

June 7, 2012

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

Mark Tan, M.D.  
222 Middle County Road  
Smithtown, NY 11787

Re: License No. 165674

Dear Dr. Tan:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Modification Order No. 11-31. This order and any penalty provided therein goes into effect June 14, 2012.

Please direct any questions to: Board for Professional Medical Conduct, 90 Church Street, 4th Floor, New York, NY 10007-2919, telephone # 212-417-4445.

Sincerely,

REDACTED

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

Enclosure

cc: Martin Schaum, Esq.  
600 Old Country Road, Suite 320  
Garden City, NY 11530

IN THE MATTER  
OF  
MARK TAN, M.D.

MODIFICATION  
ORDER

Upon the proposed Application for a Modification Order of MARK TAN M.D.  
(Respondent), which is made a part of this Modification Order, it is agreed to and  
ORDERED, that the attached Application, and its terms, are adopted and SO  
ORDERED, and it is further

ORDERED, that this Modification Order shall be effective upon issuance by the Board,  
either

- by mailing of a copy of this Modification Order, either by first class to Respondent at the address in the attached 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: 6/7/2012

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  
MARK TAN, M.D.**

APPLICATION FOR  
MODIFICATION  
ORDER

MARK TAN, M.D., represents that all of the following statements are true:

That on or about March 21, 1986, I was licensed to practice as a physician in the State of New York, and issued License No. 165674 by the New York State Education Department.

My current address is: 222 Middle Country Road, Smithtown, N.Y. 11787, and I will, and I will advise the Director of the Office of Professional Medical Conduct of any change of address.

I am currently subject to BPMC Order # BPMC 11-31 (Attachment I) (henceforth "Original Order"), which was issued upon an Application For Consent Order signed by me on January 19, 2011, (henceforth "Original Application"), adopted by the Original Order. I hereby apply to the State Board for Professional Medical Conduct for an Order (henceforth "Modification Order"), modifying the Original Order, as follows:

The sanction imposed in the Original Order was:

- Pursuant to N.Y. Pub. Health Law Section 230-a(2), my license to practice medicine in New York State shall be suspended for 24 months, with the suspension stayed. Pursuant to N.Y. Pub. Health Law Sections 230-a(7) and

(9), I shall be subject to a \$15,000 fine, to be paid in full within 30 days of the Order's effective date. Payments must be submitted to:

Bureau of Accounts Management  
New York State Department of Health  
Empire State Plaza  
Corning Tower, Room 1717  
Albany, New York 12237

The sanction imposed shall be modified, as follows:

- The duration of the period of stayed suspension imposed pursuant to the Original Order shall be modified; upon the effective date of this Modification Order, the period of stayed suspension imposed upon the Respondent shall terminate.

and

All remaining Terms and Conditions will continue as written in the Original Order.

I make this Application of my own free will and accord and not under duress, compulsion or restraint, and seek the anticipated benefit of the requested Modification. In consideration of the value to me of the acceptance by the Board of this Application, I knowingly waive my right to contest the Original Order or the Modification Order for which I apply, whether administratively or judicially, and ask that the Board grant this Application.

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 5/21/12

REDACTED  
MARK TAN, M.D.  
RESPONDENT

The undersigned agree to Respondent's attached Application for Modification Order and to its proposed penalty, terms and conditions.

DATE: 5/23/12

REDACTED

MARTIN SCHAUM, ESQ.  
Attorney for Respondent

DATE: May 30, 2012

REDACTED

MARCIA E. KAPLAN *TK*  
Associate Counsel  
Bureau of Professional Medical Conduct

DATE: 6/6/12

REDACTED

KEITH W. SERVIS  
Director  
Office of Professional Medical Conduct

**ATTACHMENT I**



*New York State Board for Professional Medical Conduct*  
433 River Street, Suite 303 • Troy, New York 12180-2299 • (518) 402-0863

Nirav R. Shah, M.D., M.P.H.  
Commissioner  
NYS Department of Health  
James W. Clyne, Jr.  
Executive Deputy Commissioner  
Keith W. Servis, Director  
Office of Professional Medical Conduct

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

Public

February 7, 2011

**CERTIFIED MAIL-RETURN RECEIPT REQUESTED**

Mark Tan, M.D.  
Rheumatology Associates of Long Island, LLP  
222 Middle Country Road, Suite 312  
Smithtown, NY 11530

RE: License No. 165674

Dear Dr. Tan:

Enclosed is a copy of Order BPMC #11-31 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect February 14, 2011.

If the penalty imposed by the Order is a fine, please write the check payable to the New York State Department of Health. Noting the BPMC Order number on your remittance will assist in proper crediting. Payments should be directed to the following address:

Bureau of Accounts Management  
New York State Department of Health  
Corning Tower, Room 1717  
Empire State Plaza  
Albany, New York 12237

Sincerely,

REDACTED

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

cc: Martin Schaum, Esq.  
600 Old Country Road, Suite 320  
Garden City, NY 11530



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

IN THE MATTER  
OF  
MARK TAN, M.D.

CONSENT  
ORDER

BPMC No. #11-31

Upon the application of (Respondent) MARK TAN, M.D. in the attached Consent Agreement and Order, which 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 transmission to Respondent or Respondent's attorney, whichever is first.

SO ORDERED.

DATE: 2/5/11

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  
MARK TAN, M.D.

CONSENT  
AGREEMENT  
AND  
ORDER

MARK TAN, M.D., represents that all of the following statements are true:

That on or about March 21, 1986, I was licensed to practice as a physician in the State of New York, and issued License No. 165674 by the New York State Education Department.

My current address is Rheumatology Associates of Long Island, LLP, 222 Middle Country Road, Smithtown, N.Y. 11787, 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 (Board) has charged me with one specification of professional misconduct.

A copy of the Statement of Charges, marked as Exhibit "A", is attached to and part of this Consent Agreement.

I do not contest the First Specification, Delegating Professional Responsibilities to a Person Not Qualified by Licensure, in full satisfaction of the charges against me, and agree to the following penalty:

Pursuant to N.Y. Pub. Health Law § 230-a(2), my license to practice medicine in New York State shall be suspended for 24 months, with the suspension stayed. Pursuant to N.Y. Pub. Health Law §§ 230-a(7) and (9), I shall be subject to a

\$15,000 fine, to be paid in full within 30 days of the Order's effective date. Payments must be submitted to:

Bureau of Accounts Management  
New York State Department of Health  
Empire State Plaza  
Corning Tower, Room 1717  
Albany, New York 12237

I further agree that the Consent Order shall impose the following conditions:

That Respondent shall remain in continuous compliance with all requirements of N.Y. Educ Law § 6502 including but not limited to the requirements that a licensee shall register and continue to be registered with the New York State Education Department (except during periods of actual suspension) and that a licensee shall pay all registration fees. Respondent shall not exercise the option provided in N.Y. Educ. Law § 6502(4) to avoid registration and payment of fees. This condition shall take effect 120 days after the Consent Order's effective date and will continue so long as Respondent remains a licensee in New York State; and

That Respondent shall cooperate fully with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Consent Order and in its investigations of matters concerning Respondent. Respondent shall respond in a timely manner to all OPMC requests for written periodic verification of Respondent's compliance with this Consent Order. Respondent shall meet with a person designated by the Director of OPMC, as directed.

Respondent shall respond promptly and provide all documents and information within Respondent's control, as directed. This condition shall take effect upon the Board's issuance of the Consent Order and will continue so long as Respondent remains licensed in New York State.

I stipulate that my failure to comply with any conditions of this Consent Order shall constitute misconduct as defined by N.Y. Educ. Law § 6530(29).

I agree that, if I am charged with professional misconduct in future, this Consent Agreement and 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 N.Y. Pub. 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 this 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 transmission to me or my attorney, whichever is first. The Consent 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 stipulate that the proposed sanction and Consent Order are authorized by N.Y. Pub. 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, whether administratively 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 of OPMC and the Chair of the Board each retain complete discretion either to enter into the proposed 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.

DATE

1/19/2011

REDACTED

MARK TAN, M.D.  
RESPONDENT

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

DATE: 1/22/11

REDACTED

MARTIN SCHAUM, ESQ.  
Attorney for Respondent

DATE: January 27, 2011

REDACTED

MARCIA E. KAPLAN  
Associate Counsel  
Bureau of Professional Medical Conduct

DATE: 2/4/11

REDACTED

KEITH W. SERVIS  
Director  
Office of Professional Medical Conduct

**EXHIBIT "A"**

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

**IN THE MATTER  
OF  
MARK TAN, M.D.**

**STATEMENT  
OF  
CHARGES**

MARK TAN, M.D., the Respondent, was authorized to practice medicine in New York State on or about March 21, 1986, by the issuance of license number 165674 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

- A. During periods in or about 2008, at his medical practice office at 222 Middle Country Road, Smithtown, N.Y., Respondent delegated professional responsibilities, specifically the administration of intravenous infusions to patients, including Patients A and B (who are identified in attached Appendix "A"), to Rosann Voyias, LPN, without appropriate supervision, when Respondent knew or had reason to know that LPN Voyias was not qualified by licensure to perform such responsibilities.

**SPECIFICATION OF CHARGES**

**FIRST SPECIFICATION**

**DELEGATING PROFESSIONAL RESPONSIBILITIES TO**

**A PERSON NOT QUALIFIED BY LICENSURE**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(25) by delegating professional responsibilities to a person when the licensee delegating such responsibilities knows or has reason to

know that such person is not qualified, by training, by experience, or by licensure, to perform them, as alleged in the facts of:

1. Paragraph A.

DATE: January 28, 2011  
New York, New York

REDACTED

ROY NEMERSON  
Deputy Counsel  
Bureau of Professional Medical Conduct