

December 10, 2013

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

Fred H. Vohr, Jr., M.D.

**REDACTED**

Re: License No. 094862

Dear Dr. Vohr:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Modification Order No. 13-408. This order and any penalty provided therein goes into effect December 17, 2013.

Please direct any questions to: Board for Professional Medical Conduct, 90 Church Street, 4th Floor, New York, NY 10007-2919, telephone # 212-417-4445.

Sincerely,

**REDACTED**

Katherine A. Hawkins, M.D., J.D.

Executive Secretary

Board for Professional Medical Conduct

Enclosure

cc: Peter J. Millock, Esq.  
Nixon Peabody, LLP  
677 Broadway, 10th Floor  
Albany, NY 12207-2996

IN THE MATTER  
OF  
FRED H. VOHR, JR., M.D.

MODIFICATION  
ORDER

Upon the proposed Application for Modification Order of FRED H. VOHR, JR., M.D.  
(Respondent), which is made a part of this Modification Order, it is agreed to and

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

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

- by mailing of a copy of this Modification Order, either by first class to Respondent at the address in the attached 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: 12/9/2013

REDACTED

\_\_\_\_\_  
ARTHUR S. HENGERER, 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  
FRED H. VOHR, JR., M.D.

APPLICATION FOR  
MODIFICATION  
ORDER

FRED H. VOHR, JR., M.D., represents that all of the following statements are true:

That on or about July 13, 1965, I was licensed to practice as a physician in the State of New York, and issued License No. 094862 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 address.

I am currently subject to BPMC Order # BPMC 06-65 (Attachment I) (henceforth "Original Order"), which went into effect on April 5, 2006, and was issued upon an application for a Consent Order signed by me on March 8, 2006, (henceforth Original Application"), adopted by the Original Order. I hereby apply to the State Board for Professional Medical Conduct for an Order (henceforth "Modification Order"), modifying the Original Order, as follows:

The penalty imposed in the Original Order was, as follows:

I agree never to activate my registration to practice medicine in New York state or seek a new license to practice medicine in New York state.

The penalty imposed in the Original Order, as recited above, shall terminate upon the effective date of this Modification Order,

and

Upon the effective date of this Modification Order, a Condition shall be imposed upon me, as follows:

That within 90 days of the effective date of this Modification Order, Respondent shall remain in continuous compliance with all requirements of N.Y. Educ. Law § 6502 including but not limited to the requirements that a licensee shall register and continue to be registered with the New York State Education Department (except during periods of actual suspension) and that a licensee shall pay all registration fees. Respondent shall not exercise the option provided in N.Y. Educ. Law § 6502(4) to avoid registration and payment of fees. This Condition shall take effect upon the effective date of this Modification Order and will continue so long as Respondent remains a licensee in New York State,

and

All remaining Terms and Conditions will continue as written 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 by the Board of this Application, I knowingly waive my right to contest the Original Order or the Modification Order for which I apply, whether administratively or judicially, and ask that the Board grant this Application.

I understand and agree that the attorney for the Department, the Director of the Office of Professional Medical Conduct and the Chair of the State Board for Professional Medical Conduct each retain complete discretion either to enter into the proposed agreement and 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.

DATE 11-20-2013

REDACTED

\_\_\_\_\_  
FRED H. VOHR, JR., M.D.  
RESPONDENT

The undersigned agree to Respondent's attached Application for Modification Order and to its proposed penalty, terms and conditions.

DATE: 11/21/13

REDACTED

PETER J. MILLOCK, ESQ.  
Attorney for Respondent

DATE: Nov. 27, 2013

REDACTED

MARCIA E. KAPLAN  
Associate Counsel  
Bureau of Professional Medical Conduct

DATE: 12/6/13

REDACTED

KEITH W. SERVIS  
Director  
Office of Professional Medical Conduct

ATTACHMENT "I"



*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*

March 29, 2006

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

Fred H. Vohr, M.D.  
REDACTED

Re: License No. 094862

Dear Dr. Vohr:

Enclosed is a copy of Order #BPMC 06-65 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect April 5, 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,

REDACTED

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

Enclosure

cc: Peter J. Millock, Esq.  
Nixon, Peabody, LLP  
Omni Plaza, Suite 900  
30 South Pearl Street  
Albany, NY 12207-3497



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

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IN THE MATTER  
OF  
FRED H. VOHR, M.D.

CONSENT  
ORDER

BPMC No. #06-65

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Upon the application of FRED H. VOHR, 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: 3-27-06

REDACTED

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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  
FRED H. VOHR, M.D.  
CO-06-01-0614-A

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CONSENT  
AGREEMENT  
AND ORDER

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

That on or about July 13, 1965, I was licensed to practice as a physician in the State of New York, and issued License No. 094862 by the New York State Education Department.

My current address is: REDACTED

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:

I agree never to activate my registration to practice medicine in New York state or seek a new license to practice medicine in New York state.

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

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. 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: 3-8-06

REDACTED

FRED H. VOHR, M.D.  
Respondent

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

DATE: 3/9/06

REDACTED

PETER J. MILLOCK  
Attorney for Respondent

DATE: 20 March 2006

REDACTED

ROBERT BOGAN  
Associate Counsel  
Bureau of Professional Medical Conduct

DATE: 23 MARCH 2006

REDACTED

DENNIS J. GRAZIANO  
Director  
Office of Professional Medical Conduct

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

IN THE MATTER  
OF  
FRED H. VOHR, M.D.  
CO-06-01-0614-A

STATEMENT  
OF  
CHARGES

FRED H. VOHR, M.D., Respondent, was authorized to practice medicine in New York state on July 13, 1965, by the issuance of license number 094862 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. On or about January 23, 2006, the State of Rhode Island, Board of Medical Licensure and Discipline (hereinafter "Rhode Island Board"), by a Consent Order (hereinafter "Rhode Island Order"), placed Respondent on one (1) year probation, required him to complete an Ethics program, and required him to pay a \$500.00 administrative fee, based upon borrowing \$177,000.00 from a patient, over several years, and only paying back a fraction of the loan amount.

B. The conduct resulting in the Rhode Island 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 Education Law §6530(17) (exercising undue influence on the patient).

SPECIFICATION

Respondent violated New York Education Law §6530(9)(d) by having disciplinary action taken by a duly authorized professional disciplinary agency of another state, where the conduct resulting in the disciplinary action would, if committed in New York state, constitute professional misconduct under the laws New York state, in that Petitioner charges:

1. The facts in Paragraphs A and/or B.

DATED: *March 13*, 2006  
Albany, New York

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