



The University of the State of New York

IN THE MATTER

OF

ORBIN E. TERCERO
(Pharmacist)

ORIGINAL
VOTE AND ORDER
NO. 25635

Upon the application of ORBIN E. TERCERO, under Calendar No. 25635, which application is made a part hereof, and in accordance with the provisions of Title VIII of the Education Law, it was

VOTED (June 21, 2011): That the application of ORBIN E. TERCERO, respondent, for permission to surrender respondent's license to practice as a pharmacist in the State of New York be granted; and that the Chief Operating Officer for the State Education Department be empowered to execute, for and on behalf of the Board of Regents, all orders necessary to carry out the terms of this vote;


and it is

ORDERED: That, pursuant to the above vote of the Board of Regents, said vote and the provisions thereof are hereby adopted and SO ORDERED, and it is further

ORDERED that this order shall take effect as of the date of the personal service of this order upon the respondent or five days after mailing by certified mail.

ORBIN E. TERCERO (25635)

IN WITNESS WHEREOF, I, Valerie Grey,
Chief Operating Officer for the State
Education Department, for and on
behalf of the State Education
Department and the Board of Regents,
do hereunto set my hand, at the City
of Albany, this 21st day of June,
2011.




VALERIE GREY
CHIEF OPERATING OFFICER

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

-----X

IN THE MATTER
of the
Disciplinary Proceeding
against

APPLICATION
TO SURRENDER
LICENSE

ORBIN E. TERCERO

CAL. NO. 25635

who is currently licensed to practice as
a pharmacist in the State of New York.

-----X

ORBIN E. TERCERO states:

That on or about July 30, 1997, I was licensed to practice as
a pharmacist in the State of New York, having been issued license
number 045189 by the New York State Education Department.

I am currently registered with the New York State Education
Department to practice as a pharmacist in the State of New York
from an address at [REDACTED], Bath, New York, [REDACTED].

That I have been charged with one (1) specification of
professional misconduct, a copy of which is annexed hereto, made a
part hereof, and marked as Exhibit "A".

I am applying to the Board of Regents for permission to
surrender my license to practice as a pharmacist in the State of
New York on the grounds that I do not contest the aforesaid

ORBIN E. TERCERO

specification, charging me with being convicted of committing acts constituting crimes under the Pennsylvania Crimes Code (2011 conviction for violating the Abortion Act and tampering with evidence).

I hereby make this application to the Board of Regents and request that it be granted.

I understand that in the event the application is denied by the Board of Regents, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me. Such application shall not be used against me in any way and shall be kept in strict confidence during the pendency of the professional misconduct disciplinary proceeding, and such denial by the Board of Regents shall be without prejudice to the continuance of the disciplinary proceeding and the final determination by the Board of Regents pursuant to the provisions of the Education Law.

I agree that in the event the Board of Regents grants my application, an Order may be issued striking my name from the roster of pharmacists in the State of New York without further notice to me. I understand that if and when the Board of Regents grants this application, the entire application shall become a

ORBIN E. TERCERO

matter of public record. No promises of any kind were made to me. I am making this application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner.


Respondent

EXHIBIT "A"

ORBIN E. TERCERO

SPECIFICATION OF PROFESSIONAL MISCONDUCT

Respondent is charged with being convicted of committing an act constituting a crime under the law of another jurisdiction (Pennsylvania) and which, if committed within this state, would have constituted a crime under New York State law; within the purview and meaning of New York Education Law section 6509(5)(a)(iii), in that:

- 1) Respondent, on or about January 18, 2011, in the Criminal part of the Bradford County Court, State of Pennsylvania, was convicted, upon a plea of guilt to the crimes of violating the Abortion Control Act and Tampering with Evidence, both felonies under the Crimes Code, Chapter 32 of the Pennsylvania Criminal Code and which, if committed in New York State, would constitute professional misconduct.
- 2) Respondent admitted that he caused the miscarriage of a female whom he had impregnated by placing misoprostol pills, a drug used for illegal abortions, in her vagina while she was pregnant.

NEW YORK STATE EDUCATION DEPARTMENT
OFFICE OF PROFESSIONAL DISCIPLINE
STATE BOARD OF PHARMACY

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APPLICATION
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CAL. NO. 25635

who is currently licensed to practice as
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-----X

The undersigned agree to the Application to Surrender.

Dated: *Nov 18*, 2011 x  Respondent

Dated: *3-18*, 2011  Attorney for Respondent

Dated: *April 1*, 2011 
Executive Secretary
State Board of Pharmacy

Dated: *4/13/*, 2011 
Director
Office of Professional Discipline

/cmw



The University of the State of New York

X-----X

IN THE MATTER

OF

Orbin E. Tercero

PHARMACIST

X-----X

STATE OF NEW YORK)
) SS.:
COUNTY OF ALBANY)

I, Michael Kinley, being duly sworn, deposes and says:

I am over the age of twenty-one years and am an employee of the New York State Education Department, Office of Professional Discipline, 80 Wolf Road, Suite 204, Albany, New York 12205-2643.

On the 30 day of June, 2011, I personally delivered to the Stuyvesant Plaza Post Office the Duplicate Original Vote of the Board of Regents and Order under Calendar No. 25635 and the Report of the Regents Review Committee or Application for Consent or Surrender, or Report of the designated Regent in a summary suspension proceeding as applicable, by Certified Mail - Return Receipt Requested to the respondent herein named at 132 Williamson Terrace Bath, NY 14810. And Joseph Joch, Esq. P.O. Box 396 Ithaca, NY 14851.

Certified Mail Receipt No: [REDACTED] Respondent

Certified Mail Receipt No: 7002 0860 0000 6521 8250 Attorney

The effective date of the Order being the 5 day of July, 2011.

Sworn to before me this

6 day of July, 2011

Stephen E. Grogan

[REDACTED SIGNATURE]

STEPHEN E. GROGAN
Notary Public, State of New York
No. 01GR4714048
Qualified in Rensselaer County
Commission Expires 8/31/14

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Orbin E. Tercero
Pharmacist
25635

Bath, NY

2. Article Number
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage	\$ 1.28
Certified Fee	2.85
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.43

Postmark
Here

Sent To


.....
Street, Apt. No.,
.....
PO Box No.
.....
City, State, ZIP+ 4

Orbin E. Tercero
Pharmacist 25635

Bath, NY

PS Form 3800, April 2002

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Joseph Joch, Esq. 25635 P.O. Box 396 Ithaca, NY 14851			8-8-11
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		Amy Armstrongs	
		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7002 0860 0000 6521 8250	
PS Form 3811, February 2004		Domestic Return Receipt	
		102505-02-M-1540	

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
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Total Postage & Fees	\$ 6.43
Postmark Here	
Sent To	
Street, Apt. No., or PO Box No.	Joseph Joch, Esq. 25635 P.O. Box 396
City, State, ZIP+4	Ithaca, NY 14851
PS Form 3800, April 2002	
See Reverse for Instructions	