



Effective October 5, 2020

GURBIR S. GREWAL
ATTORNEY GENERAL OF NEW JERSEY
Division of Law
124 Halsey Street - 5th Floor
P.O. Box 45029
Newark, New Jersey 07101
By: Joan D. Gelber, ID 7981974
Senior Deputy Attorney General
Tel. (973) 648-2972
Joan.Gelber@law.njoag.gov

STATE OF NEW JERSEY
DEP'T OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF MEDICAL EXAMINERS
OAL Dkt BDS16193-2019N

IN THE MATTER OF THE SUSPENSION:
OR REVOCATION OF THE LICENSE OF

JAMES V. AGRESTI, III, M.D.
License No. 25MA07826100

FINAL ORDER BY CONSENT

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

This matter was opened to the New Jersey State Board of
Medical Examiners ("Board") by way of an Administrative Complaint
filed April 2, 2019 by the Attorney General of New Jersey against
James V. Agresti, III, M.D.

Dr. Agresti has maintained multiple offices under entity
names including "Itserga Medical, LLC", and "Internet Medical
Group" at 181 Franklin Ave., Nutley, NJ and 415 State Route 24,
Chester, NJ; under the name "Anti-Aging Centers of New Jersey" at
18 Newark-Pompton Turnpike, Riverdale, NJ. He also maintains
"Stratton Medical, LLC", a non-medical entity, which he represents
is used for payment of salaries and expenses. Dr. Agresti practices
internal medicine and holds himself out as an "Opiate Addiction

CERTIFIED TRUE COPY

Program Specialist". He obtained a DATA waiver from the federal Drug Enforcement Administration, allowing him to provide medically assisted therapy by prescribing Suboxone (buprenorphine), a Schedule III Controlled Dangerous Substance (CDS). He holds no board specialty certification.

The nine-count Administrative Complaint alleges, in part, issuance by Respondent of fraudulent CDS prescriptions in the name of "T.M.", a non-patient, intending that the drugs were to be obtained and used by Respondent's patient Mr. D.M., who was married to T.M. at the time.¹ Also alleged is Respondent's submission to the Board of a fictitious patient record to support the fraudulent "T.M." prescriptions, after his records were subpoenaed. The Complaint also alleges gross and repeated negligence in the examination, diagnosis, and treatment of several patients, all of whom received large quantities of CDS for extended periods of time without medical justification.

The Complaint alleges that, for at least one patient, Respondent concurrently prescribed multiple Controlled Dangerous Substances in excessive quantities, including the CDS II stimulant Adderall, without a supporting diagnosis as required by Board regulation and accepted standards of practice. Some patients received CDS II narcotics such as OxyContin, Percocet, Fentanyl and/or Roxicodone, sometimes combined with CDS IV benzodiazepine drugs such as Xanax, Ambien; CDS V Lunesta; and other prescription drugs including antidepressants, all without documented medical rationale. Respondent allegedly authorized narcotics at dangerously high morphine milligram equivalents (MME), exposing

¹ Ms. T.M. was briefly married to D.M. When she learned of the prescriptions, she immediately reported the matter to police.

some patients to a risk of overdose. The Complaint also alleges Respondent's disregard of frequent notices from laboratories of deficient information and of "red flags" on urine tests suggestive of abuse or diversion.

The Complaint also alleges that Respondent's electronic medical records program of templated multi-page progress notes is unreliable, deceptive and misleading. These electronic medical records allegedly contain erroneous information with entire sections "autopopulated" and/or completed by "copy and paste", often repeating numerous sections *verbatim*, with content that Respondent acknowledges was not obtained or verified on the dates listed. The records also list repeated CDS prescribing without the data required by Board regulation, and repeated prescribing of other medications for extended periods, typically without any documented rationale.

The Complaint also alleges Respondent's negligent maintenance of his Nutley office wherein there were open and undated multi-dose medication vials and expired drugs of various kinds. Additionally alleged is Respondent's failure to comply with the minimum requirements for continuing medical education.

The various offenses are alleged to violate N.J.S.A. 45:1-21(b), (c) and/or (d), (e), (h) and (m); N.J.S.A. 45:9-7.1 and implementing regulations; and failure to comply with accepted standards of practice.

Respondent filed an Answer on July 31, 2019, denying some of the allegations. Having consulted with his attorney, and in the interests of amicable settlement of the matter, Respondent hereby waives further proceedings and plenary hearing. Dr. Agresti acknowledges knowingly issuing 20 Schedule II and III CDS

prescriptions in the name of an individual [T.M.] who was not his patient, and submitting to the Board a fabricated patient record and medication log in that person's name even though she was not his patient. Respondent acknowledges that he was aware and intended that the prescriptions be billed to T.M.'s insurance carrier, and become a part of T.M.'s pharmacy and insurance history. Dr. Agresti acknowledges that he wrote those "T.M." prescriptions for and delivered them to a different individual [D.M.] who was Dr. Agresti's patient. Respondent also acknowledges that his electronic medical records were inaccurate and unreliable; that there were open and undated vials along with expired medication in his Nutley office; and that he did not maintain the required continuing medical education credits, as alleged in Counts 1,2,8 and 9.

Respondent neither admits nor denies the remaining allegations of the Complaint.

The Board having considered this matter, and finding that the entry of this Order will adequately protect the public health, safety, and welfare, and for good cause shown,

IT IS, on this 4th day of September, 2020

ORDERED:

1. License No. 25MA07826100, issued to Respondent James V. Agresti, III, M.D. to practice medicine and surgery in the State of New Jersey, is hereby suspended for two years, the first nine months of which shall be an active suspension. The period of active suspension shall be tolled for any length of time that Respondent practices in another jurisdiction.

2. Contingent upon Respondent's compliance with all provisions of this Order, the remainder of the suspension may be stayed and served as probation.

3. The active suspension of Respondent's medical license shall commence on October 5, 2020. Between the entry of this Order and that date, Respondent shall cease and desist from taking on new patients. As of October 5, 2020, Respondent shall cease and desist from the practice of medicine during the active suspension period.

4. With the consent of the Director of the Division of Consumer Affairs, Respondent's New Jersey CDS registration, No. D008632700, is suspended for the duration of the active suspension period of Respondent's license and pending further order of the Director. The CDS registration suspension is independent of any action taken by the State Board of Medical Examiners, federal Drug Enforcement Administration, or any other licensing authority.

5. Pursuant to N.J.S.A. 24:21-12(f), the Director shall promptly notify the DEA of the entry of this Consent Order.

6. Respondent shall make lawful transfer of any and all CDS in his possession, except for any CDS Respondent possesses for personal use pursuant to a duly issued prescription.

7. Upon commencement of the active suspension period, Respondent shall immediately return his medical license and current NJ CDS registration to the Board along with a cover memorandum indicating that he will no longer be writing prescriptions for the period prescribed in this Order, to the attention of Dana Pulizzano, Acting Executive Director of the New Jersey Division of Consumer Affairs, Drug Control Unit, P.O. Box 45045, 124 Halsey Street, Newark, New Jersey, 07101.

8. Respondent shall promptly notify all patients treated within the last six months regarding the availability for release or transfer of patient records pursuant to N.J.A.C. 13:35-6.5(h), and shall post newspaper and other notice as required by that rule.

9. With regard to all of Respondent's patients currently being treated with Controlled Dangerous Substances, Respondent shall promptly arrange for transfer of all CDS patients and their records to another physician or to an appropriate clinic, and shall document such referral in each such patient's chart. The patients shall be transferred to a specialist board-certified in psychiatry and/or pain management and/or addiction treatment, as pertinent to the form(s) of treatment rendered by the Respondent.

10. During the active suspension period, Respondent shall have no contact with patients and shall not appear in his former office when patients are present. He shall receive no remuneration except for receipt of payment for services lawfully rendered prior to the license suspension. During the active suspension period, he shall be precluded from managing, overseeing, supervising or influencing the practice of medicine or provision of healthcare activities in the State of New Jersey.

11. During the period of active suspension, and until restoration of license to practice during the period of stayed suspension, Respondent shall receive no benefit derived from the practice of medicine by any entity, including but not limited to "Itserga Medical, LLC", "Internet Medical Group", and "Anti-Aging Centers of New Jersey", and shall submit assurance thereof to the Board. He shall withdraw from any participation in or responsibilities of "Stratton Medical, LLC", which he represents is a non-medical entity.

12. Respondent is assessed an aggregate civil penalty of

\$10,000.00 for the offenses set forth in Counts 1 through 9, pursuant to N.J.S.A. 45:1-25. In addition, Respondent shall reimburse investigation costs of \$22,608.11 pursuant to N.J.S.A. 45:1-25(d). Respondent shall also pay Attorney General fees of \$65,000.00.

13. The financial assessment, totaling \$97,608.00, shall be paid in full within 10 days of the entry of this Order, at the Board office, P.O. Box 183, Trenton, NJ 08625-0183. For any payments ordered, which have not been paid in full within 10 days of the entry of this Order, a Certificate of Debt shall be filed pursuant to N.J.S.A. 45:1-24.

14. Alternatively, but not in lieu of the Certificate of Debt being filed, Respondent may request to pay the assessment in installments. If installment payments are requested, and approved by the Board for good cause shown, Respondent shall be permitted to pay each installment monthly, on terms arranged with the Division of Consumer Affairs, commencing October 1, 2020, with each installment due on the first day of each month thereafter. Interest shall accrue in accordance with Rule of Court 4:42-11. Respondent may prepay at any time.

15. All payments shall be made by certified check or U.S. postal money order or credit card payable to the State of New Jersey. Installment payments shall be ascribed first to costs and Attorney General fees, and then to penalty. In the event that a monthly payment is not received within five days of its due date, the entire balance of the civil penalty and costs and fees shall immediately become due and owing.

16. Respondent shall comply with the attached Disciplinary Directives and with the Probation/Monitoring Conditions attached

hereto as Attachment A and incorporated herein. The Notice provisions attached hereto are also incorporated herein.

17. One month prior to the conclusion of the active suspension period, upon proof of compliance with the following remedial provisions, Respondent may petition to appear before a Committee of the Board to seek resumption of medical practice on probation. Respondent shall first submit to the Board proof of the following:

(a) Satisfactory completion of a course in professional ethics and also a course in medical recordkeeping, each approved by the Board.² Satisfactory completion means that all sessions were attended, all requirements were completed, and Respondent received a passing grade with no reservations from the sponsor of the program. Respondent shall bear the cost of the courses; the earned credits for such courses shall be in addition to the statutory biennial requirements for continuing medical education.

(b) Respondent is current in his financial obligations to the Board.

18. Respondent shall then appear, on notice, before a Committee of the Board, to demonstrate compliance with this Consent Order and readiness to practice medicine in the subject area he specifies, in a manner consistent with the public health, safety and welfare.

19. If the Board is satisfied that Respondent has demonstrated good moral character and insight, and has mastered the professional education and practical skills necessary to the nature of his intended practice, the Board shall reinstate Respondent's license

²A list of approved courses/programs, such as those offered by The Center for Personalized Education for Physicians (CPEP), is available from the Board office.

to practice, subject to such terms, conditions and restrictions as it may reasonably determine.

20. Conditions of probation during the period of stayed suspension shall include, but not necessarily be limited to, the following requirements:

(a) Respondent shall redesign his office records format consistent with direction from the recordkeeping course. The format going forward shall not permit autopopulation or copy-and-paste entries.

(b) No sooner than after completion of the first year since the effective date of active suspension, Respondent may seek reinstatement of privileges to prescribe CDS by applying to the Director of the Division of Consumer Affairs. In no event shall Respondent's CDS III and IV privileges be restored sooner than one year after the period of active suspension described in Paragraph 1 has concluded. He may petition for CDS II registration no sooner than after the full two-year period of suspension described in Paragraph 1.

(c) Respondent shall have a Board-approved practice monitor for a minimum of a year. The practice monitor shall be Board-certified in internal medicine, and shall have appropriate training and experience in those areas of practice which Respondent seeks to resume, e.g., management of diabetic patients, addiction medicine, pain management, or psychiatric counseling. Respondent agrees to fully and satisfactorily complete the entirety of any recommendations made by the monitor.

(d) The practice monitor shall propose a plan of supervision/monitoring which shall include regular review of at least ten of Respondent's patient charts as selected by the

monitor, at least weekly, and regular in-person consultations with Respondent at least monthly. The monitor shall initial each chart contemporaneously with the reviewing date. The monitor shall request and receive from Respondent assurance that Respondent has made no undated additions of any type to any chart.

(e) The monitor shall agree to submit monthly reports to the Medical Director of the Board, with a copy to counsel for both parties. The report shall summarize the nature of the work reviewed and include at least the following information: each patient chart reviewed (identified by redacted name or initials or case number), type of case, adequacy and completeness of charting, and medical justification for the treatment proposed/performed. The monitor shall include in the report reference to any additional examination or treatment deemed necessary by the monitor. The monitor shall also submit quarterly reports to the Medical Director, commenting on the quality of professional services rendered and evaluating whether Respondent's patient management meets accepted standards of practice in that circumstance.

(f) Respondent shall authorize the monitor to make immediate report to the Board of work (whether documented or not documented by Respondent) which, in the opinion of the monitor, fails to meet accepted standards of practice and also of any individual matter which is believed to present an imminent peril to the patient or to the public's health, safety or welfare.

(g) Respondent shall provide appropriate releases to any and all persons who are participating in the monitoring program as outlined herein, as may be required, in order that all reports, records and other pertinent information shall be provided to the Board in a timely manner. The Board and the Attorney General shall have full and complete access to any communications between

Respondent and the monitor. In addition, the Board, its agents and employees, including but not limited to the Medical Director of the Board, may communicate directly with the monitor. Respondent agrees that none of the persons proposed and/or approved as his practice monitor shall have or incur any liability to Respondent as a result of their good faith performance of their service.

21. Respondent shall promptly submit to the Board, with a copy to the prosecuting Deputy Attorney General, a curriculum vitae of the proposed practice monitor, along with the monitor's signed agreement recognizing the responsibilities incumbent upon the monitor as set forth herein and agreeing to accept same, and submitting a proposed plan of supervision. The assigned monitor shall not be a relative or a present or former supervisor and shall not presently or formerly have had a financial relationship with Respondent. The cost of the monitor's services shall be borne by Respondent and shall not be passed on to patients/payers. Approval of the monitor is at the sole discretion of the Board, and shall not be unreasonably withheld.

22. It is Dr. Agresti's responsibility to assure that quarterly reports shall be provided by the monitor to the Board regarding compliance with this Order, attaching to the reports all documentation concerning the monitoring aspects of the within program along with immediate notification to the Board upon receipt of any information regarding non-compliance. Respondent shall be responsible for any costs assessed to him associated with the monitoring program and the terms of the Order as outlined herein.

23. Respondent has been made aware that information regarding this matter has been referred to the Division of Criminal Justice.

The entry of this Order shall not limit the authority of the Attorney General or of any other person or agency to initiate any further action permitted by law, whether administrative, civil or criminal, in any court or other forum of competent jurisdiction in connection with any matters coming within that jurisdiction.

24. Respondent understands that this Final Order is independent of, and not in lieu of, potential proceedings on behalf of or by the DEA and further agrees that resolution of any other matters will not resolve any matter which has been, or could be, brought before the Board or Director. The parties hereby stipulate that entry of this Order is without prejudice to further investigation and/or action by the Board as to any matter not currently known to the Board and referenced in the Administrative Complaint, or any matter to be investigated by the Director or other law enforcement entities resulting from Respondent's conduct.

25. It is intended by the parties that this Order shall resolve all administrative and license issues with Respondent, which were specifically alleged as violations by the Attorney General in the present Administrative Complaint, all and solely in connection with Professional Board law, regulations, and accepted standards of practice. The Board shall retain jurisdiction to enforce the terms of this Order.

26. This order shall remain in effect until specifically modified by the Board through the entry of a subsequent order.

THIS ORDER IS EFFECTIVE UPON ENTRY.

STATE BOARD OF MEDICAL EXAMINERS

By: _____



12

METZGER, Scott E., MD

**DIRECTIVES APPLICABLE TO ANY MEDICAL BOARD LICENSEE
WHO IS DISCIPLINED OR WHOSE SURRENDER OF LICENSURE
OR CESSATION OF PRACTICE HAS BEEN ORDERED OR AGREED UPON**

APPROVED BY THE BOARD ON AUGUST 12, 2015

All licensees who are the subject of a disciplinary order or surrender or cessation order (herein after, "Order") of the Board shall provide the information required on the addendum to these directives. Failure to provide the information required may result in further disciplinary action for failing to cooperate with the Board, as required by N.J.A.C. 13:45C-1 et seq.: Paragraphs 1 through 4 below shall apply when a licensee is suspended, revoked, has surrendered his or her license, or entered into an agreement to cease practice, with or without prejudice, whether on an interim or final basis. Paragraph 5 applies to licensees who are the subject of an order which, while permitting continued practice, contains probationary terms or monitoring requirement.

1. Document Return and Agency Notification

The licensee shall promptly forward to the Board office at Post Office Box 183, 140 East Front Street, 2nd floor, Trenton, New Jersey 08625-0183, the original license, current biennial registration and, if applicable, the original CDS registration. In addition, if the licensee holds a Drug Enforcement Agency (DEA) registration, he or she shall promptly advise the DEA of the licensure action. (With respect to suspensions of a finite term, at the conclusion of the term, the licensee may contact the Board office for the return of the documents previously surrendered to the Board. Prior to the resumption of any prescribing of controlled dangerous substances, the licensee shall petition the Director of Consumer Affairs for a return of the CDS registration if the basis for discipline involved CDS misconduct. In addition, at the conclusion of the term, the licensee should contact the DEA to advise of the resumption of practice and to ascertain the impact of that change upon his/her DEA registration.)

2. Practice Cessation

The licensee shall cease and desist from engaging in the practice of medicine in this State. This prohibition not only bars a licensee from rendering professional services, but also from providing an opinion as to professional practice or its

application, or representing him/herself as being eligible to practice. (Although the licensee need not affirmatively advise patients or others of the revocation, suspension, surrender or cessation, the licensee must truthfully disclose his/her licensure status in response to inquiry.) The licensee subject to the order is also prohibited from occupying, sharing or using office space in which another licensee provides health care services. The licensee subject to the order may contract for, accept payment from another licensee for rent at fair market value for office premises and/or equipment. In no case may the licensee subject to the order authorize, allow or condone the use of his/her provider number by any health care practice or any other licensee or health care provider. In situations where the licensee has been subject to the order for less than one year, the licensee may accept payment from another professional who is using his/her office during the period that the licensee is {suspended}, subject to the order for the payment of salaries for office staff employed at the time of the Board action.

A licensee whose license has been revoked, suspended or subject to a surrender or cessation order for one (1) year or more must immediately take steps to remove signs and take affirmative action to stop advertisements by which his/her eligibility to practice is represented. The licensee must also take steps to remove his/her name from professional listings, telephone directories, professional stationery, or billings. If the licensee's name is utilized in a group practice title, it shall be deleted. Prescription pads bearing the licensee's name shall be destroyed. A destruction report form obtained from the Office of Drug Control (973-504-6558) must be filed. If no other licensee is providing services at the location, all medications must be removed and returned to the manufacturer, if possible, destroyed or safeguarded. (In situations where a license has been suspended for less than one year, prescription pads and medications need not be destroyed but must be secured in a locked place for safekeeping.)

3. Practice Income Prohibitions/Divestiture of Equity Interest in Professional Service Corporations and Limited Liability Companies

A licensee subject to the order shall not charge, receive or share in any fee for professional services rendered by him/herself or

others while barred from engaging in the professional practice.¹ The licensee may be compensated for the reasonable value of services lawfully rendered and disbursements incurred on a patient's behalf prior to the effective date of the Board order. A licensee who is a shareholder in a professional service corporation organized to engage in the professional practice, whose license is revoked, surrendered or suspended or who is ordered to cease practice for a term of one (1) year or more shall be deemed to be disqualified from the practice within the meaning of the Professional Service Corporation Act. (N.J.S.A. 14A:17-11) A disqualified licensee shall divest him/herself of all financial interest in the professional service corporation pursuant to N.J.S.A. 14A:17-13(c) A disqualified licensee who is a member of a limited liability company organized pursuant to N.J.S.A. 42:1-44, shall also divest him/herself of all financial interest. Such divestiture of the licensee's interest in the limited liability company or professional service corporation shall occur within 90 days following the entry of the order rendering the licensee disqualified to participate in the applicable form of ownership. Upon divestiture, a licensee shall forward to the Board a copy of documentation forwarded to the Division of Revenue and Enterprise Services demonstrating that the interest has been terminated. If the licensee is the sole shareholder in a professional service corporation or sole member of the limited liability company, the corporation must be dissolved within 90 days of the licensee's disqualification unless it is lawfully transferred to another licensee and documentation of the valuation process and consideration paid is also provided to the Board.

4. Medical Records

If, as a result of the Board's action, a practice is closed or transferred to another location, the licensee shall ensure that (during the three (3) month period) immediately following the effective date of the disciplinary order, a message will be delivered to patients calling the former office premises, advising where records may be obtained. The message should inform patients

¹ This bar on the receipt of any fee for professional services is not applicable to cease and desist orders where there are no findings that would be a basis for Board action, such as those entered adjourning a hearing,

of the names and telephone numbers of the licensee (or his/her attorney) assuming custody of the records. The same information shall also be disseminated by means of a notice to be published at least once per month for three (3) months in a newspaper of general circulation in the geographic vicinity in which the practice was conducted. If the licensee has a website, a notice shall be posted on the website as well. At the end of the three month period, the licensee shall file with the Board the name and telephone number of the contact person who will have access to medical records of former patients. Any change in that individual or his/her telephone number shall be promptly reported to the Board. When a patient or his/her representative requests a copy of his/her medical record or asks that record be forwarded to another health care provider, the licensee shall promptly provide the record without charge to the patient.

5. Probation/Monitoring Conditions

With respect to any licensee who is the subject of any order imposing a probation or monitoring requirement or a stay of an active suspension, in whole or in part, which is conditioned upon compliance with a probation or monitoring requirement, the licensee shall fully cooperate with the Board and its designated representatives, including the Enforcement Bureau of the Division of Consumer Affairs, in ongoing monitoring of the licensee's status and practice. Such monitoring shall be at the expense of the disciplined practitioner.

(a) Monitoring of practice conditions may include, but is not limited to, inspection of the professional premises and equipment, and inspection and copying of patient records (confidentiality of patient identity shall be protected by the Board) to verify compliance with the Board Order and accepted standards of practice.

(b) Monitoring of status conditions for an impaired practitioner may include, but is not limited to, practitioner cooperation in providing releases permitting unrestricted access to records and other information to the extent permitted by law from any treatment facility, other treating practitioner, support group or other individual/facility involved in the education, treatment, monitoring or oversight of the practitioner, or maintained by a rehabilitation program for impaired practitioners. If bodily substance monitoring has been ordered, the practitioner

shall fully cooperate by responding to a demand for breath, blood, urine or other sample in a timely manner and providing the designated sample.

6. Payment of Civil and Criminal Penalties and Costs.

With respect to any licensee who is the subject of any order imposing a civil penalty and/or costs, the licensee shall satisfy the payment obligations within the time period ordered by the Board or be subject to collection efforts or the filing of a certificate of debt. The Board shall not consider any application for reinstatement nor shall any appearance before a committee of the Board seeking reinstatement be scheduled until such time as the Board ordered payments are satisfied in full. (The Board at its discretion may grant installment payments for not more than a 24 months period.)

As to the satisfaction of criminal penalties and civil forfeitures, the Board will consider a reinstatement application so long as the licensee is current in his or her payment plans.

**NOTICE OF REPORTING PRACTICES OF BOARD
REGARDING DISCIPLINARY ORDERS/ACTIONS**

All Orders filed by the New Jersey State Board of Medical Examiners are "government records" as defined under the Open Public Records Act and are available for public inspection, copying or examination. See N.J.S.A. 47:1A-1 et seq., N.J.S.A. 52:14B-3(3). Should any inquiry be made to the Board concerning the status of a licensee who has been the subject of a Board Order, the inquirer will be informed of the existence of the Order and a copy will be provided on request. Unless sealed or otherwise confidential, all documents filed in public actions taken against licensees, to include documents filed or introduced into evidence in evidentiary hearings, proceedings on motions or other applications conducted as public hearings, and the transcripts of any such proceedings, are "government records" available for public inspection, copying or examination.

Pursuant to N.J.S.A. 45:9-22, a description of any final board disciplinary action taken within the most recent ten years is included on the New Jersey Health Care Profile maintained by the Division of Consumer Affairs for all licensed physicians. Links to copies of Orders described thereon are also available on the Profile website. See <http://www.njdoctorlist.com>. Copies of disciplinary Orders entered by the Board are additionally posted and available for inspection or download on the Board of Medical Examiners' website. See <http://www.njconsumeraffairs.gov/bme>.

Pursuant to federal law, the Board is required to report to the National Practitioner Data Bank (the "NPDB") certain adverse licensure actions taken against licensees related to professional competence or conduct, generally including the revocation or suspension of a license; reprimand; censure; and/or probation. Additionally, any negative action or finding by the Board that, under New Jersey law, is publicly available information is reportable to the NPDB, to include, without limitation, limitations on scope of practice and final adverse actions that occur in conjunction with settlements in which no finding of liability has been made. Additional information regarding the specific actions which the Board is required to report to the National Practitioner Data Bank can be found in the NPDB Guidebook issued by the U.S. Department of Health and Human Services in April 2015, See <http://www.npdb.hrsa.gov/resources/npdbguidebook.pdf>.

Pursuant to N.J.S.A.45:9-19.13, in any case in which the Board refuses to issue, suspends, revokes or otherwise places conditions on a license or permit, the Board is required to notify each licensed health care facility and health maintenance organization with which a licensee is affiliated and every other board licensee in this state with whom he or she is directly associated in private medical practice.

In accordance with an agreement with the Federation of State Medical Boards of the United States, a list of all disciplinary orders entered by the Board is provided to the Federation on a monthly basis.

From time to time, the Press office of the Division of Consumer Affairs may issue press releases including information regarding public actions taken by the Board.

Nothing herein is intended in any way to limit the Board, the Division of Consumer Affairs or the Attorney General from disclosing any public document.