

NEW YORK
state department of
HEALTH

Public

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

December 22, 2011

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Virginia A. Wohltmann, M.D.

REDACTED ADDRESS

RE: License No. 141993

Dear Dr. Wohltmann:

Enclosed is a copy of the New York State Board for Professional Medical Conduct (BPMC) Order No. 11-307. This Order and any penalty provided therein goes into effect December 29, 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

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 SIGNATURE

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

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

IN THE MATTER
OF
VIRGINIA WOHLTMANN, M.D.
CO-10-07-4194-A

CONSENT
ORDER
BPMC No. 11-307

Upon the application of **VIRGINIA WOHLTMANN, 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: 12-21-2011

REDACTED SIGNATURE

~~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

IN THE MATTER
OF
VIRGINIA WOHLTMANN, M.D.
CO-10-07-4194-A

CONSENT
AGREEMENT

VIRGINIA WOHLTMANN , M.D., (Respondent), representing that all of the following statements are true, deposes and says:

That on or about May 2, 1980, I was licensed to practice medicine as a physician in the State of New York and issued license number 141993 by the New York State Education Department.

My current address is REDACTED ADDRESS 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.

I do not contest the one (1) Specification, and agree to the following sanction:

Censure and Reprimand;

I shall pay a \$5,000.00 fine, payable in 5 monthly installments of \$1,000.00, to the New York State Department of Health, Bureau of Accounts Management, Revenue Unit, Empire State Plaza, Corning Tower, Room 1717, Albany, NY 12237-0016. The first payment is due one month from the effective date of this Consent Agreement and Order. I may also prepay the entire fine or any remaining balance at any time. Failure to pay any monetary penalty by the prescribed date shall subject me to all provisions of law relating to debt collection by New York State, including but not limited to: the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection; non-renewal of permits or licenses

[Tax Law Section 171(27)]; State Finance Law Section 18; CPLR Section 5001; Executive Law Section 32. In addition, if I fail to make a monthly payment within fifteen days of the date on which it is due, I will be deemed to have defaulted. If a default occurs, the entire amount of the fine that remains payable in monthly installments shall immediately be due in full at the sole option of the Director of OPMC.

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

That Respondent shall remain in continuous compliance with all requirements of New York Education 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 New York Education Law § 6502(4) to avoid registration and payment of fees. This condition shall take effect 30 days after the effective date of the Consent Order and will continue so long as Respondent remains a licensee in New York State; and

That Respondent shall cooperate fully with the OPMC in its administration and enforcement of the 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 Agreement. Respondent shall meet with a person designated by the Director, 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 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 the 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: 12/7/11

REDACTED SIGNATURE

VIRGINIA WOHLTMANN, M.D.
Respondent

EXHIBIT A

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

IN THE MATTER
OF
VIRGINIA WOHLTMANN, M.D.
CO-10-07-4194-A

STATEMENT
OF
CHARGES

VIRGINIA WOHLTMANN, M.D., Respondent, was authorized to practice medicine in New York State on May 2, 1980 by the issuance of license number 141993 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. Respondent was convicted of Failure to Pay Tax, a class A misdemeanor, in violation of New York State Tax Law §1810 on or about June 23, 2010 in Rochester City Court, Monroe County, New York by intentionally and/or with intent to evade payment, failing to pay her personal income tax due to New York State for taxable year 2007. Respondent was sentenced to a one (1) year conditional discharge, ninety-six (96) hours of community service and \$200 penalty

SPECIFICATION OF MISCONDUCT

Respondent violated Education Law §6530(9)(a)(i) by being convicted of committing an act constituting a crime under New York State law in that Petitioner alleges:

1. The facts in Paragraph A.

DATED: *October 26*, 2011
Albany, New York

REDACTED SIGNATURE

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