



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

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

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NYS Department of Health*

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NYS Department of Health*

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*Vice Chair*

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

*Public*

November 1, 2005

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

Mikhail I. Zalmanov, M.D.  
aka Mikhail I. Zalmonov, M.D.  
401 East 34th Street, Apt. s28c  
New York, NY 10016

Re: License No. 158429

Dear Dr. Zalmanov:

Enclosed is a copy of Order #BPMC 05-251 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect November 8, 2005.

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 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: Mark L. Hankin, Esq.  
Hankin, Handwerker & Mazel, PLLC  
7 Penn Plaza, Suite 904  
New York, NY 10001

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

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IN THE MATTER

OF

MIKHAIL I. ZALMANOV, M.D.  
aka MIKHAIL I. ZALMONOV, M.D.

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CONSENT

ORDER

BPMC No. #05-251

Upon the application of **MIKHAIL I. ZALMANOV, M.D, aka MIKHAIL I. ZALMONOV, M.D.**, (Respondent) in the attached Consent Agreement and Order, which s made a part of this Consent Order, it is agreed

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

ORDERED, that this Order shall be effective upon issuance by the Board, either by mailing of a copy of this Consent Order, either by first class mail to Respondent at the address in the attached Consent Agreement or by certified mail to Respondent's attorney, OR upon facsimile transmission to Respondent or Respondent's attorney, whichever is first.

SO ORDERED.

DATED: 10-28-05



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

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

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IN THE MATTER

OF

MIKHAIL I. ZALMANOV, M.D.  
aka MIKHAIL I. ZALMONOV, M.D.  
CO-05-01-0307-A

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CONSENT

AGREEMENT

AND ORDER

**MIKHAIL I. ZALMANOV, M.D., aka MIKHAIL I. ZALMONOV, M.D.,** (Respondent)  
representing that all of the following statements are true, deposes and says:

That on or about June 18, 1984, I was licensed to practice as a physician in the State of New York, and issued License No. 158429 by the New York State Education Department.

My current address is 401 East 34<sup>th</sup> Street, Apt. s28c, New York, NY 10016, and I will advise the Director of the Office of Professional Medical Conduct of any change of my address thirty (30) days, thereof.

I understand that the New York State Board for Professional Medical Conduct has charged me with one (1) specification of professional misconduct.

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

I do not contest the one (1) Specification, in full satisfaction of the charges against me, and agree to the following penalty:

Censure and Reprimand; and a  
\$2,500.00 fine.

The fine is to be paid within thirty (30) days of the effective date of this Order to The NYS Department of Health, Bureau of Accounts Management, Revenue Unit, Empire State Plaza, Corning Tower, Room 1258, Albany, NY 12237-0016.

I further agree that the Consent Order shall impose the following conditions:

That Respondent shall maintain active registration of Respondent's license with the New York State Education, Department Division of Professional Licensing Services (except during periods of actual suspension), and pay all registration fees. This condition shall take effect thirty (30) days after the Consent Order's effective date and will continue so long as Respondent Remains licensed in New York State; and

I stipulate that my failure to comply with any conditions of this Order shall constitute misconduct as defined by New York State Education Law §6530(29).

I agree that if I am charged with professional misconduct in the future, this Consent Agreement and Order shall be admitted into evidence in that proceeding.

I ask the Board to adopt this Consent Agreement.

I understand that if the Board does not adopt this Consent Agreement, none of its terms shall bind me or constitute an admission of any of the acts of alleged misconduct; this Consent Agreement 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 adopts this Consent Agreement, the Chair of the Board shall issue a Consent 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 Consent Order by first class mail to me at the address in this Consent Agreement, 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 stipulate that the proposed sanction and Order are authorized by Public Health Law Sections 230 and 230-a and that the Board for Professional Medical Conduct and the Office of Professional Medical Conduct have the requisite powers to carry out all included terms. I ask the Board to adopt this Consent Agreement of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's adoption of this

Consent Agreement, 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 Consent Order for which I apply, whether administratively or judicially, I agree to be bound by the Consent Order, and ask that the Board adopt this Consent Agreement.

AFFIRMED:

DATED: 10-17-05

  
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MIKHAIL I. ZALMANOV, M.D.  
aka MIKHAIL I. ZALMONOV, M.D.  
Respondent

The undersigned agree to Respondent's attached Consent Agreement and to its proposed penalty, terms and conditions.

DATE: 10-17-05

  
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MARK L. HANKIN  
Attorney for Respondent

DATE: 18 October 2005

  
\_\_\_\_\_  
ROBERT BOGAN  
Associate Counsel  
Bureau of Professional Medical Conduct

DATE: 26 October 2005

  
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DENNIS J. GRAZIANO  
Director  
Office of Professional Medical Conduct

STATE OF NEW YORK

DEPARTMENT OF HEALTH

STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

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IN THE MATTER

STATEMENT

OF

OF

MIKHAIL I. ZALMANOV, M.D., aka MIKHAIL I. ZALMONOV, M.D. CHARGES  
CO-05-01-0307-A

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MIKHAIL I. ZALMANOV, M.D., aka MIKHAIL I. ZALMONOV, M.D., the Respondent, was authorized to practice medicine in New York state on June 18, 1984, by the issuance of license number 158429 by the New York State Education Department.

**FACTUAL ALLEGATIONS**


A. On or about June 8, 2004, in the Criminal Court of the City of New York, County of Queens, New York, Respondent was found guilty, based on a plea of guilty, of Driving While Intoxicated, in violation of New York Vehicle and Traffic Law §1192.2, a misdemeanor, and on or about July 12, 2004, was sentenced to a \$1000.00 fine, 1 year conditional discharge, six (6) months drivers license suspension, \$773.00 in restitution, and a drinking driver referral.

**SPECIFICATION**

Respondent violated New York Education Law §6530(9)(i) by being convicted of committing an act constituting a crime under New York state law, in that Petitioner charges:

1. The facts in Paragraph A.

DATED: *Sept. 13*, 2005  
Albany, New York

  
PETER VAN BUREN  
Deputy Counsel  
Bureau of Professional Medical Conduct