CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
State Board of Medical Examiners
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FILED
July 1, 2014
NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS

Via Regular and Certified Mail
John F. Kerns, M.D.
C/O Ray Jacobs, Esq.
Jacobs and Bell
26 Franklin Street
Tenafly, NJ 07670

Re: Uniform Penalty Letter I/M/O John F. Kerns, M.D.,
License No. 25MA03873000

Dear Mr. Kerns:

N.J.S.A. 45:9-7.1 establishes that the New Jersey Board of Medical Examiners ("Board") shall require physicians to obtain a certain number of Continuing Medical Education ("CME") credits as a condition for license renewal. By regulation (N.J.A.C. 13:35-6.15) for the 2009-2011 registration cycle, physicians and podiatrists were required to obtain at least 40 "Category 1" CME credits.

This letter is to advise you that the Board has had the opportunity to review information concerning your compliance with this requirement. Specifically, the information the Board reviewed included certificates you submitted to the Board pertaining to Category 1 CME credits you obtained between July 1, 2009 and June 30, 2011. These certificates indicate that you obtained 35 Category 1 CME credits, five fewer than were required by the regulation.

Upon review of all available information the Board finds that your failure to obtain sufficient CME credits constitutes a violation of N.J.A.C. 13:35-6.15. The Board has also found that this matter does not rise to the level of a censure or reprimand and that it is not connected to the delivery of health care services.

The Board issues to you this Uniform Penalty Letter. You must sign the attached acknowledgment and choose one of the three options noted below.

1) You may waive your rights to a hearing and pay a penalty in the amount of **$250.00** within 45 days of receipt of this letter.

2) You may waive your rights to a hearing and submit a written statement or explanation to the Board within 15 days. The Board will then consider your submission and render a final decision, which may include any of the terms set forth above.

CERTIFIED TRUE COPY

3) You may request a hearing. In the event of a hearing this letter will serve as notice of the charges against you and a hearing will be scheduled before the Board or a committee of the Board. At that hearing you may, either personally or with the assistance of an attorney, submit evidence and present testimony as may be necessary in order for the Board to make a final determination concerning the charges of unlawful activity. You should be aware that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than those described in this letter and/or impose discipline. Additionally, the Board may, if the facts are found to so warrant, enter an order requiring you to pay costs incurred by the Board, or may order such other remedies as it may deem appropriate.

Should you have any questions concerning this letter, please contact:

William Roeder
Executive Director
New Jersey Board of Medical Examiners
P.O. Box 183
Trenton, New Jersey 08625
(609) 826-7129

The **original** enclosed certification should be completed and returned to the Board within 45 days following your receipt of this letter. In the event that the Board receives no response from you within 45 days, you will be deemed in default and the allegations against you will be deemed uncontested. This Uniform Penalty Letter will then be considered "Final." This matter will be reopened only on the basis of improper service. Once this Uniform Penalty Letter is considered "Final," your failure to comply with it may result in further action against your license.

New Jersey Board of Medical Examiners

By:_____
William V. Roeder
Executive Director

Certification

I, John F. Kerns, M.D., holding license no. 25MA03873000, hereby acknowledge that I have read and reviewed the Board's letter dated May 23, 2014 regarding allegations of violations of the Board's enabling act and/or regulations.

Please Check One:

____ I acknowledge the conduct which has been charged and agree to pay a penalty in the amount of $250.00 (to be paid upon signing of this certification)

I am also aware that the disciplinary action taken against me by the Board herein is a matter of public record, and that the Board's letter and this certification are public documents. As a public disciplinary action, this matter will be reported to the New Jersey Physician Profile and the Federation of State Medical Boards Database. I am aware that this matter does not involve an action against my license such as a censure or reprimand. I am aware that this action is not connected to the delivery of health care services. I understand that this action is therefore not reportable to the National Practitioner Data Bank (NPDB) and that no report of this action will be made to the NPDB.

____ I hereby waive any rights I may have to a hearing in this matter to defend myself against any charges contained herein but ask the Board to consider my explanation before rendering its final decision. I understand that the Board may order any of the terms specified in its letter and that if it does I will be obligated to comply. I am also aware that the disciplinary action taken against me by the Board herein is a matter of public record, and that the Board's letter and this certification are public documents. As a public disciplinary action, this matter will be reported to the New Jersey Physician Profile and the Federation of State Medical Boards Database. I am aware that this matter does not involve an action against my license such as a censure or reprimand. I am aware that this action is not connected to the delivery of health care services. I understand that this action is therefore not reportable to the National Practitioner Data Bank (NPDB) and that no report of this action will be made to the NPDB. Failure to comply with the Board order may subject me to further disciplinary action and any failure to make a required payment will result in the filing of a certificate of debt.

____ I request a formal administrative hearing before a committee of the Board, (waiving my right to a hearing before the full Board)

to contest the charges specified in the Board letter. I understand that I will be advised of the time, date and place for this requested hearing at another time. I am aware that I may be represented by an attorney and that at the time of the hearing, I may submit to the Board testimony and documentation relevant to the charges. I understand that in making its final decision, the Board may, if unlawful activity has been proven, assess civil penalties in an amount greater than what has been described in its letter and may order such other remedies as it may deem appropriate including costs of proceedings and further discipline against my license. I am also aware that this proceeding is a matter of public record and that the Board's letter and this certification are public documents. In the event that the Board imposes fines and/or other discipline against my license, this disciplinary action would be a matter of public record and is reportable to the New Jersey Physician Profile and the Federation of State Medical Boards Database. Only in the situation where discipline against my license includes action which is reportable to the National Practitioner Data Bank (NPDB), such as censure, reprimand or suspension, would a report to the NPDB be made.

Signature: _____

John F. Kerns, M.D., License No. 25MA03873000

Dated: _____