

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

DEPARTMENT OF HEALTH
Division of Professional Regulation

BOARD OF EXAMINERS IN MEDICINE

I HEREBY APPLY for a license to practice Medicine in the State of Rhode Island and submit an affidavit concerning age, evidence of preliminary and Medical education, evidence of hospital clinical training, a certificate of moral character, two recent unmounted photographs of myself, and evidence of citizenship.

Signature of Applicant

Signature of applicant in full.

Date of Birth [Redacted]
Place of Birth [Redacted]
Name of Father [Redacted]
Name of Mother [Redacted]

Married or Single MARRIED
Residence and Post Office Address [Redacted]

Where should communications regarding this application be sent? Residence

Where intending to practice? Providence R.I.

Graduate of What Medical School or College? STATE UNIV. OF NEW YORK DOWNSTATE MEDICAL CENTER Date of Graduation 1968

Name of Pre-medical College DARTMOUTH COLLEGE Dates of Attendance 1958-1962

List Internships and Residences SURGICAL INTERN - BOSTON CITY HOSPITAL - 1968-1969
OB-GYN RESIDENCY - PROV. LYING-IN HOSP - 1970 - present

Localities Practiced in and Dates (Include Military Service)

PUBLIC HEALTH SERVICE - ALASKA NATIVE MEDICAL CENTER, ANCHORAGE ALASKA
1969-1971

If a Naturalized American Citizen, State When and Where Naturalized

Have you ever been charged with violation of ANY Federal or State Law? NO

If so, explain fully

Are You a Diplomate of National Board of Examiners? YES Date 1969

In what other states are you licensed? NONE

Have you ever failed to pass a State Examination for Medical Licensure? NO

If so, when and where?

CERTIFICATE OF MORAL CHARACTER

(To be signed by three reputable persons)

THIS CERTIFIES that we have been acquainted with BENJAMIN S. VOSEE of PROVIDENCE R.I. for 1 and 1 years respectfully; that he is not addicted to the intemperate use of alcohol nor narcotic drugs; that we know him to be of good moral character and hereby recommend him as being worthy to be licensed to practice

Medicine in the State of Rhode Island, pursuant to law.

- 1. Cyrus P. Joffe M.D. 42 Taber Ave Providence, R.I.
2. Robert C. Williams M.D. 150 Standwood Rd. Pawtucket
3. Bernard J. Berstein M.D. 140 University Ave, Prov., R.I.

Signature P. O. Address

The following to be filled only if applicant is a graduate of a Foreign Medical School other than Canadian.

- 1. What Country is your Medical School located in?
2. Are you licensed to practice Medicine in all its branches in that country?
3. Give date of such licensure
4. Are you an American Citizen? If not, have you your first papers?
5. Were you ever refused admission to, or dismissed from, any American or Canadian Medical School previous to your Foreign Medical School matriculation. If so, explain fully
6. Were you ever registered as a student in any American or Canadian Medical School?
7. If so, what school?
8. What Hospital Residencies have you served in U. S. since graduation?
9. What internships have you served in U. S.?
10. Do you have a Qualifying Certificate from the Educational Council for Foreign Medical Graduates?

If so, give the date of its issuance.

The following acknowledgment may be sworn to before a Notary Public or a Justice of the Peace in any state, or applicant may make acknowledgment to the Administrator on the day of the examination.

STATE OF RHODE ISLAND } SC
COUNTY OF Providence }

IN Providence, in said County on this 17 day of Aug A. D. 19 72 personally appeared before me BENJAMIN S. VOSEE, of BARRINGTON R.I.

who, after signing the foregoing application in my presence, made oath that the facts stated in said application are true.

{ L. S. }
Notary Public
Bernard M. Fisher

RESULTS OF EXAMINATION

Materia Medica
 Surgery
 Theory and Practice of Medicine
 Obstetrics
 Gynecology
 Hygiene
 Jurisprudence
 Toxicology
 Pediatrics
 Oral Exam
 Clinical
 Laboratory
 Average %

We have examined the applicant and rate his or her answers as above.

W. D. Oman M.D.
John A. Myrick M.D.
 M.D.
 31 Jan 19 *B*

RECEIVED
 10 NOV 1972
 DIVISION OF
 PROFESSIONAL REGULATION

State Certificate No. *4526*
 Issued *31 January* 19 *73*

RHODE ISLAND
DEPARTMENT OF HEALTH
 Division of Professional Regulation

Board of Examiners in Medicine

End. National Board
 Application of
BENJAMIN S. VOGEL

	Date	Checked by
App. Received	<i>11-10-72</i>	<i>AG</i>
Fee Received	<i>11-10-72</i>	
Appeared for Exam		
E C F M G Certificate		
Pre Medical Data Verified		<input checked="" type="checkbox"/>
Diploma Examined		
Translations Filed		
Medical Graduation Verified		<input checked="" type="checkbox"/>
Intern Certificate Filed		<input checked="" type="checkbox"/>
Residency Certificate Filed		<input checked="" type="checkbox"/>
Photographs Rec'd		<input checked="" type="checkbox"/>
Photographs Verified		<input checked="" type="checkbox"/>
Birth Certificate Filed		<input checked="" type="checkbox"/>
Citizenship Verified		<input checked="" type="checkbox"/>
Certificate of Character Verified		<input checked="" type="checkbox"/>
Application Before Board		
Action Taken by Board		
(See Next Fold)		
Average Percent Obtained		
Certificate Delivered		
Basic Sciences		

Application of

BENJAMIN S. VOGEL

Considered by Board *31 Jan 73* 19 *73*

Credentials were satisfactory.

Recommendations

W. D. Oman M.D.
 Chairman

John A. Myrick M.D.
 Secretary

Myrtle M. McCall
 Administrator of Professional Regulation.

DEPARTMENT OF HEALTH
DIVISION OF PROFESSIONAL REGULATION

CERTIFICATE OF HOSPITAL INTERN OR RESIDENT SERVICE

This Certifies that Dr. BENJAMIN S. VOGEL

has rendered satisfactory and continuous service as an (intern) (resident) in the PROVIDENCE LYNGE - IN

Hospital at MAURICE ST. PROV. R.I.

from JULY 1971 to present

TYPE OF SERVICE (INTERNSHIP) (RESIDENCY) MONTHS SERVED
(Underline which)

- Rotating
- Medical
- Surgical
- Obstetrical
- Pathological
- Other (Specify)

RESIDENT

16 months

Date

R. Gordon Dunfee
Superintendent of Hospital
Director of Med. Education

PR 16

DEPARTMENT OF HEALTH
DIVISION OF PROFESSIONAL REGULATION

CERTIFICATE OF HOSPITAL INTERN OR RESIDENT SERVICE

This Certifies that Dr. BENJAMIN S. VOGEL

has rendered satisfactory and continuous service as an (intern) (resident) in the BOSTON CITY

Hospital at HARRISON AVE. BOSTON MASS

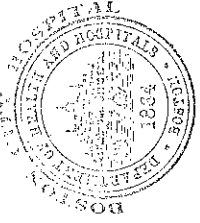
from JULY 1 1968 to JUNE 30 1969

TYPE OF SERVICE (INTERNSHIP) (RESIDENCY) MONTHS SERVED
(Underline which)

- Rotating
- Medical
- Surgical
- Obstetrical
- Pathological
- Other (Specify)

Third Surgical Service

DEPARTMENT OF HEALTH AND HOSPITALS



TRUSTEES

DAVID S. NELSON, Chairman
BARBARA G. CAMERON
FREDERICK J. DAVIS
REGINALD A. EAVES
WILLIAM H. ELLIS, JR.
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LAWRENCE G. LASKEY

Commissioner
ANDREW P. SACKETT, M.D.

BOSTON CITY HOSPITAL
818 HARRISON AVENUE
BOSTON, MASSACHUSETTS 02118

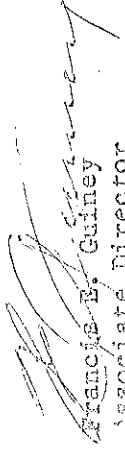
January 26, 1970

TO WHOM IT MAY CONCERN:

This is to certify that Benjamin S. Vogel, M.D. served at the Boston City Hospital as an Intern on the Third Surgical Service from July 1, 1968 to June 30, 1969.

His services were satisfactory and he has been awarded a diploma.

Sincerely yours,


Francis E. Guiney
Associate Director
Assistant Deputy Commissioner
Boston City Hospital



Dartmouth College HANOVER · NEW HAMPSHIRE · 03755

Office of the Registrar, 4 McNutt Hall · TEL. (603) 646-2246

RECEIVED

16 NOV 1972

DIVISION OF
PROFESSIONAL REGULATION

DOUGLAS M. BOWEN
Registrar

SIDNEY S. LETTER
Associate Registrar

CLARA M. LORING
Assistant Registrar

November 13, 1972

TO WHOM IT MAY CONCERN:

This is to certify that Benjamin Samuel Vogel was awarded
the degree of Bachelor of Arts from Dartmouth College on
June 10, 1962.

Registrar



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
D E P A R T M E N T O F H E A L T H

Safe and Healthy Lives in Safe and Healthy Communities

**BOARD OF MEDICAL LICENSURE AND
DISCIPLINE**

No. C97-233
No. C97-234

In the matter of:
Benjamin S. Vogel, M.D.
License Number MD04526

Consent Order

Pursuant to R.I. Gen. Laws §5-37-5.2, 1956, as amended, (1995 Reenactment) complaints were filed with the Board of Medical Licensure and Discipline (hereinafter referred to as "Board") charging Benjamin S. Vogel, M.D., Respondent, with violations of §5-37-5.1. An investigation was conducted by Investigating Committee II, so called, of the Board. The following constitutes the Investigating Committee's Findings of Fact with respect to the professional performance of the Respondent:

Findings of Facts

1. The Respondent began a weight loss clinic separate and apart from his medical practice of Obstetrics and Gynecology. The Respondent hired staff to operate the clinic under his supervision.
2. The Board finds that protocols and standards for prescribing controlled substances for weight loss were not met in all circumstances.
3. The Board finds that the Respondent's management of the weight loss clinic was in violation of R.I.G.L. 5-37-5.1(19) for failure to maintain minimal standards of acceptable practice in certain circumstances.

4. Respondent does not admit the Boards Findings of Fact numbered 2 and 3 above, but does acknowledge they are the result of an investigation performed by the Board, and voluntarily enters into this consent agreement to resolve the matter.

The parties agree as follows:


- (1) The Respondent is a physician licensed and doing business under and by virtue of the Laws of the State of Rhode Island, allopathic license No. MD04526 Respondent admits to the jurisdiction of the Board and hereby agrees to remain under the jurisdiction of the Board.
- (2) Respondent has read this Consent Order and understands that it represents the findings of Investigating Committee II of the Board.
- (3) Respondent hereby acknowledges and waives:
 - a. The right to appear personally or by counsel or both before the Board;
 - b. The right to produce witnesses and evidence in his behalf at a hearing;
 - c. The right to cross examine witnesses;
 - d. The right to have subpoenas issued by the Board;
 - e. The right to further procedural steps except for specifically contained herein;
 - f. Any and all rights of appeal of this Consent Order;
 - g. Any objection to the fact that this Consent Order will be presented to the Board for consideration and review;

- h. Any objection to the fact that it will be necessary for the Board to become acquainted with all evidence pertaining to this matter in order to review adequately this Consent Order;
- i. Any objection to the fact that potential bias against the Respondent may occur as a result of the presentation of this Consent Order.
- (4) Acceptance of this Consent Order constitutes an acknowledgement, not an admission, by the Respondent of the Investigative Findings set forth herein and agrees not to contest this matter any further.
- (5) This Consent Order shall become part of the public record of this proceeding once it is accepted by all parties and by the Board.
- (6) Failure to comply with this Consent Order, when signed and accepted, shall subject the Respondent to further disciplinary action.
- (7) The Respondent accepts the Board's finding of unprofessional conduct with the sanction of a Reprimand.
- (8) The Respondent agrees to pay an administrative fee of \$500 (five hundred dollars) within 6 months of ratification of this order.

Signed this 3rd day of August, 2000


Benjamin S. Vogel, M.D.

Ratified by the Board of Medical Licensure and Discipline on August 9, 2000.


Patricia A. Nolan, MD, MPH
Director of Health