



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.
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NYS Department of Health*

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NYS Department of Health*

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Office of Professional Medical Conduct

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

September 28, 2006

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Andrew D. Weiss, M.D.
Inmate No. 75280-004
Federal Correctional Institute, Coleman Low
846 NE 54th Terrace
Coleman, FL 33521

Re: License No. 177980

Dear Dr. Weiss:

Enclosed is a copy of Order #BPMC 06-220 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect October 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. If the document(s) are lost, misplaced or destroyed, you are required to submit to this office an affidavit to that effect. Enclosed for your convenience is an affidavit. Please complete and sign the affidavit before a notary public and return it to: **Office of Professional Medical Conduct, New York State Department of Health, 433 River Street, Suite 303, Troy, NY 12180-2299**

Sincerely,

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

Enclosure

cc: Tami Weiss
8076 Twin Lake Drive
Boca Raton, FL 33496

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

AFFIDAVIT

IN THE MATTER
OF

Andrew D. Weiss, M.D.

STATE OF _____ }

COUNTY OF _____ }

ss:

I, Andrew D. Weiss, M.D., the undersigned, hereby state that after having made a diligent search through all of my papers, files, residence(s), office(s), and storage facilities, I am unable to locate my license to practice medicine in the State of New York. I am, therefore, unable to provide the document(s) to the New York State Health Department (the Department), as directed by Order BPMC# 06-220 of the Office of Professional Medical Conduct. I hereby agree and recognize that, should I locate the document(s), I am bound to forward it/them to the Department.

I am advised and I understand that, pursuant to N.Y.S. Education Law §6512, any such person not authorized to practice medicine who practices or offers to practice or holds himself/herself out as being able to practice in New York State shall be guilty of a class E felony. I am further advised and understand that, pursuant to N.Y.S. Education Law §6513, anyone not authorized to use a professional title regulated by Title 8 of the N.Y.S. Education Law who uses such professional title in New York State shall be guilty of a class A misdemeanor. I am also advised and understand that the N.Y.S. Education Law §6522 states that only a person licensed or otherwise authorized under this article shall practice medicine or use the title "physician."

I state that, other than my failure to forward the document(s) to the Department, I am fully in compliance with the Order.

(signed) _____

Sworn to before me this

(print) _____

____ day of _____, 200__

NOTARY PUBLIC

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

IN THE MATTER

OF

**ANDREW DAVID WEISS, M.D.
CO-06-02-1117-A**

SURRENDER

ORDER

BPMC No. 06-220

ANDREW DAVID WEISS, M.D., representing that all of the following statements are true, deposes and says:

That on or about April 14, 1989, I was licensed to practice as a physician in the State of New York and issued License No. 177980 by the New York State Education Department.

My current address is 8076 Twin Lake Drive, Boca Raton, FL 33496.

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 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 do not contest the one (1) 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 attached Exhibit "B".

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. As public documents, they may be posted on the Department's website.

I ask the Board to accept this Surrender of License, which I submit 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 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: 9/10/06, 2006


ANDREW DAVID WEISS, M.D.
Respondent

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

Date: 20 September, 2006



ROBERT BOGAN
Associate Counsel
Bureau of Professional Medical Conduct

Date: 25 September, 2006



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
ANDREW DAVID WEISS, M.D.
CO-06-02-1117-A

STATEMENT
OF
CHARGES

ANDREW DAVID WEISS, M.D., Respondent, was authorized to practice medicine in New York state on April 14, 1989, by the issuance of license number 177980 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. On or about February 21, 2006, in the United States District Court, Southern District of Florida, Respondent was found guilty, based on a plea of guilty, of four (4) counts of Drug Distribution, in violation of 21 USC 841(a)(1) and 18 USC 2, felonies, and on May 22, 2006, was sentenced to one hundred fifty (150) months confinement for each offense, to be served concurrently, three (3) years supervised release upon release from confinement, a \$50,000.00 fine, a \$400.00 assessment, and to forfeit \$200,000.00.

SPECIFICATION

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

1. The facts in Paragraph A.

DATED: *Sept. 18*, 2006
Albany, New York


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

ORDER

Upon the application of (Respondent), **ANDREW DAVID WEISS, M.D.** to Surrender his 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

DATED: 9-27-2006, 2006



KENDRICK A. SEARS, M.D.
Chair
State Board for 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 that Respondent is 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 Respondent 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 deliver Respondent's original license to practice medicine in New York State and current biennial registration 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, for 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.
4. 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 Respondent's 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 Respondent 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 completely 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.