



*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*  
*James W. Clyne, Jr.*  
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*Office of Professional Medical Conduct*

PUBLIC

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*Vice Chair*  
*Katherine A. Hawkins, M.D., J.D.*  
*Executive Secretary*

May 12, 2010

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

Kenneth Stan Friedman, M.D.

Re: License No. 142701

Dear Dr. Friedman:

Enclosed is a copy of BPMC #10-77 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect May 19, 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 and return it to the Office of Professional Medical Conduct, New York State Department of Health, 433 River Street, Suite 303, Troy, NY 12180-2299**

Sincerely,

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

Enclosure

cc: James A. Wilson, Esq.  
5322 Highgate Drive, Suite 243  
Durham, North Carolina 27713

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

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**IN THE MATTER**  
**OF**  
**KENNETH STAN FRIEDMAN, M.D.**

**CONSENT**  
**ORDER**  
BPMC No. #10-77

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Upon the application of **KENNETH STAN FRIEDMAN, M.D.**, (Respondent), in the attached Consent Agreement, that 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 Consent 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 or email transmission to Respondent or Respondent's attorney, whichever is first.

SO ORDERED.

DATED: 5-11-2010

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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

CONSENT

OF

AGREEMENT

KENNETH STAN FRIEDMAN, M.D.  
CO-09-07-4564-A

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**KENNETH STAN FRIEDMAN , M.D.**, (Respondent), representing that all of the following statements are true, deposes and says:

That on or about July 1, 1980, I was licensed to practice medicine in the State of New York and issued license number 142701 by the New York State Education Department.

My current address is \_\_\_\_\_ and I will advise the Director (Director) of the Office of Professional Medical Conduct (OPMC) of any change of my address within thirty (30) days, thereof.

I understand that the New York State Board for Professional Medical Conduct (Board) 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.

The New York State Department of Health has offered to settle this matter by my agreeing to a Censure and Reprimand, a \$1,000.00 fine, and the requirement that I keep my New York state license registration active.

As I have not practiced medicine in New York state in many years and I do not intend to return to practice medicine in New York state, I do not contest the one (1) Specification, and:

I agree, in lieu of the settlement offered by the State of New York:

to never practice medicine in New York state  
or activate my registration to practice medicine in New York state.

I stipulate that my failure to comply with any conditions of the Consent Order shall constitute misconduct as defined by New York Education Law § 6530(29).

I agree that, if I am charged with professional misconduct in future, this Consent Agreement and the Consent 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 New York 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 the Consent 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 or email transmission to me or my attorney, whichever is first. The Consent Order, this Consent 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 of Health website.

I stipulate that the proposed sanction and Consent Order are authorized by New York Public Health Law §§ 230 and 230-a, and that the Board and OPMC 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, administratively and/or judicially, I agree to be bound by the Consent Order, and I ask that the Board adopt this Consent Agreement.

I understand and agree that the attorney for the Department, the Director, OPMC, and the Chair of the Board each retain complete discretion either to enter into the proposed Consent Agreement and Consent 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.

AFFIRMED:

DATED: 4/22/10

KENNETH STAN FRIEDMAN, M.D.  
Respondent

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

DATE: 4 May 2010

ROBERT BOGAN  
Associate Counsel  
Bureau of Professional Medical Conduct

DATE: 5/11/10

KEITH W. SERVIS  
Director  
Office of Professional Medical Conduct

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

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IN THE MATTER  
OF  
KENNETH STAN FRIEDMAN, M.D.  
CO-09-07-4564-A

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STATEMENT  
OF  
CHARGES

**KENNETH STAN FRIEDMAN, M.D.**, Respondent, was authorized to practice medicine in New York state on July 1, 1980, by the issuance of license number 142701 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

A. On or about March 12, 2009, in the United States District Court for the Western District of North Carolina, Respondent was found guilty, based on a plea of guilty, of Conspiracy to violate the Mann Act, in violation of 18 U.S. Code §371, a felony, and was sentenced to one (1) year probation, a \$1,500.00 fine, and a \$100.00 Assessment.

**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: *April 8*, 2010  
Albany, New York

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