



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Orthotics and Prosthetics Board of Examiners
124 Halsey Street, 6th Floor, Newark, NJ 07102



JOHN J. HOFFMAN
Acting Attorney General

ERIC T. KANEFSKY
Director

Mailing Address:
P.O. Box 45034
Newark, NJ 07101
(973) 504-6445

September 16, 2013

COPY

John Barry Mihlik
269 Van Winkle Street
East Rutherford, New Jersey 07073

RE: Consent Order Filed September 13, 2013
Unlicensed practice

Dear Mr. Mihlik:

Please find enclosed a copy of the fully executed consent order filed by the New Jersey Orthotics and Prosthetics Board of Examiners on September 13, 2013, for unlicensed practice of Orthotics and/or Prosthetics.

If you have any questions, please feel free to call this office at the above telephone number.

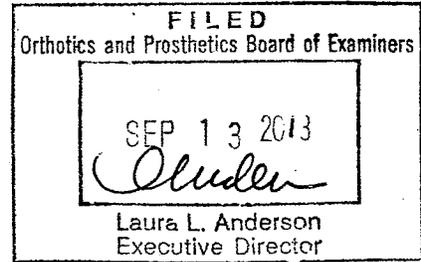
Very truly yours,
New Jersey Orthotics and Prosthetics Board of Examiners

By: Laura L. Anderson, Executive Director

LLA/nm

c: Swang Oo, Deputy Attorney General

JOHN J. HOFFMAN
ACTING ATTORNEY GENERAL OF NEW JERSEY
Division of Law 5th Floor
124 Halsey Street
P.O. Box 45029
Newark, New Jersey 07101



By: Swang Oo
Deputy Attorney General
Attorney for the New Jersey
Orthotics and Prosthetics
Board of Examiners
Tel: (973)648-4735

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
NEW JERSEY ORTHOTICS AND PROSTHETICS
BOARD OF EXAMINERS

IN THE MATTER OF :
 :
JOHN BARRY MIHLIK : Administrative Action
 :
 : CONSENT ORDER
CHARGED WITH ENGAGING IN :
THE UNLICENSED PRACTICE OF :
ORTHOTICS AND/OR PROSTHETICS :
IN THE STATE OF NEW JERSEY :

This matter was opened to the New Jersey Orthotics and Prosthetics Board of Examiners (Board) upon receipt of patient complaints alleging that John Mihlik (respondent), performed orthotic/prosthetic services for patients without a Board issued license. Previously, by Consent Order filed with the Board on September 16, 2008, respondent agreed to cease and desist from engaging in, or holding himself out as engaging in, the unlicensed practice of orthotics and/or prosthetics. Thereafter,

the Board received two (2) new patient complaints and initiated an investigation concerning the allegations pursuant to N.J.S.A. 45:1-18.

Specifically, in June 2009, patient E.T., a left leg below knee amputee, met with respondent and David Rabe, a Board licensed prosthetist, at the CMMC Wound Center. E.T.'s chart reflects that respondent worked with and was assigned to provide E.T. with a right foot shoe and insert (an off loading device) and a new left leg prosthesis. Respondent admitted in a certified statement dated January 4, 2012 that he assisted with the taking of measurements for E.T.'s prosthesis and respondent casted E.T. twice for the prosthesis.

Twice, in or around June 2009, patient H.M. received a temporary left leg below the knee prosthesis from respondent. Respondent has stated and H.M.'s chart confirms, that in or about July 2009, respondent assisted in casting and measuring H.M. for a new prosthetic leg. Between August and December 2009, respondent examined H.M. and re-casted, re-measured, and re-fitted new sockets several times. On December 4, 2009, respondent fitted H.M. for a new socket and on December 18, 2009, respondent and Mr. Rabe adjusted the foot of H.M.'s prosthesis.

On May, 16, 2013, respondent appeared before the Board, without counsel, and testified under oath in response to Board member inquiries. Respondent testified that he does not hold any license issued by the Board to practice orthotics and/or prosthetics in New Jersey.

Having reviewed the entire record, it appears to the Board that respondent has performed regulated services defined as the practice of prosthetics-orthotics in the Orthotics and Prosthetics Act, N.J.S.A. 45:12B-1 et seq. and regulations, N.J.A.C. 13:44H-2.1 and/or N.J.A.C. 13:44H-2 without a valid and active license issued by the Board in violation of N.J.S.A. 45:12B-17 and N.J.A.C. 13:44H-3.6. Specifically, respondent rendered regulated services including, but not limited to, patient evaluation, measuring, fitting, and casting lower extremity prostheses.

It appearing that respondent desires to resolve this matter without recourse to formal proceedings, having waived any right to such proceedings and for good cause shown;

IT IS ON THIS *13th* DAY OF *September*, 2013

HEREBY ORDERED AND AGREED THAT:

1. Respondent shall immediately cease and desist from engaging in or holding himself out as engaging in the practice of orthotics and/or prosthetics pursuant to N.J.S.A. 45:12B-17.

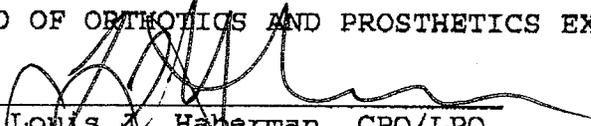
Respondent shall not practice, attempt to practice, or hold himself out as being able to practice orthotics or prosthetics unless and until he is licensed in accordance with the provisions of this act.

2. Respondent shall pay a civil penalty, for this second offense pursuant to N.J.S.A. 45:1-25, in the total amount of \$5,000.00. Payment of the civil penalty of \$5,000.00 shall be made by certified check or money order made payable to the State of New Jersey forwarded to Laura L. Anderson, Executive Director, Board of Orthotics and Prosthetics Examiners, 124 Halsey Street, P.O. Box 45034, Newark, New Jersey 07101 no later than 30 days from the entry of this Consent Order. In the alternative, respondent shall pay \$1,000.00 upon the entry of this Consent Order and thereafter, respondent shall make eight (8) monthly payments of \$500.00 per payment with the first payment due by the first of the following month and subsequent payments to continue to be made by the first of each month thereafter until all eight (8) payments are completed. In the event that respondent does not make a timely payment, the full balance will immediately become due.

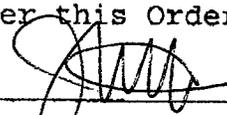
4. Failure to timely remit any and all payments required by this order will result in the filing of a certificate of debt as well as other proceedings permitted by law.

BOARD OF OPTOMETRICS AND PROSTHETICS EXAMINERS

By:


Louis J. Haberman, CPO/LPO
Board President

I have read and understand the within
Consent Order and agree to be bound by
its terms. Consent is hereby given to
the Board to enter this Order.



John Mihlik

Date: 09/09/13

MUTIPLE CHECKS SUBMITTAL FORM

Board Name:	Orthotics and Prosthetics Board of Examiners	Board #:	1345	DATE:	9/11/2013
Prepared By:	Natalie Miranda				
Phone Number of Preparer:	973-424-8180				

#	Applicant/Licensee Name (Last/first)	12 Digit License #		Fines/Pen/Costs (Choose One)		Fees (Choose One)		Exec. Dir. Initials for				For Fiscal Use Only			Comments
		OR	App ID#	FEE TYPE	Complaint #	Check/Money Order #	FEE AMOUNT	Waive or Cancel	Waive/Cancel of Fee	Process Receipt #	Process Date	Initials	Reject (Check)		
1	Mihlik, John			Fine 41	75634	6762500430	\$1,000.00								
2															

~~FOR ADDITIONAL SECURITY FEATURES SEE BACK~~

0067625 11-24
Office AU # 1210(8)

Operator I.D.: u245939

PAY TO THE ORDER OF *****THE STATE OF NEW JERSEY*****

*****One thousand dollars and no cents*****

WELLS FARGO BANK, N.A.
5 SYLVAN ST
RUTHERFORD, NJ 07070
FOR INQUIRIES CALL (480) 394-3122

CASHIER'S CHECK

6762500430

September 09, 2013

****\$1,000.00****

VOID IF OVER US \$ 1,000.00

Richard Levy
CONTROLLER

Details on Back

Security Features Included:

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75634

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