

FILED

August 16, 2000  
NEW JERSEY STATE BOARD  
OF MEDICAL EXAMINERS

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STATE OF NEW JERSEY  
DEPARTMENT OF LAW & PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
BOARD OF MEDICAL EXAMINERS

IN THE MATTER OF THE LICENSE OF)

ANIL K. SHARMA, M.D. )  
LICENSE NO. MA 63404 )

TO PRACTICE MEDICINE AND )  
SURGERY IN THE STATE OF NEW )  
JERSEY )

Administrative Action

ORDER OF MODIFICATION  
OF LICENSURE RESTRICTIONS

THIS MATTER was opened to the New Jersey State Board of Medical Examiners (the "Board") upon receipt of investigative materials indicating that Respondent, Anil K. Sharma, M.D., a Board-certified anesthesiologist had begun participation in the Physicians' Health Program of the Medical Society of New Jersey (hereinafter "PHP") and had entered a 28-day inpatient substance abuse treatment program at Clearbrook Lodge, Wilkes-Barre, Pennsylvania.

On April 30, 1999, parties entered into a Consent Order granting Respondent leave to voluntarily surrender his license to practice medicine and surgery for a minimum period of six months.

CERTIFIED TRUE COPY

By Order filed November 29, 1999, the Board reinstated the license previously issued to Dr. Sharma. (See Order attached hereto).

On May 24, 2000 Dr. Sharma appeared and testified before a Committee of the Board seeking modification of the Order of Reinstatement of Limited License filed November 29, 1999. He was accompanied by David I. Canavan, M.D., Medical Director Emeritus, PHP.

Dr. Sharma testified that he had been totally compliant with the Order of Reinstatement. He requested modification of the Order to increase his hours from 30 hours a week to 45 hours a week. His second request for modification of the Order asked for permission to work in more than one ambulatory surgical care center more than one day a week.

Dr. Canavan fully sponsored Dr. Sharma's application for modifications, and confirmed Dr. Sharma's total compliance with PHP requirements.

WHEREUPON, it is on this 16th day of August , 2000;

ORDERED:

1. Dr. Sharma shall be permitted to increase his work hours from thirty hours a week to forty-five hours a week.

2. Dr. Sharma shall be permitted to work in more than one ambulatory surgical care center more than one day a week. In addition to his Little Silver office, he may attend Tom's River, Manahawkin and Manalapan surgical centers in his immediate

geographic vicinity for half a day each, and these hours shall be included in the above forty-five hours.

3. All other terms and conditions embodied in the Order of Reinstatement of License filed November 29, <sup>1999</sup>~~2000~~ and attached hereto and made a part hereof shall remain in effect. *cgm*

BOARD OF MEDICAL EXAMINERS

By: *Gregory J. Rokosz*  
GREGORY ROKOSZ, D.O., J.D.; FACEOP

I have read and understood the above Order and I agree to abide by its terms.

*Anil K. Sharma*  
Anil K. Sharma, M.D.

Date: July 20, 2000

Consent as to form.

*Louis Baxter, Sr.*  
Louis Baxter, Sr., M.D.  
Medical Director,  
Physicians' Health Program

Date:

Consent as to form.

*Harris N. Bram*  
Harris N. Bram, M.D.

Date: 7/24/2000

*Eric M. Sulz*  
Director, Monmouth Medical Center

Date:



State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY  
DIVISION OF CONSUMER AFFAIRS  
STATE BOARD OF MEDICAL EXAMINERS  
140 EAST FRONT STREET, 2ND FLOOR, TRENTON NJ

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Governor

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Director

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P.O. Box 183  
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September 21, 2000

CERTIFICATION

RE Anil K. Sharma, M.D.  
License #63404

I, Carolyn J. Maschal, of full age hereby certify the following:

I am the Assistant Executive Director of the New Jersey State Board of Medical Examiners, with offices at 140 East Front Street, 2nd floor, Trenton, New Jersey.

While processing the ORDER OF MODIFICATION OF LICENSURE RESTRICTIONS filed August 16, 2000, an error was discovered in the date listed in Item # 3 of the Order. Item #3 of this Order has been changed to read:

3. All other terms and conditions embodied in the Order of Reinstatement of License filed November 29, 1999 and attached hereto and made a part hereof shall remain in effect.

I hereby certify that all of the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

DATE: 9/21/00

Carolyn Maschal  
Assistant Executive Director  
NEW JERSEY STATE BOARD  
OF MEDICAL EXAMINERS

**CERTIFIED TRUE COPY**