conduct
5 Penn Plaza, Suite 601
New York, New York 10001
(212) 613-2617

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

IN THE MATTER

OF

EDMUND CARLONI, M.D.

STATEMENT OF CHARGES

EDMUND CARLONI, M.D., the Respondent, was authorized to practice medicine in New York State in 1961 by the issuance of license number 086555 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. Between in or about June, 1992 and in or about September, 1993,
 Respondent treated Patient A for vaginitis and other medical conditions at his office in White Plains, New York.
 - 1. Throughout the period, Respondent failed to perform an adequate physical examination or note such examination, if any.
 - 2. Throughout the period, Respondent failed to obtain an adequate medical history or note such history, if any.
 - 3. Respondent inappropriately diagnosed Patient A with vaginitis, gastritis and bronchitis.
 - 4. Respondent inappropriately prescribed Ceclor, Cefton, Dilaudid, Valium, Prozac, Elavil and Tylenol #4.

- 5. Patient A complained of nervousness, insomnia, bleeding ulcer and vaginal bleeding but Respondent failed adequately to evaluate, follow-up or treat such conditions or note such evaluations, follow-up or treatment, if any.
- B. Between in or about June, 1992, and in or about August, 1992, Respondent treated Patient B for asthma and other medical conditions at his office in White Plains, New York.
 - 1. Throughout the period, Respondent failed to perform an adequate physical examination or note such examination, if any.
 - Throughout the period, Respondent failed to obtain an adequate medical history or note such history, if any.
 - 3. Respondent inappropriately prescribed Valium and Zantac.
 - 4. Patient B complained of asthma and nervousness but
 Respondent failed adequately to evaluate, follow-up or treat such
 conditions or note such evaluation, follow-up or treatment, if any.

- C. Between in or about August, 1990, and in or about August, 1992, Respondent treated Patient C for nervousness and other medical conditions at his office in White Plains, New York.
 - 1. Throughout the period, Respondent failed to perform an adequate physical examination or note such examination, if any.
 - 2. Throughout the period, Respondent failed to obtain an adequate medical history or note such history, if any.
 - 3. Respondent inappropriately diagnosed Patient C with gastritis and anemia.
 - 4. Patient C complained of peptic ulcer, but Respondent failed adequately to evaluate, follow-up or treat such condition or note such evaluation, follow-up or treatment, if any.
 - 5. Respondent inappropriately prescribed Valium and Ativan for Patient C, sometimes simultaneously.
- D. Between in or about June, 1992, and in or about April, 1994, Respondent treated Patient D for back pain and other medical conditions at his office in White Plains, New York.
 - 1. Throughout the period, Respondent failed to perform an adequate physical examination or note such examination, if any.

- 2. Throughout the period, Respondent failed to obtain an adequate medical history or note such history, if any.
- Respondent inappropriately diagnosed Patient D with anxiety, muscle sprain, and respiratory infection.
- 4. Patient D complained of coughing up green sputum, lower back pain and neck pain but Respondent failed adequately to evaluate, follow-up or treat such conditions or note such evaluation, follow-up or treatment, if any.
- 5. Respondent inappropriately prescribed Darvon, Feldene, Valium, Percocet and Tylenol #4.
- E. Between in or about May, 1992, and in or about January, 1993, Respondent treated Patient E for nervousness and other medical conditions at his office in White Plains, New York.

The said Toronto Miles

- 1. Throughout the period, Respondent failed to perform an adequate physical examination or note such examination, if any.
- 2. Throughout the period, Respondent failed to obtain an adequate medical history or note such history, if any.
- 3. Respondent inappropriately diagnosed Patient E with gastritis, insomnia, respiratory infection and anxiety.

- 4. Patient E complained of nervousness and loose bowel movements but Respondent failed adequately to evaluate, follow-up or treat such conditions or note such evaluations, follow-up or treatment, if any.
- Respondent inappropriately prescribed Prozac, Tylenol #4,
 Darvocet, Valium and Xanax.
- F. On November 23, 1994, Respondent admitted to, and the Commissioner of Health so found, violations of Article 33 of the New York Public Health Law in that Respondent improperly prescribed quantities of controlled substances including Ativan, Valium, Xanax and Percocet in a manner inconsistent with said Article 33. Respondent was fined \$4000.00, payment of \$2000.00 of which was suspended pending lawful conduct by Respondent for two (2) years from the date of the Order.

SPECIFICATION OF CHARGES

FIRST SPECIFICATION PRACTICING WITH NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(3)(McKinney Supp. 1995) by practicing the profession with negligence on more than one occasion as alleged in the facts of two or more of the following:

1. Paragraphs A and A1-5; B and B1-4; C and C1-5; D and D1-5; and/or E and E1-5.

SECOND SPECIFICATION PRACTICING WITH INCOMPETENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(5)(McKinney Supp. 1995) by practicing the profession with incompetence on more than one occasion as alleged in the facts of two or more of the following:

2. Paragraphs A and A1-5; B and B1-4; C and C1-5; D and D1-5; and/or E and E1-5.

THIRD THROUGH SEVENTH SPECIFICATIONS FAILURE TO MAINTAIN RECORDS

Respondent is charged with committing professional misconduct by failing to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient within the meaning of N.Y. Educ. Law §6530(32) (McKinney Supp. 1995). Specifically, Petitioner charges:

- 3. The facts in Paragraphs A and A1-2, 5.
- 4. The facts in Paragraphs B and B1, 2, 4.
- 5. The facts in Paragraphs C and C1, 2, 4.
- 6. The facts in Paragraphs D and D1, 2, 4.
- 7. The facts in Paragraphs E and E1, 2, 4.

EIGHTH SPECIFICATION VIOLATION OF ARTICLE 33

Respondent is charged with committing professional misconduct within the meaning of N.Y. Educ. Law §6530(9)(e)(McKinney Supp. 1995) by having been found guilty by the Commissioner of Health violating Article 33 of the N.Y. Public Health Law. Specifically, Petitioner charges:

8. The facts in Paragraph F.

DATED: September , 1995 New York, New York

ROY NEMERSON
Deputy Counsel
Bureau of Professional
Medical Conduct

STATE OF NEW YORK : DEPARTMENT OF HEALTH

STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

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AFFIRMATION

IN THE MATTER : OF MEMBER OF THE

OF : HEARING COMMITTEE

EDMUND CARLONI, MD. :

Kenneth Kowald, a duly designated member of the State Board of Professional Medical Conduct and of the Hearing Committee thereof designated to hear the MATTER OF Edmund Carloni, M.D., hereby affirms that he was not present at the hearing sessions conducted on November 1 and November 29, 1995. He further affirms that he has read and considered the transcript of proceedings of, and the evidence received at such hearing days prior to deliberations of the Hearing Committee on the 13th day of February, 1996.

Date: February 27, 1996 Richmond Hill, New York

enneth Kowald