



# STATE OF NEW YORK DEPARTMENT OF HEALTH

433 River Street, Suite 303 Troy, New York 12180-2299

Richard F. Daines, M.D.  
Commissioner

Wendy E. Saunders  
Chief of Staff

*Public*

May 12, 2009

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

Mark Lewis Wasserman, M.D.

Redacted Address

Robert Bogan, Esq.  
NYS Department of Health  
Hedley Park Place  
433 River Street – Suite 303  
Troy, New York 12180

**RE: In the Matter of Mark Lewis Wasserman, M.D.**

Dear Parties:

Enclosed please find the Determination and Order (No. 09-91) 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.

As prescribed by the New York State Public Health Law §230, subdivision 10, paragraph (i), (McKinney Supp. 2007) and §230-c subdivisions 1 through 5, (McKinney Supp. 2007), "the determination of a committee on professional medical conduct may be reviewed by the Administrative Review Board for professional medical conduct." Either the Respondent or the Department may seek a review of a committee determination.

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  
Hedley Park Place  
433 River Street, Fifth Floor  
Troy, New York 12180

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,

Redacted Signature

James F. Horan, Acting Director  
Bureau of Adjudication

JFH:cah

Enclosure

COPY

IN THE MATTER  
OF  
MARK LEWIS WASSERMAN, M.D.

DETERMINATION  
AND  
ORDER  
BPMC #09-91

A hearing was held on April 22, 2009, at the offices of the New York State Department of Health ("the Petitioner"). A Notice of Referral Proceeding and a Statement of Charges, both dated October 21, 2008, were served upon the Respondent, **Mark Lewis Wasserman, M.D.** Pursuant to Section 230(10)(e) of the Public Health Law, **Irving S. Caplan**, Chairperson, **Eleanor C. Kane, M.D.**, and **Fred S. Levinson, M.D.**, duly designated members of the State Board for Professional Medical Conduct, served as the Hearing Committee in this matter. **John Wiley, Esq.**, Administrative Law Judge, served as the Administrative Officer.

The Petitioner appeared by **Thomas Conway, Esq.**, General Counsel, by **Robert Bogan, Esq.**, of Counsel. The Respondent appeared in person and represented himself at the hearing.

Evidence was received and transcripts of these proceedings were made.

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

#### BACKGROUND

This case was brought pursuant to Public Health Law Section 230(10)(p). The statute provides for an expedited hearing when a licensee is charged solely with a

violation of Education Law Section 6530(9). In such cases, a licensee is charged with misconduct based upon a prior criminal conviction in New York State or another jurisdiction, or upon a prior administrative adjudication regarding conduct that would amount to professional misconduct, if committed in New York. The scope of an expedited hearing is limited to a determination of the nature and severity of the penalty to be imposed upon the licensee.

In the instant case, the Respondent is charged with professional misconduct pursuant to Education Law Section 6530(9)(b) and (d). Copies of the Notice of Referral Proceeding and the Statement of Charges are attached to this Determination and Order as Appendix 1.

#### **WITNESSES**

For the Petitioner:

None

For the Respondent:

Mark Lewis Wasserman, M.D.

#### **FINDINGS OF FACT**

The following Findings of Fact were made after a review of the entire record in this matter. Numbers below in parentheses refer to exhibits, denoted by the prefix "Ex." These citations refer to evidence found persuasive by the Hearing Committee in arriving at a particular finding. Conflicting evidence, if any, was considered and rejected in favor of the cited evidence. All Hearing Committee findings were unanimous.

1. Mark Lewis Wasserman, M.D., the Respondent, was authorized to practice medicine in New York State on January 19, 1994, by the issuance of license number 194763 by the New York State Education Department (Petitioner's Ex. 4).

2. On January 15, 2008, the Connecticut Department of Public Health, Healthcare Systems Branch, Medical Examining Board ("Connecticut Board"), by a Consent Order ("Connecticut Order"), placed the Respondent's license to practice

medicine and surgery on five years probation subject to terms and conditions, based on the Respondent, from approximately January 2005 until December 2006, prescribing Oxycontin and Roxicodone for a nurse in his practice who was a patient, in a dose twice the amount required by the nurse, and having the nurse fill the prescriptions and give half to the Respondent for his personal use; and from approximately 2005 until January 2007, abusing or using to excess Oxycontin, Roxicodone and codeine. (Petitioner's Ex. 5).

### **HEARING COMMITTEE CONCLUSIONS**

The Hearing Committee concludes that the conduct of the Respondent would constitute professional misconduct under the laws of New York State, had the conduct occurred in New York State, pursuant to:

- New York Education Law Section 6530(2) - "Practicing the profession fraudulently or beyond its authorized scope;"

- New York Education Law Section 6530(8) - "Being a habitual abuser of alcohol, or being dependent on or a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effects, except for a licensee who is maintained on an approved therapeutic regimen which does not impair the ability to practice...;"

- New York Education Law Section 6530(17) - "Exercising undue influence on the patient..." and

- New York Education Law Section 6530(20) - "Conduct in the practice of medicine which evidences moral unfitness to practice medicine;"

### **VOTE OF THE HEARING COMMITTEE**

#### **FIRST SPECIFICATION**

"Respondent violated New York Education Law Section 6530(9)(b) by having been found guilty of improper professional practice or professional misconduct by a duly

authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York state, constitute professional misconduct under the laws of New York state...”

VOTE: Sustained (3-0)

#### SECOND SPECIFICATION

“Respondent violated New York Education Law Section 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 of New York state...”

VOTE: Sustained (3-0)

#### HEARING COMMITTEE DETERMINATION

From approximately January 2005 until December 2006, the Respondent prescribed Oxycontin and Roxicodone for a nurse in his practice who was also a patient. The dose prescribed was twice what the nurse required. At the Respondent’s request, the nurse gave half of the prescribed medications to him for his use. During this time period, the Respondent abused or used to excess Oxycontin, Roxicodone and codeine.

In the Connecticut Order, the Respondent was placed on probation by the Connecticut Board. The Respondent has not used drugs illegally during his probation. He submits to random urine testing for drugs and alcohol and has not had a positive test. From May 11, 2007, through April 6, 2009, he had 167 negative urine tests (Respondent’s Ex. B). He is in the HAVEN program (Health Assistance Intervention Education Network), an assistance and monitoring program for healthcare professionals suffering from chemical dependence. He has been compliant with all treatment recommendations including residential care followed by an “intensive” outpatient program (Respondent’s Ex. B). HAVEN’s Executive Director, Maureen Sullivan Dinnan, wrote:

Most importantly, Dr. Wasserman has fully embraced his recovery and unselfishly shares his experience in order to encourage other professionals to seek early assistance. He has become a valuable member of our educational team. (Respondent's Ex. B).

The Respondent attended more support group meetings than required by his probation (Respondent's Ex. A) and is in individual therapy. He has been treated for his addiction by M.B. Shimelman, M.D., since April of 2007. Dr. Shimelman wrote that the Respondent's prognosis "is very good" and that the Respondent "works at his recovery as hard as anybody I have ever seen in my 40 plus years of practice." (Respondent's Ex. C).

The Hearing Committee was impressed with the Respondent's dedication to sobriety and does not believe that he needs to be prohibited from practicing medicine in New York State. However, if the Respondent should decide to practice medicine in New York State (the Respondent is a resident of Connecticut and has no New York practice) before completing his Connecticut probation, probation in New York is necessary for the protection of the public. Therefore, the Respondent will be placed on probation under the same terms as the Connecticut probation found in the Connecticut Order. These terms of probation are attached to this Determination and Order as Appendix 2. The New York probation will be coterminous with the Connecticut probation.

## ORDER

### **IT IS HEREBY ORDERED THAT:**

1. The Respondent, Mark Lewis Wasserman, M.D., is placed on probation for a period coterminous with his Connecticut probation. The terms of probation are found in paragraphs 2 through 10 of this Order and in Appendix 2.

2. The Respondent shall conduct himself in all ways in a manner befitting his professional status, and shall conform fully to the moral and professional standards of conduct and obligations imposed by law and by his profession.

3. The Respondent shall submit to the Office of Professional Medical Conduct ("OPMC") (NYS Department of Health, Office of Professional Medical Conduct, Hedley Park Place, 433 River Street, Suite 303, Troy, New York 12180-2299), written notification of any change in employment and practice, professional and residential addresses and telephone numbers within or without New York State, and any and all investigations, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility, within thirty days of each action.

4. The Respondent shall fully cooperate with and respond in a timely manner to requests from OPMC to provide written periodic verification of the Respondent's compliance with the terms of this Order and shall personally meet with a person designated by OPMC when so requested.

5. The period of probation shall be tolled during periods in which the Respondent is not engaged in the active practice of medicine in New York State. After the period of active probation begins, the Respondent shall notify OPMC, in writing, if the Respondent is not currently engaged in or intends to leave the active practice of medicine in New York State for a period of 30 consecutive days or more. The Respondent shall notify OPMC again prior to any change in that status. The period of probation shall



resume and any terms of probation which were not fulfilled shall be fulfilled upon the Respondent's return to practice in New York State. If the Respondent decides to practice medicine in New York State, he shall give OPMC 90 days notice before commencing such practice.

6. The Respondent's professional performance may be reviewed by OPMC. This review may include, but shall not be limited to, a review of office records, patient records and hospital charts, interviews with or periodic visits with the Respondent and his staff at practice locations or OPMC offices.

7. The Respondent shall maintain legible and complete medical records that accurately reflect the evaluation and treatment of patients. The medical records shall contain all information required by State regulations regarding controlled substances.

8. The Respondent shall give written authorization for the Connecticut Board to provide information concerning the Respondent and his probation to OPMC.

9. In January and July of each year for the remainder of his probation in Connecticut, the Respondent shall provide OPMC with a signed declaration of compliance with the terms of the Connecticut probation.

10. Upon receipt of evidence of noncompliance with the terms of probation, OPMC or the State Board for Professional Medical Conduct may initiate a violation of probation proceeding and/or any other proceeding against the Respondent as may be authorized by law.

11. This Order shall be effective upon service on the Respondent in accordance with the requirements of Public Health Law Section 230(10)(h).

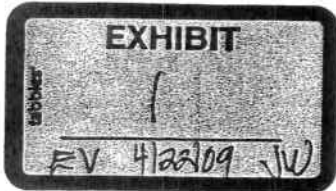
DATED: Malone, New York  
5-7, 2009

Redacted Signature

Irving S. Caplan  
Chairperson

Eleanor C. Kane, M.D.  
Fred S. Levinson, M.D.

# **APPENDIX I**



IN THE MATTER  
OF  
MARK LEWIS WASSERMAN, M.D.  
CO-08-02-0917-A

NOTICE OF  
REFERRAL  
PROCEEDING

TO: MARK LEWIS WASSERMAN, M.D.  
2228 Black Rock Turnpike  
Suite 211  
Fairfield, CT 06824

MARK LEWIS WASSERMAN, M.D.  
Redacted Address

**PLEASE TAKE NOTICE THAT:**

An adjudicatory proceeding will be held pursuant to the provisions of New York Public Health Law §§230(10)(p) and New York State Administrative Procedures Act §§301-307 and 401. The proceeding will be conducted before a committee on professional conduct of the State Board for Professional Medical Conduct (Committee) on the 16<sup>th</sup> day of December, 2008, at 10:00 a.m., at the offices of the New York State Department of Health, Hedley Park Place, 433 River Street, 5<sup>th</sup> Floor, Troy, NY 12180.

At the proceeding, evidence will be received concerning the allegations set forth in the Statement of Charges, which is attached. A stenographic record of the proceeding will be made and the witnesses at the proceeding will be sworn and examined.

You may appear in person at the proceeding and may be represented by counsel who shall be an attorney admitted to practice in New York state. You may produce evidence or sworn testimony on your behalf. Such evidence or sworn testimony shall be strictly limited to evidence and testimony relating to the nature and severity of the penalty to be imposed upon the licensee. Where the charges are based on the conviction of state law crimes in other jurisdictions, evidence may be offered which would show that the conviction would not be a crime in New York State. The Committee also may limit the number of witnesses whose testimony will be received, as well as the length of time any witness will be permitted to testify.

If you intend to present sworn testimony, the number of witnesses and an estimate of the time necessary for their direct examination must be submitted to the New York State Department of Health, Division of Legal Affairs, Bureau of Adjudication, Hedley Park Place, 433 River Street, Fifth Floor South, Troy, NY 12180, ATTENTION: HON. SEAN D. O'BRIEN, DIRECTOR, BUREAU OF ADJUDICATION (Telephone: (518-402-0748), (henceforth "Bureau of Adjudication")) as well as the Department of Health attorney indicated below, no later than ten days prior to the scheduled date of the Referral Proceeding, as indicated above.

Pursuant to the provisions of New York Public Health Law §230(10)(p), you shall file a written answer to each of the charges and allegations in the Statement of Charges not less than ten days prior to the date of the hearing. Any charge or allegation not so answered shall be deemed admitted. You may wish to seek the advice of counsel prior to filing such answer. The answer shall be filed with the Bureau of Adjudication, at the address indicated above, and a copy shall be forwarded to the attorney for the Department of Health whose name appears below. You may file a written brief and affidavits with the Committee. Six copies of all papers you submit must be filed with the Bureau of Adjudication at the address indicated above, no later than fourteen days prior to the scheduled date of the Referral Proceeding, and a copy of all papers must be served on the same date on the Department of Health attorney indicated 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. Pursuant to the terms of New York State Administrative Procedure Act §401 and 10 N.Y.C.R.R. §51.8(b), the Petitioner hereby demands disclosure of the evidence that the Respondent intends to introduce at the hearing, including the names of witnesses, a list of and copies of documentary evidence and a description of physical or other evidence which cannot be photocopied.

The proceeding may be held whether or not you appear. Please note that requests for adjournments must be made in writing to the Bureau of Adjudication, at the address indicated above, with a copy of the request to the attorney for the Department of Health, whose name appears below, at least five days prior to the scheduled date of the proceeding. Adjournment requests are not routinely granted. Claims of court engagement will require detailed affidavits of actual engagement. Claims of illness will

require medical documentation. Failure to obtain an attorney within a reasonable period of time prior to the proceeding will not be grounds for an adjournment.

The Committee will make a written report of its findings, conclusions as to guilt, and a determination. Such determination may be reviewed by the administrative review board for professional medical conduct.

SINCE THESE PROCEEDINGS MAY RESULT IN A DETERMINATION THAT SUSPENDS OR REVOKES YOUR LICENSE TO PRACTICE MEDICINE IN NEW YORK STATE AND/OR IMPOSES A FINE FOR EACH OFFENSE CHARGED, YOU ARE URGED TO OBTAIN AN ATTORNEY TO REPRESENT YOU IN THIS MATTER.

DATED: Albany, New York

*Oct. 21*, 2008

Redacted Signature

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

Inquiries should be addressed to:

Robert Bogan  
Associate Counsel  
New York State Department of Health  
Office of Professional Medical Conduct  
433 River Street – Suite 303  
Troy, New York 12180  
(518) 402-0828

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

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IN THE MATTER  
OF  
MARK LEWIS WASSERMAN, M.D.  
CO-08-02-0917-A

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STATEMENT  
OF  
CHARGES

MARK LEWIS WASSERMAN, M.D., Respondent, was authorized to practice medicine in New York state on January 19, 1994, by the issuance of license number 194763 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

A. On or about January 15, 2008, the State of Connecticut, Department of Public Health, Healthcare Systems Branch, Medical Examining Board, (hereinafter "Connecticut Board"), by a Consent Order (hereinafter "Connecticut Order"), inter alia, placed Respondent's license to practice medicine and surgery on five (5) years probation subject to terms and conditions, based on Respondent, from on or about January 2005, until on or about December 2006, prescribing Oxycontin and Roxicodone for a nurse in his practice who was a patient, in a dose twice the amount required by the nurse, and having the nurse fill the prescriptions and return half to him for his personal use; and from on or about 2005 until on or about January 2007, abusing or using to excess Oxycontin, Roxicodone, and codeine.

B. The conduct resulting in the Connecticut 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 (2) (practicing the profession fraudulently);
  2. New York Education Law §6530(8) (being dependent on or a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effects);
  3. New York Education Law §6530(17) (exercising undue influence on a patient);
- and
4. New York Education Law §6530(20) (moral unfitness).

**SPECIFICATIONS**  
**FIRST SPECIFICATION**

Respondent violated New York Education Law §6530(9)(b) by having been found guilty of improper professional practice or professional misconduct by a duly authorized professional disciplinary agency of another state where the conduct upon which the finding was based would, if committed in New York state, constitute professional misconduct under the laws of New York state, in that Petitioner charges:

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

**SECOND SPECIFICATION**

Respondent violated New York State 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 of New York state, in that Petitioner charges:

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

DATED: *Oct. 21*, 2008  
Albany, New York

Redacted Signature

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



# **APPENDIX II**

2. Respondent's license shall be placed on probation for a period of five (5) years subject to the following terms and conditions:

a. Respondent shall participate in regularly scheduled therapy at his own expense with a licensed psychiatrist who has training in addiction pre-approved by the Department (hereinafter "therapist").

(1) Respondent shall provide a copy of this Consent Order to his therapist.

(2) Respondent's therapist shall furnish written confirmation to the Department of his or his engagement in that capacity and receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order.

(3) If the therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy sessions is warranted, or that respondent should be transferred to another therapist, the therapist shall advise the Department, and the Department shall pre-approve said termination of therapy, reduction in frequency of therapy sessions, and/or respondent's transfer to another therapist.

(4) The therapist shall submit reports quarterly for the duration of probation which shall address, but not necessarily be limited to, respondent's ability to practice medicine in an alcohol and substance free state safely and competently. Said

- (4) The therapist shall submit reports quarterly for the duration of probation which shall address, but not necessarily be limited to, respondent's ability to practice medicine in an alcohol and substance free state safely and competently. Said reports shall continue until the therapist determines that therapy is no longer necessary or the period of probation has terminated.
- (5) The therapist shall immediately notify the Department in writing if the therapist believes respondent's continued practice poses a danger to the public, or if respondent discontinues therapy and/or terminates his or his services.
- b. Respondent shall refrain from ingestion of alcohol in any form and the ingestion, inhalation, injection or other use of any controlled substance and/or legend drug unless prescribed by a licensed health care professional authorized to prescribe medications. In the event a medical condition arises requiring treatment utilizing controlled substances, legend drugs, or alcohol in any form, respondent shall notify the Department and, upon request, provide such written documentation of the treatment as is deemed necessary by the Department.
- (1) During the probationary period, respondent at his own expense, shall submit to random observed urine screens for alcohol, controlled substances, and legend drugs in accordance with Department Requirements for Drug and Alcohol Screens, attached hereto, with the following frequency:
- During years one and two of the probationary period, he shall submit to two random observed urine screens each week.
- During year three of the probationary period, he shall submit to one random observed screen each week.
- During years four and five of the probationary period, he shall submit to one

*SHALL TELL THE HEALTH CARE PROFESSIONAL OF HIS HISTORY OF ADDICTION AND*

*[Handwritten signature]*

random observed urine screen every other week.

He shall submit to such screens on a more frequent basis if requested to do so by the therapist or the Department. He shall also submit to random hair testing if the therapist requests such additional screens, but hair screens shall not be requested more than once every six months. Said urine screens and hair tests shall be administered by a facility approved by the Department. All such random screens and hair tests shall be legally defensible in that the specimen donor and chain of custody shall be identified throughout the screening process. All laboratory reports shall state that the chain of custody procedure has been followed.

- (2) Laboratory reports of random alcohol and drug screens and/or any drug or alcohol related laboratory reports, including but not limited to results of DNA testing, shall be submitted directly to the Department by the testing laboratory. All such screens shall be negative for alcohol, controlled substances, and legend drugs, except for medications prescribed by respondent's physician. If respondent has a positive urine screen, the facility shall immediately notify the Department. All positive random drug and alcohol screens shall be confirmed by gas chromatograph/mass spectrometer testing.
- (3) Respondent understands and agrees that if he fails to submit a urine sample when requested by his monitor, such missed screen shall be deemed a positive screen.
- (4) Respondent shall notify each of his health care professionals of all medications prescribed for him by any and all other health care professionals.
- (5) Respondent is hereby advised that the ingestion of poppy seeds, mouthwash and over the counter cough or cold medicines or remedies has from time to time, been raised as a defense to a positive screen result for morphine, opiates, and/or

alcohol. For that reason, respondent agrees to refrain from ingesting poppy seeds in any food substances, mouthwash and over the counter cough or cold medicines or remedies during the term of this consent order. In the event respondent has a positive screen for morphine, opiates and/or alcohol, respondent agrees that the ingestion of poppy seeds and/or mouthwash and/or over the counter cold or cough medicines or remedies shall not constitute a defense to such a screen.

- c. During the entire probationary period respondent shall attend "anonymous" or similar such support group meetings a minimum of eight times per month and shall provide quarterly reports to the Department concerning his record of attendance.
- d. During the entire probationary period respondent shall provide his chief of service, employer, partner and/or associate at any hospital, clinic, partnership and/or association at which he is employed or with which he is affiliated or has privileges, with a copy of this Consent Order within fifteen (15) days of its effective date or within fifteen (15) days of commencement of employment at a new facility. Respondent agrees to provide reports from such employer(s) quarterly for the entire duration of probation stating that respondent is practicing with reasonable skill and safety and in an alcohol and substance-free state.
- e. During the entire probationary period respondent shall only practice medicine in a practice setting that includes other licensed physician(s). Respondent agrees to provide written confirmation to the Department that a licensed physician in such practice setting has received an entire copy of this Consent Order within fifteen (15) days of the effective date of practice.
- f. If engaged in private practice in a setting which includes other licensed physician(s) in accordance with subsection e. above or if engaged in a private practice setting in a

professional capacity where respondent may be called upon to exercise medical judgment, such as performing biofeedback, respondent shall obtain at his own expense, the services of a physician, licensed and practicing in the state of Connecticut and pre-approved by the Department (hereinafter "supervisor"), to conduct quarterly random reviews of twenty percent (20%) or twenty of respondent's patient records, whichever is larger, and to review his controlled substance number prescribing, ordering, and dispensing practices. In the event respondent has twenty or fewer patients, the supervisor shall review all of respondent's patient records. As part of such review, the supervisor shall review and compare respondent's patient records, office dispensing records, controlled substance log, and controlled substance purchases and receipt records to ensure that controlled substances have been appropriately ordered and maintained. The supervisor may monitor respondent's practice by any other reasonable means that he or she deems appropriate, and respondent shall fully cooperate with the supervisor in such additional monitoring. During this period of monitoring respondent shall:

- (1) Be responsible for the supervisor providing written reports quarterly to the Department of each random review. Such reports shall include documentation of the dates and duration of meetings with respondent, the number and a general description of patient records reviewed, a statement regarding respondent's controlled substance purchasing, prescribing, and dispensing practices, any additional monitoring techniques utilized, and a statement that respondent is practicing with reasonable skill and safety.
- (2) Maintain a log of all controlled substances dispensed to patients as well as all prescriptions for controlled substances, both written and authorized by phone.

(3) Maintain copies of all orders placed to wholesalers for controlled substances, as well as records of receipts.

g. Respondent has provided the Department with written notice that he is reapplying to the Drug Control Division of the Department of Consumer Protection for reinstatement of respondent's State Controlled Substance Registration number. If respondent's State Controlled Substance Registration number is reinstated, he shall provide the Department with written notice within seven (7) days of such reinstatement. Upon such reinstatement, respondent's controlled substance prescribing, ordering, and dispensing practices shall be monitored quarterly by a licensed physician pre-approved by the Department as set forth in subsection f. above. Respondent agrees that if he is employed in a hospital setting, his employer supervisor shall further act as the "controlled substance supervisor" for a period of one year or if the probationary period has already terminated at the time he obtains such registration, the probationary period shall be extended or reinstated to ensure that the one-year period of controlled substance monitoring is completed. During this period of monitoring respondent shall:

- (1) Maintain a log of all controlled substances dispensed to patients as well as all prescriptions for controlled substances, both written and authorized by phone.
- (2) Maintain copies of all orders placed to wholesalers for controlled substances, as well as records of receipts.
- (3) Obtain, at his own expense, the services of a physician, licensed and practicing in the State of Connecticut and pre-approved by the Department (hereinafter "controlled substance supervisor"), to randomly review and compare respondent's patient records, with office dispensing records, controlled substance log, and controlled substance purchase and receipt records to ensure that controlled substances have been

appropriately ordered and maintained. The controlled substance supervisor may monitor respondent's practice by any other reasonable means that he or she deems appropriate, and respondent shall fully cooperate with the supervisor in such additional monitoring.

- (4) Respondent shall be responsible for the controlled substance supervisor providing quarterly written reports to the Department of such reviews. Such reports shall include: documentation of the dates and duration of meetings with respondent, the number, and a statement regarding respondent's controlled substance purchasing, prescribing, and dispensing practices, any additional monitoring techniques utilized, and a statement that respondent's controlled substance prescribing, ordering, and dispensing are performed with reasonable skill and safety.