



**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.  
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NYS Department of Health  
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Office of Professional Medical Conduct

PUBLIC

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

May 20, 2010

**CERTIFIED MAIL-RETURN RECEIPT REQUESTED**

Gangadhar Madupu, M.D.

REDACTED

Re: License No. 216519

Dear Dr. Madupu:

Enclosed is a copy of Order BPMC #10-83 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect May 27, 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 to: Office of Professional Medical Conduct, c/o Physician Monitoring Unit, New York State Department of Health, 433 River Street, Suite 303, Troy, NY 12180-2299.**

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 the Office of Professional Medical Conduct.

Sincerely,

REDACTED

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

Enclosure

cc: Paul J. Saqqal, Esq.  
78 Secor Road  
P.O. Box 86  
Mahopac, New York 10541

**IN THE MATTER  
OF  
GANGADHAR MADUPU, M.D.**

**SURRENDER  
ORDER**  
BPMC #: 10-83

Upon the application of (Respondent) GANGADHAR MADUPU, 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.

DATE: 05/20/2010

REDACTED

KENDRICK A. SEARS, 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  
GANGADHAR MADUPU, M.D.**

**SURRENDER  
of  
LICENSE**

GANGADHAR MADUPU, M.D., represents that all of the following statements are true:

That on or about December 28, 1999, I was licensed to practice as a physician in the State of New York and issued License No. 216519 by the New York State Education Department.

My current address is REDACTED and I will advise the Director of the Office of Professional Medical Conduct of any change of address.

I understand that the New York State Board for Professional Medical Conduct has charged me with Twenty-Eight specifications 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 admit the First Specification [to the extent of Factual Allegations A.2, A.3, A.4, and A.5], and also the Third through Fifth Specifications [all relating to wilfully harassing a patient]; I also do not contest the Fourteenth Specification [to the extent of Factual Allegations A.2, A.3, A.4, and A.5], and the Sixteenth through Eighteenth Specifications [gross negligence]

in full satisfaction of the charges against me.

I ask the Board to accept my Surrender of 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 my Surrender of License, none of its terms shall bind me or constitute an admission of any of the acts of misconduct alleged; 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 my Surrender of 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 Surrender 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(s).

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 05/17/2010

REDACTED

~~GANGADHAR MADUPU, M.D.~~  
RESPONDENT

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

DATE: 5/17/10

REDACTED  
PAUL SAQQAL, ESQ.  
Attorney for Respondent

DATE: 5/17/10

REDACTED  
MICHAEL A. HISER, ESQ.  
Associate Counsel  
Bureau of Professional Medical Conduct

DATE: May 20, 2010

REDACTED  
KEITH W. SERVIS  
Director  
Office of Professional Medical Conduct

IN THE MATTER  
OF  
GANGADHAR MADUPU, M.D.

STATEMENT  
OF  
CHARGES

GANGADHAR MADUPU, M.D., the Respondent, was authorized to practice medicine in New York State on or about December 28, 1999, by the issuance of license number 216519 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

- A. Respondent provided medical care to Patient A [patients are identified in the attached Appendix], an eighteen year old female patient, on or about August 18, 2009, at Respondent's office at 1617 N. James Street, Suite 600, Rome, New York 13440 [hereafter, "Respondent's office"]. Respondent's contact with and care of Patient A was contrary to accepted standards of medicine, in that:
1. Respondent, during the time that he was conducting a purported neurologic examination and/or study of Patient A, touched her genitals and her clitoris without adequate medical indication, and/or without documenting such adequate medical indication.
  2. Respondent, during the visit and purported examination of August 18, 2009, engaged in conversation with the patient of a personal and non-medical nature, including:
    - A. Telling her that he and the patient should "be friends", or words to that effect;
    - B. Telling her that he had various prior sexual relationships;
    - C. Telling her that it was all right for the patient to have sex with someone even if she had a boyfriend; and
    - D. Telling her that he did not like girls who smoked.
  3. Respondent, after the completion of a testing procedure on Patient A on August 18, 2009, advised the patient that she should call him for the results of her tests by use of his personal cell phone number,

which he provided to her.

4. Respondent, during the evening of August 18, 2009, following Patient A's office appointment, spoke to Patient A by telephone on several occasions. During the first conversation, Respondent invited the patient to his house, and told her, among other things, "we could take a shower", or words to that effect. Respondent later agreed to meet Patient A that evening.
5. Respondent, during the evening of August 18, 2009, after the first telephone call, spoke to Patient A by telephone on several subsequent occasions. During one conversation, Respondent confirmed that he would meet Patient A that evening at a designated location in Rome, New York. Respondent then went to meet her. Respondent brought alcoholic beverages and condoms to the planned meeting with Patient A, as well as a prescription medication that Respondent had received for his own use from another physician. Respondent also brought pillows.

B. Respondent provided medical care to Patient B, a twenty-four year old female patient, on or about August 4, 2009, at Respondent's office. Patient B was disrobed and covered by a sheet during all or a portion of the time that Respondent was conducting a neurologic examination and/or study. Respondent's contact with and care of Patient B was contrary to accepted standards of medicine, in that:

1. Respondent, during the time that he was purportedly conducting a neurologic examination and/or study of Patient B, on repeated occasions pushed the sheet up and over Patient B's mid-section to reveal her buttocks, without adequate medical indication, and/or without documenting such adequate medical indication.
2. Respondent, during the time that he was purportedly conducting a neurologic examination and/or study of Patient B, touched her buttocks with the back of his hand at least three or four times without adequate medical indication, and/or without documenting such adequate medical indication.
3. Respondent, during the time that he was purportedly conducting a neurologic examination and/or study of Patient B, touched her labia with the back of his hands on three or four occasions without adequate medical indication, and/or without documenting such adequate medical indication.



4. Respondent, during the visit and purported examination of August 4, 2009, engaged in conversation with the patient of a personal and non-medical nature, including:
  - A. Telling her how much money he made;
  - B. Asking her what size pants she wore;
  - C. Asking her if the father of her 9 month old baby was still living with her; and
  - D. Asking her where she lived and whether she lived alone.
  
- C. Respondent provided medical care to Patient C, a twenty-one year old female patient, in or about August 2008, at Respondent's office.  
Respondent's contact with and care of Patient C was contrary to accepted standards of medicine, in that:
  1. Respondent, during the visit and purported examination of August 2008, engaged in conversation with the patient of a personal and non-medical nature, including:
    - A. Inviting her to visit him at his house locally and on Long Island.
    - B. Asking her if she was stressed out and if she was fighting with a boy friend.
    - C. Telling her that he went to a certain place for lunch every Sunday in Utica, and inviting her to join him for lunch;
    - D. Providing her with his personal cell phone number on a piece of paper, which paper also had the name of the restaurant followed by "Sunday 1 P.M."; and
    - E. Inviting the patient to call him to let him know if she could make lunch because he "had never met anyone that [he] had such a connection with [as Patient C]", or words to that effect.
  2. Respondent, after Patient C did not meet him for lunch on the date he selected, attempted to reach her by telephone that evening.

- D. Respondent provided medical care to Patient D, a thirty-one year old female patient, on several occasions in April and May 2009, at Respondent's office. Respondent's contact with and care of Patient D was contrary to accepted standards of medicine, in that:
1. Respondent, during the initial visit and purported examination of the patient on April 14, 2009, engaged in conversation with the patient of a personal and non-medical nature, including:
    - A. Telling her that she needed to have a "more exciting social life", or words to that effect;
    - B. Telling her that he [Respondent] liked to golf and go to bars with his friends and try to "pick up" women, or words to that effect;
    - C. Telling her that she needed to be doing "risky things" and to "get out of [her] comfort zone", or words to that effect.
  2. Respondent, during the second visit with the patient on or about May 11, 2009, [a Monday] engaged in conversation with the patient of a personal and non-medical nature, including asking the patient to call him on Friday of that week so that they could meet for coffee. Respondent wrote a phone number on a piece of paper and gave it to the patient so that she could contact him to confirm that meeting.
- E. Respondent provided medical care to Patient E, a twenty-six year old female patient, on several occasions in October 2008, at Respondent's office and at the Emergency Department of Rome Memorial Hospital, 1500 North James Street, Rome, New York, 13440. Respondent's care of Patient E was contrary to accepted standards of medicine, in that:
1. Respondent failed to perform an adequate neurologic examination of the patient in light of her complaints.
  2. Respondent, despite documenting that he had performed an adequate neurologic examination, in fact performed no neurologic examination of the patient.
  3. Respondent, despite failing to perform an adequate neurologic examination, billed the patient's insurance for performing such an examination.

4. Respondent, during the visit and purported examination of the patient on or about October 30, 2008, engaged in conversation with the patient of a personal and non-medical nature, including:
  - A. Telling her that she should go to a bar and have sex with random men; that she was good looking, and would "not have trouble" with this; or words to that effect;
  - B. Telling her that having sexual contact with random men would cure her migraine headaches; or words to that effect;
  - C. Telling her that he [Respondent] was very serious as a college student, and that he wishes that he had engaged in sex more then, but that he is trying to "make up for lost time" now; or words to that effect; and
  - D. Telling her that he [Respondent] had panic disorders due to his mother, and that he took medications for this.

F. Respondent provided medical care to Patient F, a thirty-seven year old female patient, at various times between June 2007 and October 2007, at Respondent's Office. Respondent's care of Patient F was contrary to accepted standards of medicine, in that:

1. Respondent, during the visit of October 15, 2007, failed to perform an adequate neurologic examination of the patient in light of her complaints.
2. Respondent, despite documenting that he had performed an adequate neurologic examination during the visit of October 15, 2007, in fact performed no neurologic examination of the patient.
3. Respondent, despite failing to perform an adequate neurologic examination, billed the patient's insurance for performing such an examination.
4. Respondent, during the visits and purported examinations of the patient in 2007, engaged in conversation with the patient of a personal and non-medical nature, including:
  - A. Telling her that the way she should get rid of stress in her life was to "go out and find someone in a bar, because no one will want her when she is over 40", or words to that effect.

## **SPECIFICATION OF CHARGES**

### **FIRST THROUGH SIXTH SPECIFICATIONS**

#### **WILLFULLY HARRASSING, ABUSING OR INTIMIDATION**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(31) by willfully harassing, abusing, or intimidating a patient either physically or verbally, as alleged in the facts of:

1. The factual allegations in paragraphs A and A.1, A and A.2(A), A and A.2(B), A and A.2( C), A and A.2(D), A and A.3, A and A.4, and/or A and A .5.
2. The factual allegations in paragraphs B and B.1, B and B.2, B and B.3, B and B.4(A), B and B.4(B), B and B.4( C), and/or B and B.4(D).
3. The factual allegations in paragraphs C and C.1(A), C and C.1(B), C and C.1( C), C and C.1(D), C and C.1(E), and/or C and C.2.
4. The factual allegations in paragraphs D and D.1(A), D and D.1(B), D and D.1( C), and/or D and D.2.
5. The factual allegations in paragraphs E and E.4(A), E and E.4(B), and/or E and E.4( C).
6. The factual allegations in paragraphs F and F.4(A).

### **SEVENTH SPECIFICATION**

#### **FRAUDULENT PRACTICE**

Respondent is charged with committing professional misconduct as defined by N.Y. Educ. Law § 6530(2) by practicing the profession of medicine fraudulently as alleged in the facts of the following:

7. The factual allegations in Paragraphs A and A.1, B and B.1, E and E.2, E and E.3, F and F.2 and/or F and F.3.

## **EIGHTH THROUGH THIRTEENTH SPECIFICATIONS**

### **MORAL UNFITNESS**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(20) by engaging in conduct in the practice of the profession of medicine that evidences moral unfitness to practice as alleged in the facts of the following:

8. The factual allegations in paragraphs A and A.1, A and A.2(A), A and A.2(B), A and A.2( C), A and A.2(D), A and A.3, A and A.4, and/or A and A.5.
9. The factual allegations in paragraphs B and B.1, B and B.2, B and B.3, B and B.4(A), B and B.4(B), B and B.4( C), and/or B and B.4(D).
10. The factual allegations in paragraphs C and C.1(A), C and C.1(B), C and C.1( C), C and C.1(D), C and C.1(E), and/or C and C.2.
11. The factual allegations in paragraphs D and D.1(A), D and D.1(B), D and D.1( C), and/or D and D.2.
12. The factual allegations in paragraphs E and E.3, E and E.4(A), E and E.4(B), and/or E and E.4( C).
13. The factual allegations in paragraphs F and F.3, and/or F and F.4(A).

## **FOURTEENTH THROUGH NINETEENTH SPECIFICATIONS**

### **GROSS NEGLIGENCE**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(4) by practicing the profession of medicine with gross negligence on a particular occasion as alleged in the facts of the following:

14. The factual allegations in paragraphs A and A.1, A and A.2(A), A and A.2(B), A and A.2( C), A and A.2(D), A and A.3, A and A.4, and/or A and A.5.

15. The factual allegations in paragraphs B and B.1, B and B.2, B and B.3, B and B.4(A), B and B.4(B), B and B.4( C), and/or B and B.4(D).
16. The factual allegations in paragraphs C and C.1(A), C and C.1(B), C and C.1( C), C and C.1(D), C and C.1(E), and/or C and C.2.
17. The factual allegations in paragraphs D and D.1(A), D and D.1(B), D and D.1( C), and/or D and D.2.
18. The factual allegations in paragraphs E and E.1, E and E.2, E and E.4(A), E and E.4(B), and/or E and E.4( C).
19. The factual allegations in paragraphs F and F.1, F and F.2, and/or F and F.4(A).

## **TWENTIETH THROUGH TWENTY-FIFTH SPECIFICATIONS**

### **GROSS INCOMPETENCE**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(6) by practicing the profession of medicine with gross incompetence as alleged in the facts of the following:

20. The factual allegations in paragraphs A and A.1, A and A.2(A), A and A.2(B), A and A.2( C), A and A.2(D), A and A.3, A and A.4, and/or A and A.5.
21. The factual allegations in paragraphs B and B.1, B and B.2, B and B.3, B and B.4(A), B and B.4(B), B and B.4( C), and/or B and B.4(D).
22. The factual allegations in paragraphs C and C.1(A), C and C.1(B), C and C.1( C), C and C.1(D), C and C.1(E), and/or C and C.2.
23. The factual allegations in paragraphs D and D.1(A), D and D.1(B), D and D.1( C), and/or D and D.2.
24. The factual allegations in paragraphs E and E.1, E and E.2, E and E.4(A), E and E.4(B), and/or E and E.4( C).
25. The factual allegations in paragraphs F and F.1, F and F.2, and/or F and F.4(A).

## **TWENTY-SIXTH SPECIFICATION**

### **NEGLIGENCE ON MORE THAN ONE OCCASION**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(3) by practicing the profession of medicine with negligence on more than one occasion as alleged in the facts of two or more of the following:

26. The factual allegations in paragraphs A and A.1, A and A.2(A), A and A.2(B), A and A.2( C), A and A.2(D), A and A.3, A and A.4, A and A.5, B and B.1, B and B.2, B and B.3, B and B.4(A), B and B.4(B), B and B.4( C), B and B.4(D), C and C.1(A), C and C.1(B), C and C.1( C), C and C.1(D), C and C.1(E), C and C.2, D and D.1(A), D and D.1(B), D and D.1( C), and/or D and D.2, E and E.1, E and E.2, E and E.4(A), E and E.4(B), E and E.4( C), and/or F and F.1, F and F.2, and/or F and F.4(A).

## **TWENTY-SEVENTH SPECIFICATION**

### **INCOMPETENCE ON MORE THAN ONE OCCASION**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(5) by practicing the profession of medicine with incompetence on more than one occasion as alleged in the facts of two or more of the following:

27. The factual allegations in paragraphs A and A.1, A and A.2(A), A and A.2(B), A and A.2( C), A and A.2(D), A and A.3, A and A.4, A and A.5, B and B.1, B and B.2, B and B.3, B and B.4(A), B and B.4(B), B and B.4( C), B and B.4(D), C and C.1(A), C and C.1(B), C and C.1( C), C and C.1(D), C and C.1(E), C and C.2, D and D.1(A), D and D.1(B), D and D.1( C), and/or D and D.2, E and E.1, E and E.2, E and E.4(A), E and E.4(B), E and E.4( C), and/or F and F.1, F and F.2, and/or F and F.4(A).

**TWENTY-EIGHTH SPECIFICATION**  
**FAILURE TO MAINTAIN RECORDS**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(32) by failing to maintain a record for each patient which accurately reflects the care and treatment of the patient, as alleged in the facts of

28. The factual allegations in paragraphs A and A.1, B and B.1, B and B.2, B and B.3, E and E.2, and/or F and F.2.

DATE: March 10, 2010  
Albany, New York

REDACTED

Peter D. Van Buren  
Deputy Counsel  
Bureau of Professional Medical Conduct



## EXHIBIT "B"

### Requirements for Closing a Medical Practice Following a Revocation, Surrender, Limitation or Suspension of a Medical License

1. Licensee shall immediately cease and desist from engaging in the practice of medicine in New York State, or under Licensee's New York license, in accordance with the terms of the Order. In addition, Licensee shall refrain from providing an opinion as to professional practice or its application and from representing that Licensee is eligible to practice medicine.
2. Within 5 days of the Order's effective date, Licensee shall deliver Licensee's original license to practice medicine in New York State and current biennial registration to the Office of Professional Medical Conduct (OPMC) at Hedley Park Place, 433 River Street 4th Floor, Troy, NY 12180-2299.
3. Within 15 days of the Order's effective date, Licensee shall notify all patients of the cessation or limitation of Licensee's medical practice, and shall refer all patients to another licensed practicing physician for continued care, as appropriate. Licensee shall notify, in writing, each health care plan with which the Licensee contracts or is employed, and each hospital where Licensee has privileges, that Licensee has ceased medical practice. Within 45 days of the Order's effective date, Licensee shall provide OPMC with written documentation that all patients and hospitals have been notified of the cessation of Licensee's medical practice.
4. Licensee shall make arrangements for the transfer and maintenance of all patient medical records. Within 30 days of the Order's effective date, Licensee shall notify OPMC of these arrangements, including the name, address, and telephone number of an appropriate and acceptable contact persons who shall have access to these records. Original records shall be retained for at least 6 years after the last date of service rendered to a patient or, in the case of a minor, for at least 6 years after the last date of service or 3 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 include provisions to ensure that the information in the record is kept confidential and is available only to authorized persons. When a patient or a patient's 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 forwarded at a reasonable cost to the patient (not to exceed 75 cents per page.) Radiographic, sonographic and similar materials shall be provided at cost. A qualified person shall not be denied access to patient information solely because of an inability to pay.
5. If Licensee holds a Drug Enforcement Administration (DEA) certificate, within 15 days of the Order's effective date, Licensee shall advise the DEA in writing of the licensure action and shall surrender to the DEA any DEA controlled substance privileges issued pursuant to Licensee's New York license. Licensee shall promptly surrender to the DEA any unused DEA #222 U.S. Official Order Forms Schedules 1 and 2.

6. Within 15 days of the Order's effective date, Licensee shall return any unused New York State official prescription forms to the Bureau of Narcotic Enforcement of the New York State Department of Health. Licensee shall destroy all prescription pads bearing Licensee's name. If no other licensee is providing services at Licensee's practice location, Licensee shall properly dispose of all medications.
7. Within 15 days of the Order's effective date, Licensee shall remove from the public domain any representation that Licensee is eligible to practice medicine, including all related signs, advertisements, professional listings (whether in telephone directories, internet or otherwise), professional stationery or billings. Licensee shall not share, occupy, or use office space in which another licensee provides health care services.
8. Licensee shall not charge, receive or share any fee or distribution of dividends for professional services rendered by Licensee or others while Licensee is barred from engaging in the practice of medicine. Licensee may be compensated for the reasonable value of services lawfully rendered, and disbursements incurred on a patient's behalf, prior to the Order's effective date.
9. If Licensee is a shareholder in any professional service corporation organized to engage in the practice of medicine, Licensee shall divest all financial interest in the professional services corporation, in accordance with New York Business Corporation Law. Such divestiture shall occur within 90 days. If Licensee is the sole shareholder in a professional services corporation, the corporation must be dissolved or sold within 90 days of the Order's effective date.
10. Failure to comply with the above directives may result in a civil penalty or criminal penalties as may be authorized by governing law. Under N.Y. Educ. Law § 6512, it is a Class E Felony, punishable by imprisonment of up to 4 years, to practice the profession of medicine when a professional license has been suspended, revoked or annulled. Such punishment is in addition to the penalties for professional misconduct set forth in N.Y. Pub. Health Law § 230-a, which include fines of up to \$10,000 for each specification of charges of which the Licensee is found guilty, and may include revocation of a suspended license.