PENNSYLVANIA
Department of State

For questions about this website, please Click Here to send an E-Mail , or to contact your Board directly, Click Here.

Click the X at the upper right corner to close this window and return to the list of licensees.

Person Information

Name: ERIC ALAN SCHAFF

Address Information

Address(city state zipcode): Uniontown PA 15401

License Information

Type:	Medical Physician and Surgeon	Secondary Type:		Number:	MD431024
Profession:	Medicine	Status:	Active		
Issue Date:	3/2/2007	Expires:	12/31/2012	Last Renewed:	10/27/2010

Discipline Action History

No disciplinary actions were found for this license.

The Information above is considered primary source for verification of license credentials.

19-102 (REV 04/06)

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649

Courier Delivery Address
STATE BOARD OF MEDICINE
2601 NORTH THIRD STREET
HARRISBURG, PA 17110

Phone: 717-783-1400 or 717-787-2481
st-medicine@state.pa.us

APPLICATION FOR A LICENSE TO PRACTICE MEDICINE WITHOUT RESTRICTION

For Graduates of ACCREDITED Medical Schools (SCHOOLS IN THE U.S. AND CANADA)

91645

Application Fee: $35.00 not refundable. Make check payable to the "Commonwealth of Pennsylvania." Note: A processing fee of $20.00 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

Please Print or Type

NAME: SCHAFF (Last) ERIC (First) ALAN (Middle)

Permanent Address: [redacted] (Street)

All correspondence and the license will be mailed to this address unless the Board is notified of a change

[redacted] City State Zip Code

Email address [redacted]

Date of Birth [redacted] Social Security Number [redacted]

If your medical/licensure records are listed under another name or names list below:

Are you applying using credentials verification from FCVS? ____ YES X NO

Have you previously held a Pennsylvania graduate training license?
____ YES; My license number is ____ X NO

LIST MEDICAL SCHOOL (S) ATTENDED: DATES OF ATTENDANCE

HAHNEMANN UNIVERSITY (MCP DREXEL) From: 09/1972 (Mo & Yr) to 06/1976 (Mo & Yr)

From: ____ (Mo.& Yr) to ____ (Mo & Yr.)

Date of Graduation: ____

Check licensing examination(s) passed:

( ) FLEX - indicate state where taken: ____ Date taken: Component 1 ____ Component 2 ____
(X) NATIONAL BOARD - PART I ____ PART II ____ PART III ____
( ) USMLE - STEP 1 ____ STEP 2 ____ STEP 3 ____
( ) LMCC - Canadian
( ) STATE BOARD - indicate state where taken. ____

APPLYING FOR ACCREDITED: X MD ☐ MT EVALUATOR'S INITIALS: ZL

APPLICANT'S NAME: Schaff, Eric

APPLICANT'S SPECIALTY: Pediatrics

LICENSED IN OTHER STATES: NY, De

MEDICAL SCHOOL NAME: Hahnemann

DATE OF GRADUATION: 6-3-76

TRAINING:

PGY 1 HOSPITAL: Strong Mem. Hosp DATES: 7-1-76 to 6-30-77

PGY 2 HOSPITAL: " " " DATES: 7-1-77 to 6-30-78

EXAM & DATES:

USMLE 1	NBME 1 6-10-75	FLEX 1	FMCC1
USMLE 2	NBME 2 9-13-76	FLEX 2	FMCC2
USMLE 3	NBME 3 3-2-77		

HOLDS BOARD SPECIALTY CERTIFICATION: X YES ☐ NO

NAME OF BOARD: Amer Bd. of Pediatrics

COUNTRY: US

DISCIPLINARY INFO

ANSWERED YES TO QUESTION(S):

SUBMITTED COPIES OF: ☐ COURT DOCUMENTS
☐ MALPRACTICE COMPLAINT
X ACTION TAKEN BY ANOTHER JURISDICTION

THE FOLLOWING PORTION(S) OF THE DATA BANK SHOWS ACTION: X NPDB X HIPDB

REASON FOR REVIEW: MPDB + HIPDB action + action by NY Board

BOARD MEMBER REVIEW

X DISAPPROVED

COMMENTS: provisionally denied at 9/26/06 BD mtg getting letter from legal

SIGNATURE: [illegible] DATE: 9/26/06

Kathy

COMMONWEALTH OF PENNSYLVANIA
GOVERNOR'S OFFICE OF GENERAL COUNSEL
DEPARTMENT OF STATE
OFFICE OF CHIEF COUNSEL
2601 N. THIRD STREET, P.O. BOX 2649
HARRISBURG, PA 17105-2649

Sabina L. Howell, Assistant Counsel
Counsel Division

Telephone: (717) 783-7200
FAX: (717) 787-0251
E-Mail: showell@state.pa.us
Department's Website: www.dos.state.PA.US

September 29, 2006

Eric Alan Schaff, MD
[redacted]

Re: Your Application for licensure to practice medicine
File No. 06-49-08677

Dear Dr. Schaff:

The Pennsylvania State Board of Medicine (Board) reviewed your application for a license to practice Medicine at its September 26, 2006, meeting. Following a review of your application and related documents, the Board voted to deny provisionally your application

Sections 22 and 41 of the Medical Practice Act, 63 P.S. §§ 422.22 and 422.41, authorize the Board to refuse to issue a license when an applicant has failed to demonstrate the qualifications or standards for a license, certification or registration, and when an applicant has practiced medicine in a manner that departs from a quality standard of the practice. Your application documents indicate that you allegedly altered records on six (6) abortions which you performed within a one-year period in 2004. Further, you allegedly had to surrender your clinical privileges in 2005. In 2005, the New York State Board for Professional Medical Conduct imposed a censure and reprimand, as well as a $5,000 fine for professional misconduct and failure to maintain adequate medical records.

These events raise questions as to your qualifications for licensure under Section 41(1) of the Pennsylvania Medical Practice Act (Act), Act 112 of 1985, 63 P.S. § 422.41(8) as to whether you possess the requisite moral integrity under Section 41(8) of the Act. Based on the above, the Board is concerned about your ability to conform to a quality standard of the profession. In addition, under Section 41(4) of the Act, in view of the action taken by New York, and as authorized by the Board's regulations, the Board has provisionally denied your application to practice Medicine

If you do not appeal this provisional determination to the Board within 30 days of the date of this letter, the decision will become final.

If you wish to appeal, you may do so by filing a written request within 30 days of the date of this letter addressed to the State Board of Medicine, Attn: Board Counsel, P.O. Box 2649, Harrisburg, Pennsylvania 17105-2649. Your appeal letter must state all factual and legal bases for your appeal. If you desire to present written or testimonial evidence to the Board, you must also request a hearing.

At the formal hearing, you will have the burden of proving that you possess the qualifications for licensure and fitness to practice. You will be permitted to present evidence in support of your appeal. You will also be permitted to bring an attorney to represent you at the hearing or you may appear alone. You will be given the opportunity to testify on your own behalf, to bring witnesses, and to offer documentary evidence. The documents that you previously submitted in support of your application will be made part of the formal record. A prosecutor for the Commonwealth may elect to participate and will be permitted to ask questions of you and your witnesses. A stenographic record of the hearing will be made and all testimony will be given under oath. You will be provided an opportunity to file a post-hearing brief. A written decision on the matter, based upon consideration of the evidentiary record and any legal briefs, will be issued in due course.

Sincerely,

Sabina I. Howell, Counsel
State Board of Medicine

cc: Gerald S. Smith, Senior Counsel in Charge
Prosecution Liaison
Tammy S. Radel, Administrative Officer
State Board of Medicine
Professional Compliance Office

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
STATE BOARD OF MEDICINE

In the Matter of the Application for a License to Practice Medicine and Surgery of Eric A. Schaff, M.D.	:	Docket no. 1691-49-06 File no. 06-49-08677

PROPOSED ORDER

NOW, this 12th day of February, 2007, in accordance with the foregoing findings of fact conclusions of law and discussion, the application of **Eric A. Schaff, M.D.** for a license to practice medicine and surgery in the Commonwealth of Pennsylvania is **GRANTED**

Joyce McKeever
Hearing Examiner

Petitioner — Eric A. Schaff, M.D.
[redacted]

For the Commonwealth — Robert B. Armour, Esquire
OFFICE OF GENERAL COUNSEL
P.O. Box 2649
Harrisburg, PA 17105-2649

Date of mailing 2-12-07

49-102 (REV 01/06)

ACGME Post Graduate Training:

PGY1 Hospital: Strong Memorial Hospital From 7-1-76 to 6-30-77

PGY2 Hospital: Strong Memorial Hospital From 7-1-77 to 6-30-79

Answer the following questions. If "YES" is answered to #3 through #6, provide complete details on a separate sheet as well as certified copies of relevant documents. Sign and date below.

	YES	NO
1) Do you hold an unrestricted license or certification to practice medicine and or surgery (active or inactive, current or expired) in another jurisdiction? If yes, list the jurisdiction (s) below. N.Y and DE	X	
2) Have you ever withdrawn an application for a license, had an application denied or refused, or agreed not to reapply for a license in another state, territory or country? A license includes a registration or certification.		X
3) Has any disciplinary action been taken against your license or other [illegible] in another state, territory or country?		X
4) Have you been convicted, found guilty, or pleaded guilty or nolo contendere, or received probation without verdict or to any felony, or misdemeanor, including any drug law violation, in any state or federal court?		X
5) Since May 19, 2002, have you been arrested for criminal behavior, specifically assault, sexual offenses or drug offenses in any state, territory or country?		X
6) Have you had practice privileges denied, revoked or restricted in a hospital or other health care facility, or have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		X
7) Have you had your DEA registration denied, revoked or restricted, or have you had your provider privileges terminated by any medical assistance agency, for cause?		X
8) Are you, or have you ever been, addicted to the intemperate use of narcotics or other mind-altering drugs or to the habitual use of narcotics or other mind-altering drugs? Note: You may answer "NO" if you are currently a participant in or have successfully completed the requirements of the Board's Professional Health Monitoring Program.)		X
9) Since May 19, 2002, have any malpractice complaints been filed against you? If yes, the Board requires that you submit a copy of the entire civil Complaint which must include the docket number, filing date, and the date you were served.		X

SIGNED STATEMENT

Note that disclosing your social security number on this application is mandatory in order for the State Board of Medicine to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. 4301 (a) in order to enforce domestic child support orders, the Commonwealth's licensing boards must provide to the Department of Public Welfare information provided by DPW about the licensee including the social security number. Additionally, disclosing the number is mandatory in order for this board to comply with the reporting requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. Reports to the NPDB-HIPDB must include the licensee's social security number.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license. I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Pennsylvania State Board of Medicine any information, files or records requested by the Board.

Signature of Applicant

06-8-06
Date

All the answers to #2 - #8 are "no."

In 2005, I reported myself to the NY Office of Professional Medical Conduct for not maintaining adequate records on all 5 patients receiving moderate sedation in my hospital-based clinic because I believed that it was going to create citations for my hospital by JCAHO. After a full investigation in which I cooperated fully, all the records (5) were identified and corrected. My actions were not to hide any poor medical care not financial improprieties. The NY OPMC fined me $5000 ($1000/medical chart), gave me a reprimand and closed my case. They choose not to restrict my license to practice medicine knowing that this was only one episode in a 30 year career (please see CV), that I was very remorseful, and I fully cooperated in their investigation and in the correction of the 5 medical records.

I have since gone before the Board of Delaware, hospital credentialing boards, and insurance panels. I have explained my actions, my regrets for my actions, and my desire to make amends and be a model physician. I have not been denied a Delaware license, hospital privileges or insurance panels

I currently am a full time medical director of a Planned Parenthood where I practice openly and under the standards and guidelines by my organization with audits and peer review. I am a clinical assistant professor at the University at Buffalo. I work with family medicine residents at both UB and Christiana Hospital in Delaware. I have been asked to cover my colleagues in Pennsylvania and therefore am seeking a Pennsylvania license.

I would be glad to answer any questions.

Eric Schaff, MD
Medical Director
Planned Parenthood of Delaware
625 N. Shipley Street
Wilmington, DE 19801

91645

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
DIVISION OF PROFESSIONAL LICENSING SERVICES
CERTIFICATION & VERIFICATION UNIT
89 WASHINGTON AVENUE
ALBANY, NEW YORK 12234

RECEIVED DIRECT

THIS IS TO CERTIFY THAT ACCORDING TO THE RECORDS OF THE DIVISION OF PROFESSIONAL LICENSING SERVICES, NEW YORK STATE EDUCATION DEPARTMENT, ALBANY, NEW YORK, SCHAFF ERIC A
WAS ISSUED LICENSE/CERTIFICATE NUMBER 131331 FOR THE PRACTICE OF MEDICINE ON 07/01/77.

OUR RECORDS ALSO INDICATE THE FOLLOWING INFORMATION.
DATE OF BIRTH: [redacted]
SCHOOL ATTENDED: HAHNEMANN MED COLL & HOSP
DATE OF GRADUATION: 06/03/76
DEGREE EARNED: MD

PROGRAM WAS ACCEPTABLE IN ACCORDANCE WITH THE NYS REGULATIONS OF THE COMMISSIONER OF EDUCATION. REQUIREMENTS MET AT THE TIME OF LICENSURE.

BASIS OF LICENSURE:
B NATIONAL BOARD CERT #189510 DATED 07/01/77

NP #330923/NP #331673/NP #332733/NP #[illegible]
NP #330466/#480570/#380493/#380850/#331577/#[illegible]
NP(38)#000218/NP(38)#000332/NP(38)#000444/NP(38)#000410
NP(38)#000149/NP(30)#000283/NP(30)#000404/NP(33)#000354
NP(33)#000211(X)MORE

A LICENSE IS VALID DURING THE LIFE OF THE HOLDER UNLESS REVOKED, ANNULLED OR SUSPENDED BY THE BOARD OF REGENTS. A LICENSEE MUST REGISTER PERIODICALLY WITH THIS DEPARTMENT TO PRACTICE IN THIS STATE

CURRENTLY REGISTERED: YES REG PERIOD ENDS: 02/[illegible]/08
ADDRESS: BUFFALO WOMEN SERVICES INC
2500 MAIN STREET BUFFALO NY 14214 [illegible]
DEROGATORY INFORMATION:

COMMENTS:

I MARTIN CARMODY, PRINCIPAL CLERK, DIVISION OF PROFESSIONAL LICENSING SERVICES OF THE NEW YORK STATE EDUCATION DEPARTMENT, DO HEREBY STATE THAT AS PRINCIPAL CLERK OF SAID DIVISION, I HAVE LEGAL CUSTODY OF THE OFFICIAL RECORDS OF THE DIVISION OF PROFESSIONAL LICENSING SERVICES AND TO THE BEST OF MY KNOWLEDGE, THE AFORESAID INFORMATION IS TRUE AND CORRECT.

SEAL

06/05/06
Martin Carmody
PRINCIPAL CLERK

OP026 050

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]
[illegible]

RECEIVED DIRECT

STATE OF NEW YORK)
ss
COUNTY OF ALBANY)

In accordance with the Civil Practice Law and Rules Article 45, Rule 4540, I, Connie F. Mitchell, Clerk II in the Division of Professional Licensing Services of the New York State Education Department, have caused this certificate to be prepared. I further state that I have legal custody of the official records of the Division of Professional Licensing Services and I attest that ERIC ALAN SCHAFF a/k/a ERIC A. SCHAFF is the holder of a license to practice MEDICINE, license number (31331), issued 07/01/77. These records indicate that in AUGUST 2005 the New York State Department of Health took disciplinary action against the license. For further information, please call the NYS Dept. of Health at (518) 402-0836 or write to:

New York State Health Department
D.P.M.C.
433 River Street, Suite 303, 4th Floor
Troy, NY 12180-2299

Witness my hand and the seal of the New York State Education Department this 5 June, 2006.

Connie F. Mitchell

Connie F. Mitchell, Clerk II
Professional Licensing Services

DATED
06/05/2006

THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12230

OFFICE OF THE PROFESSIONS
DIVISION OF PROFESSIONAL LICENSING SERVICES
Public Information Unit
Tel. (518) 474-3817 EXT. 330
Fax (518) 473-0578
E-mail OPEOSUDMAIL@NYSED.GOV

RECEIVED DIRECT

STATE OF NEW YORK)
SS:
COUNTY OF ALBANY)

In accordance with the Civil Practice Law and Rules Article 45, Rule 4540, I, Connie L. Mitchell, Clerk II in the Division of Professional Licensing Services of the New York State Education Department, have caused this certificate to be prepared. I further state that I have legal custody of the official records of the Division of Professional Licensing Services and I attest that ERIC ALAN SCHAFF a/k/a ERIC A. SCHAFF is the holder of a license to practice MEDICINE, license number 133331, issued 07/01/77. These records indicate that in AUGUST 2005 the New York State Department of Health took disciplinary action against the license. For further information, please call the NYS Dept. of Health at (518) 402-0836 or write to:

New York State Health Department
O.P.M.C.
433 River Street, Suite 303, 4th Floor
Troy, NY 12180-2299

Witness my hand and the seal of the New York State Education Department this 5 June, 2006

Connie L. Mitchell

Connie L. Mitchell, Clerk II
Professional Licensing Services

DATED
06/05/2006

STATE OF NEW YORK
DEPARTMENT OF HEALTH

433 River Street, Suite 303 Troy, New York 12180-2200

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

July 18, 2006

Tammy Rudel, Physician/Podiatrist Unit
Pennsylvania State Board of Medicine
PO Box 2649
Harrisburg, PA 17105

Re: Eric Alan Schaff, MD
NYS Medical License # 131331

The Office of Professional Medical Conduct (OPMC) has received your information request. Attached is a certified copy of the documents regarding the action taken against the aforementioned licensee's New York State medical license.

OPMC encourages use of our web page for credential verification. The information published on the website regarding disciplined physicians and physician assistants dates back to 1990 and may be downloaded. Actions dated earlier than 1990 are not on the website, but are available in hard copy. The web address for the Office of Professional Medical Conduct (OPMC) is:

http://www.nyhealth.gov/nysdoh/opmc/main.htm

To search for licensee information regarding actions taken during and after 1990, click on the Physician Search button on both the current and next page. The search feature offers searches by licensee name, license number, effective date of the action or any action updates for a period of time. If the search reveals no record of an action, then Search Results : 0 Documents Found will appear on the screen.

Opening a Board Order requires a special reader such as Adobe Acrobat. This reader is free and can be downloaded by accessing www.Adobe.com. To print an order, use the print button that is part of the reader not the print button on your browser.

Sincerely,

Jane Weitzel
Credentials Clerk
Office of Professional Medical Conduct

STATE OF NEW YORK
DEPARTMENT OF HEALTH

433 River Street, Suite 303 Troy, New York 12180-2299

Antonia C. Novello, M.D., M.P.H., Dr.P.H.
Commissioner

Dennis P. Whalen
Executive Deputy Commissioner

CERTIFICATION

STATE OF NEW YORK)
ss:
COUNTY OF RENSSELAER)

Michelle Louy, being duly sworn, deposes and says:

I am with the Office of Professional Medical Conduct, New York State Department of Health. I am an officer having legal custody of the records of the Office of Professional Medical Conduct. I hereby certify that the enclosed documents are true copies of documents from the files of the Office of Professional Medical Conduct in the case of:

Eric Alan Schaff, MD
NYS medical license # 191331

Michelle Louy
Michelle Louy
Health Program Administrator II
Office of Professional Medical Conduct

Sworn to before me this 18th day of July, 2006

Jane Wentzel

Jane Wentzel
Notary Public, State of New York
Qualified in Rensselaer County 01W6015189
Commission expires Dec. 19, 2009

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.
Commissioner
NYS Department of Health

Dennis P. Whalen
Executive Deputy Commissioner
NYS Department of Health

Dennis J. Graziano, Director
Office of Professional Medical Conduct

Kendrick A. Coats, M.D.
Chairman

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

Anita G. Marks, M.D., J.D.
Executive Secretary

Public

August 22, 2005

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Eric A. Schaff, M.D.
[redacted]

RE: License No. 131331

Dear Dr. Schaff:

Enclosed is a copy of Order #BPMC 05-183 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect August 29, 2005.

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 of the Order to:

Board for Professional Medical Conduct
New York State Department of Health
Hedley Park Place, Suite 303
433 River Street
Troy, New York 12180

If the penalty imposed by the Order is a fine, please write the check payable to the New York State Department of Health. Noting the BPMC Order number on your remittance will assist in proper crediting. Payments should be directed to the following address:

Bureau of Accounts Management
New York State Department of Health
Corning Tower, Room 1258
Empire State Plaza
Albany, New York 12237

Sincerely,

Ansel R. Marks, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct

cc: Thomas O. Smith, Esq.
Harter, Secrest & Emery, LLP
1600 Bausch & Lomb Place
Rochester, NY 14604-2711

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

IN THE MATTER OF Eric A. Schaff, M.D.	CONSENT ORDER BPMC No. 06-183

Upon the application of (Respondent) Eric A. Schaff, M.D., 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 it is further

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

- by mailing of a copy of this 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: 3-23-2006

KENDRICK A. SEARS, 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 ERIC A. SCHAFF, M.D.	CONSENT AGREEMENT AND ORDER

Eric A. Schaff, M.D., representing that all of the following statements are true, deposes and says:

That on or about July 7, 1977, I was licensed to practice as a physician in the State of New York, and issued License No. 131331 by the New York State Education Department.

My current address is 94 Council Rock Avenue, Rochester, New York 14610, 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 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 Admit, in full satisfaction to the charge against me, and agree to the following penalty:

1. Censure and Reprimand, and
2. $5,000 fine.

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

That Respondent shall maintain active registration of Respondent's license 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. The Order, this agreement, and all attached Exhibits shall be public documents, with only patient identities, if any, redacted.

I stipulate that the proposed sanction and Order are authorized by Public Health Law Sections 230 and 230-a and that the Board for Professional Medical Conduct and the Office of Professional Medical Conduct have the requisite powers to carry out all included terms. 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 July 28, 2005

Eric A. Schaff, MD
RESPONDENT

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

DATE: April 1, 2005

Thomas G. Smith, ESQ.
Attorney for Respondent

DATE: 8/4/05

Amy B. Merkin
Assistant
Bureau of Professional Medical Conduct

DATE: 8/11/05

DENNIS J. GRAZIANO
Director
Office of Professional Medical Conduct

APPENDIX A

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

IN THE MATTER OF ERIC A. SCHAFF, M.D.	STATEMENT OF CHARGES

ERIC A. SCHAFF, M.D., the Respondent herein, was authorized to practice medicine in New York State on or about July 7, 1977, by the issuance of license number 131331 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. Respondent, between November 2003 and November 2004, changed 5 patient records to reflect that the patients had not received conscious sedation, when in fact, the patients had received conscious sedation.

SPECIFICATION OF CHARGES

FIRST SPECIFICATION

FAILURE TO MAINTAIN RECORDS

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(32) by failing to maintain a record for each patient which accurately reflects the care and treatment of the patient, as alleged in the facts of:

1. The facts as alleged in paragraph A.

DATED: August 8 ~~July~~, 2005
Albany, New York

Peter D. Van Buren
Peter D. Van Buren
Deputy Counsel
Bureau of Professional
Medical Conduct

Kolly-mc

RECEIVED - DIRECT

EDWARD ORTH
861 SILVER LAKE BLVD, STE 203
DOVER DELAWARE 19904-1167

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

JAMES H. CAPUTO
DIRECTOR
WILLIAM A. WAN DE SANDE
ADMINISTRATOR

8/10/2006

PA State Board of Medicine
P.O. Box 2649
Harrisburg PA 17105-2649

This is to certify that the records of the Delaware Board of Medical Practice show that the following person was issued a(n) Physician M.D. license.

Eric A. Schaff

LICENSE NUMBER:	C1-0007921
ISSUANCE DATE:	02/07/2006
EXPIRATION DATE:	03/31/2007
STATUS:	Active
DISCIPLINARY HISTORY:	Good standing with no disciplinary action taken.

To expedite the verification process, the information above is the only verification provided by this office. If other information is needed, please contact the office for this profession at the telephone number above.

Barbara Mason

Barbara Mason
Verification Specialist

(SEAL)

License verifications are now available online at www.dpr.delaware.gov. Online verifications are directly from our licensure database.

Kathy - MD

Buffalo Womenservices, LLC

2500 Main Street
Buffalo, New York 14214

State Board of Medicine
P. O. BOX 2649
HARRISBURG, PA 17105-2649

Certification of Moral Character

To be completed by two physicians who hold an unrestricted license in good standing in the United States or Canada and have known you for at least six months.

Name of Applicant: Eric Schaff, MD

I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge, he/she is not addicted to the intemperate use of alcohol or to the habitual use of a narcotic or other habit forming drug. I recommend the applicant for a license to practice medicine in the Commonwealth of Pennsylvania.

I have been personally acquainted with the applicant for 7 year(s) ____ month(s).

SIGNATURE: [illegible] Date: 7/27/06

Print or type name as signed above: [illegible]

State in which licensed: NYS License Number: 173057

716.835.9510 800.598.8783 716.835.2054 fax www.buffalogyn.com

State Board of Medicine
P. O. BOX 2649
HARRISBURG, PA 17105-2649

Certification of Moral Character

To be completed by two physicians who hold an unrestricted license in good standing in the United States or Canada and have known you for at least six months.

Name of Applicant: Eric Schaff, MD

I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge he/she is not addicted to the intemperate use of alcohol or to the habitual use of a narcotic or other habit forming drug. I recommend the applicant for a license to practice medicine in the Commonwealth of Pennsylvania.

I have been personally acquainted with the applicant for >10 year(s) ____ month(s).

SIGNATURE: [signature] Date 7/26/05

Print or type name as signed above: Thomas C. Rosenthal MD

State in which licensed: New York License Number: 135683

91645

State Board of Medicine
P. O. BOX 2649
HARRISBURG, PA 17105-2649

Certification of Moral Character

To be completed by two physicians who hold an unrestricted license in good standing in the United States or Canada and have known you for at least six months.

Name of Applicant: Steve Schmaltz, MD

I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge, he/she is not addicted to the intemperate use of alcohol or to the habitual use of a narcotic or other habit forming drug. I recommend the applicant for a license to practice medicine in the Commonwealth of Pennsylvania.

I have been personally acquainted with the applicant for 5+ year(s) ____ month(s).

SIGNATURE: [signature] Date: 5/2/06

Print or type name as signed above: Thomas C. Rumble, MD

State in which licensed: New York License Number: 127643

Kathy-MD

State Board of Medicine
P. O. BOX 2649
HARRISBURG, PA 17105-2649

Certification of Moral Character

To be completed by two physicians who hold an unrestricted license in good standing in the United States or Canada and have known you for at least six months.

Name of Applicant: Erlo Schaff, MD

I hereby certify that I know the applicant to be of good moral character and to the best of my knowledge he/she is not addicted to the intemperate use of alcohol or to the habitual use of a narcotic or other habit forming drug. I recommend the applicant for a license to practice medicine in the Commonwealth of Pennsylvania.

I have been personally acquainted with the applicant for 6 year(s) 0 month(s).

SIGNATURE [illegible] Date 1/26/2006

Print or type name as signed above MICHAEL ZIONTS, M.D.

State in which licensed [illegible] License Number 60-21[illegible]15