



New York State Board for Professional Medical Conduct

433 River Street, Suite 303 • Troy, New York 12180-2299 • (518) 402-0863

Antonia C. Novello, M.D., M.P.H., Dr. P.H.
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NYS Department of Health*

Dennis P. Whalen
*Executive Deputy Commissioner
NYS Department of Health*

Dennis J. Graziano, Director
Office of Professional Medical Conduct

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Chair

Michael A. Gonzalez, R.P.A.
Vice Chair

Ansel R. Marks, M.D., J.D.
Executive Secretary

PUBLIC

July 31, 2003

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Koorosh Dawoodi, M.D.
67-21 197th Street
Fresh Meadows, NY 11365

Re: License No. 217724

Dear Dr. Dawoodi:

Enclosed please find Order #BPMC 03-190 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect August 7, 2003.

If the penalty imposed by the Order is a surrender, revocation or suspension of this license, you are required to deliver to the Board the license and registration within five (5) days of receipt of the Order to the Board for Professional Medical Conduct, New York State Department of Health, Hedley Park Place, Suite 303, 433 River Street, Troy, New York 12180.

Sincerely,

Ansel R. Marks, M.D., J.D.

Executive Secretary

Board for Professional Medical Conduct

Enclosure

cc: Howard Fensterman, Esq.
Abrams, Fensterman, Fensterman, Flowers & Eisman LLP
111 Marcus Avenue – Suite 107
Lake Success, NY 11042

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

IN THE MATTER
OF
KOOROSH DAWOODI, M.D.

CONSENT

ORDER

BPMC No. 03-190

Upon the application of Koorosh Dawoodi, M.D. (Respondent) 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

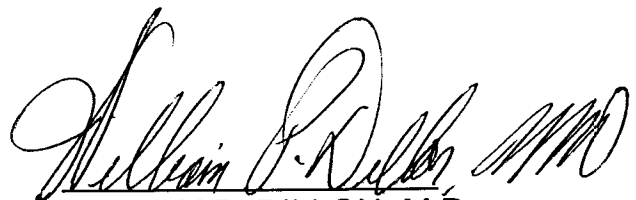
SO ORDERED, and it is further

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

- by mailing a copy of the 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.

DATED: 7/3/03



WILLIAM P. DILLON, 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
KOORO SH DAWOODI, M.D.

CONSENT
AGREEMENT
AND
ORDER

KOORO SH DAWOODI, M.D., representing that all of the following statements are true, deposes and says:

That on or about June 8, 2000, I was licensed to practice as a physician in the State of New York, and issued License No. 217724 by the New York State Education Department.

My current address is 67-21 197th Street, Fresh Meadows, New York 11365, 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 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, agree, not to contest the allegations against me, and I agree to the following penalty:

Pursuant to N.Y. Public Health Law §230-a(1), I shall be subject to a Censure and Reprimand.

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

That Respondent shall maintain current registration of licensure with the New York State Education Department Division of Professional Licensing Services (except during periods of actual suspension), and shall pay all registration fees. This condition shall take effect thirty (30) days after the Consent Order's effective date and will continue so long as Respondent remains licensed 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 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 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 Order shall constitute misconduct as defined by New York State Education 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 the 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 this 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.

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 ask that the Board adopt this Consent Agreement.

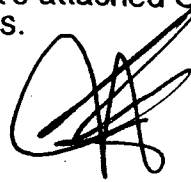
DATED 6/15/03



KOORO SH DAWOODI, M.D.
RESPONDENT

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

DATE: 6/5/03



HOWARD FENSTERMAN, ESQ.
Attorney for Respondent

DATE: 7/1/03



DAVID W. SMITH, ESQ.
Associate Counsel
Bureau of Professional
Medical Conduct

DATE: 7/11/03



DENNIS J. GRAZIANO
Director
Office of Professional
Medical Conduct

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EXHIBIT "A"

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

**IN THE MATTER
OF
KOOROSH DAWOODI, M.D.**

**STATEMENT
OF
CHARGES**

KOOROSH DAWOODI, M.D., the Respondent, was authorized to practice medicine in New York State on or about June 8, 2000, by the issuance of license number 217724 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. On or about August 31, ²~~7~~2000, Respondent, an attending neurologist at Mount Vernon Hospital ("Hospital") was asked to see Patient A, a prostitute, for evaluation. After such evaluation Respondent allegedly engaged in inappropriate physical contact with Patient A in exchange for money.

SPECIFICATION OF CHARGES

FIRST SPECIFICATION

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:

1. Paragraph A.

DATED:

July
May 1, 2003
New York, New York



ROY NEMERSON
Deputy Counsel
Bureau of Professional
Medical Conduct