



Public

New York State Board for Professional Medical Conduct

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

Richard F. Daines, M.D.
Commissioner
NYS Department of Health
James W. Clyne, Jr.
Executive Deputy Commissioner
Keith W. Servis, Director
Office of Professional Medical Conduct

Kendrick A. Sears, M.D.
Chair
Carmela Torrelli
Vice Chair
Katherine A. Hawkins, M.D., J.D.
Executive Secretary

April 13, 2010

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Adam P. Nelson, M.D.

Re: License No. 177061

Dear Dr. Nelson:

Enclosed is a copy of Modification BPMC #06-96 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect April 20, 2010.

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 and return it to the Office of Professional Medical Conduct, New York State Department of Health, 433 River Street, Suite 303, Troy, NY 12180-2299

Sincerely,

Katherine A. Hawkins, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure

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

IN THE MATTER
OF
ADAM NELSON, M.D.

MODIFICATION
ORDER

BPMC No. 06-96

Upon the proposed Application for a Modification Order of **ADAM NELSON, M.D.**,
(Respondent) that is made a part of this Modification Order, it is agreed and

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

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

SO ORDERED.

DATED: 04-09-2010

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

IN THE MATTER
OF
ADAM NELSON, M.D.

APPLICATION FOR
MODIFICATION ORDER

ADAM NELSON, M.D., (Respondent) being duly sworn deposes and says:

That on or about January 5, 1989, I was licensed to practice as a physician in the State of New York, having been issued license number 177061 by the New York State Education Department.

My current address is

I am currently subject to Consent Agreement and Order BPMC No. #06-96, (hereinafter "Original Order"), annexed hereto, made a part, hereof, and marked as Exhibit 1, that was issued on May 1, 2006.

I have not practiced medicine in New York state in many years, and I do not intend to return to practice medicine in New York state.

I apply, hereby, therefore, to the State Board for Professional Medical Conduct for a Modification Order (hereinafter "Modification Order"), modifying the Original Order, as follows: to delete the paragraph in the Original Order that states:

" That Respondent shall maintain active registration of Respondent's license with the New York State Education Department (except during periods of actual suspension), and shall 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"

substituting therefore:

" Respondent shall never practice medicine in New York state as a physician, activate his registration to practice medicine as a physician in New York state or seek to reapply for a license to practice medicine as a physician in New York state."

The Modification Order to be issued will not constitute a new disciplinary action against me, but will substitute the proposed language for the above described language in the Original Order.

I make this Application of my own free will and accord and not under duress, compulsion or restraint, and seek the anticipated benefit of the requested Modification. In consideration of the value to me of the acceptance of the Board of this Application, I knowingly waive the right to contest the Original Order or the Modification Order for which I apply, both administratively and judicially, and ask that the Board grant this Application.

I understand and agree that the attorney for the Bureau of Professional Medical Conduct, the Director of the Office of Professional Medical Conduct, and the Chair of the State Board for Professional Medical Conduct each retain complete discretion to either enter into the proposed Agreement and Modification Order, based upon my application, or to decline to do so. I further understand and agree that no prior or separate written or oral communication can limit that discretion.

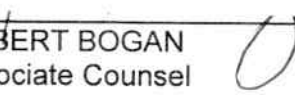
AFFIRMED:

DATED: March 24, 2010

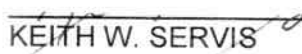
ADAM NELSON, M.D.
Respondent

The undersigned agree to the attached Application of Respondent and to the proposed penalty based on the terms and conditions thereof.

DATE: 05 April 2010


ROBERT BOGAN
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 4/8/10


KEITH W. SERVIS
Director
Office of Professional Medical Conduct



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

May 2, 2006

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Adam Nelson, M.D.

Re: License No. 177061

Dear Dr. Nelson:

Enclosed is a copy of Order #BPMC 06-96 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect May 9, 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: Maureen S. Bonanni, Esq.
Thorn, Gershon, Tymann and Bonanni
5 Wembley Road
Albany, NY 12212

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

IN THE MATTER

OF

ADAM NELSON, M.D.
CO-05-07-3562-A

CONSENT

AGREEMENT

AND ORDER

BPMC No. #06-96

ADAM NELSON, M.D., (Respondent) representing that all of the following statements are true, deposes and says:

That on or about January 5, 1989, I was licensed to practice as a physician in the State of New York, and issued License No. 177061 by the New York State Education Department.

My current address is _____, 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 Specification, in full satisfaction of the charges against me, and agree to the following penalty:

Censure and Reprimand.

Respondent shall comply fully with the February 11, 2004 Decision of the California Board and any extension or modification thereof.

Respondent shall provide a written authorization for the California Board to provide the Director of OPMC with any/all information or documentation as requested by OPMC to enable OPMC to determine whether Respondent is in compliance with the California Order.

Respondent shall submit semi-annually a signed Compliance Declaration to the Director of OPMC, which truthfully attests whether Respondent has been in compliance with the California Order during the declaration period specified.

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 shall 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

That Respondent shall cooperate fully with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Order and in its investigations of all matters concerning Respondent. Respondent shall respond in a timely manner to all OPMC requests for written periodic verification of Respondent's compliance with this Order. Respondent shall meet with a person designated by the Director of OPMC, as directed should he practice medicine in the State of New York. Respondent shall respond promptly and provide all documents and information within Respondent's control, as directed. This condition shall take effect upon the Board's issuance of the Consent Order and will continue so long as Respondent remains licensed in New York State.

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 patients 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: April 7, 2006

ADAM NELSON, M.D.
Respondent

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

DATE: 19 April 2006

ROBERT BOGAN, Associate Counsel
Bureau of Professional Medical Conduct

DATE: 27 April 2006

DENNIS J. GRAZIANO, Director
Office of Professional Medical Conduct

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

IN THE MATTER

CONSENT

OF

ORDER

ADAM NELSON, M.D.

Upon the application of ADAM NELSON, M.D., (Respondent) in the attached Consent Agreement and Order, which is made a part of this Consent Order, it is

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: 5-1-06

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

IN THE MATTER
OF
ADAM NELSON, M.D.
CO-05-07-3562-A

STATEMENT
OF
CHARGES

ADAM NELSON, M.D., Respondent, was authorized to practice medicine in New York State on January 5, 1989, by the issuance of license number 177061 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. On or about February 11, 2004, the Division of Medical Quality, Medical Board of California, Department of Consumer Affairs (hereinafter "California Board"), by a Decision (hereinafter "California Decision"), publicly reprimanded Respondent conditioned upon his successfully completing a medical record keeping course and forty (40) hours of CME and that that he pay \$5,000.00 costs of investigation and prosecution, based on failure to maintain adequate records.

B. The conduct resulting in the California Board disciplinary action against Respondent would constitute misconduct under the laws of New York state, pursuant to the following sections of New York state law:

1. New York State Education Law §6530(32) (failure to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient).

