



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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Keith W. Servis, Director
Office of Professional Medical Conduct*

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

April 5, 2010

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Richard P. Kulak, D.O.

Redacted Address

Re: License No. 210974

Dear Dr. Kulak:

Enclosed is a copy of your Order Not to Practice Medicine effective April 12, 2010.

Sincerely,

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

Enclosure

cc: Emil M. Rossi, Esq.
The Hamilton White House
307 South Townsend Street, Ste. 100
Syracuse, New York 13202

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

IN THE MATTER
OF
RICHARD P. KULAK, D.O.

ORDER FOR
NON PRACTICE OF
MEDICINE

Upon the application and agreement of RICHARD P. KULAK, D.O. for an Order by which Richard P. Kulak, D.O. agrees to cease the practice of medicine pending the final disposition of the present Department of Health, Office of Professional Medical Conduct investigation of certain aspects of the medical practice of Richard P. Kulak, D.O., which application and agreement is made a part hereof, it is agreed to and

ORDERED, that the application and agreement and the provisions thereof are hereby adopted and so ORDERED, and it is further

ORDERED, that this order shall be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of the Consent Order to Richard P. Kulak, D.O., or upon transmission via facsimile to Richard P. Kulak, D.O., whichever is earliest.

SO ORDERED.

DATED: 04/04/2010

Redacted Signature

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
RICHARD P. KULAK, D.O.

APPLICATION FOR
AND AGREEMENT
TO
NOT PRACTICE
MEDICINE/
ORDER OF THE
BOARD

STATE OF NEW YORK)
COUNTY OF ONONDAGA) ss.:

RICHARD P. KULAK, D.O., states:

1. That on or about June 24, 1998, I was licensed to practice as a physician in the State of New York, having been issued License No. 210974 by the New York State Education Department.
2. My current address is Redacted Address
, and I will advise the Director of the Office of Professional Medical Conduct of any change of my address.
3. I understand that the New York State Board for Professional Medical Conduct is investigating certain aspects of my medical practice to determine if I may have engaged in professional misconduct.
4. I voluntarily make this Application to the State Board for Professional Medical Conduct (the Board) and request that it be granted.

5. I hereby agree to the following:

I will not engage in the practice of medicine pending the final disposition of the currently open Department of Health, Office of Professional Medical Conduct investigation. I further agree to abide by such final disposition, without hereby waiving any rights to appeal to which I might otherwise be entitled.

For the purpose of this agreement, "final disposition" shall mean the later of any disposition by administrative closure, consent agreement or determination of a Hearing Committee of the State Board for Professional Medical Conduct, or determination of the Administrative Review Board of the State Board for Professional Medical Conduct.

6. I hereby stipulate that any failure by me to comply with the above condition imposed by this Order shall constitute misconduct as defined by New York State Education Law §6530(29).

7. **Further, I hereby acknowledge that any activity by me that constitutes the practice of medicine at any time after the effective date of this order, and during the pendency of the Order, shall constitute the unauthorized practice of medicine within the meaning of N.Y. Educ. Law §6512, defining a Class E felony.**

8. I agree not to seek privileges or employment as a physician during the pendency of this agreement.

9. I understand that unless and until I am allowed to resume the practice of medicine under the terms of this agreement, my licensure status is "inactive" and I am not authorized to practice medicine in the State of New York or any other State. I further understand that any practice of medicine while my license is "inactive" shall constitute a violation of N.Y. Educ. Law Section 6530(12), regardless of the location of such practice.

10. I agree that this agreement may be made public, including notice to the National Practitioners' Data Bank, Federation of State Medical Boards, and posting on the NYS Department of Health's website.

11. I understand that unless and until I am allowed to resume the practice of medicine under the terms of this agreement, I shall notify all persons who request my medical services that I have ceased the active practice of medicine.

12. I understand that the Department of Health, Office of Professional Medical Conduct shall notify each hospital or facility at which I presently hold privileges, that I have ceased the active practice of medicine, and that my licensure status during the pendency of the agreement is inactive. I also agree to cause a written notice to be placed in a conspicuous location at my office at North Medical Family Physicians, 5100 West Taft Road, Liverpool, New York 13088, that I have ceased the active practice of medicine, and that my licensure status at present is inactive.

13. I understand that, in the event that this Application is not granted by the Board, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me. This Application shall not be used against me in any way in any professional misconduct disciplinary proceeding.

14. I agree that, in the event the Board grants my Application, as set forth herein, an order of the Chairperson of the Board shall be issued in accordance with same. I agree that such order shall be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of the Order to my attorney, or upon transmission via facsimile to my attorney, whichever is earliest.

15. I am making this Application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner. In consideration of the value to me of the acceptance by the Board of this Application, I knowingly waive any right I may have to contest the Order for which I hereby apply, whether administratively or judicially, and ask that the Application be granted.

DATED: _____

3/19/10

Redacted Signature

RICHARD P. KULAK, D.O.
RESPONDENT

The undersigned agree to the attached application of the Respondent based on the terms and conditions thereof.

DATE: 3/19/10

Redacted Signature

RICHARD P. KULAK, D.O.
Respondent

DATE: 3/19/10

Redacted Signature

EMIL ROSSI, ESQ.
Attorney for Respondent

DATE: 3/22/10

Redacted Signature

JOEL E. ABELove, ESQ.
Associate Counsel
Bureau of Professional
Medical Conduct

DATE: 3/30/10

Redacted Signature

KEITH W. SERVIS
Director
Office of Professional
Medical Conduct