

# THE NEW YORK STATE EDUCATION DEPARTMENT / 89 WASHINGTON AVENUE / ALBANY, NY 12234-1000

Office of the Professions
Division of Professional Licensing Services
Public Information Unit
Tel. (518) 474-3817 ext. 330
Fax (518) 486-3617
E-mail: DPLSDSU@mail.nysed.gov

# CERTIFICATION OF SEARCH DOCUMENTS REQUESTED UNDER THE FREEDOM OF INFORMATION LAW

STATE OF NEW YORK)

COUNTY OF ALBANY )

I, STEPHEN DORNBUSH, NYS Education Department OFFICE ASSISTANT III, being duly sworn, deposes and says that on MAY 18, 2022, I conducted a search of electronic and paper records in my possession for records requested by CHRIS INFAMI under the Freedom of Information Law. After a diligent search, no records were found regarding REGISTRATION RENEWAL MATERIAL FROM THE DATE OF LICENSURE THROUGH MAY 31, 1998, for CESARE SANTANGELO, MEDICINE, LIC. NO. 169918.

SIGNATURE

Sworn to and subscribed to before me this

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ALL APPLICANTS MUST COMPLETE THIS FORM.

# CERTIFICATION OF APPLOVED POST GRADUATE TRAINING

#### CANDIDATE INSTRUCTION

- 1. Complete Section 1. Enter your name at it appears on your Application. (Form 1)
- P'-me send this form to the director of medical education of the hospital(s) in which you completed your post graduate behing program. One form must be submitted to verify each residency.
- If you have completed more than 3 residencies, you may have the director of medical education complete a photocopy of the form. §
- This form must be sent directly to this office by the hospital in which you did your residency. If the hospital in which you did
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# The University of the State of New York The State Education Department Division of Professional Licensing Services Cultural Education Center Albany, New York 12230

PLEASE PRINT

SUPPORTING STATEMENT OF PROFESSIONAL PRACTICE IN MEDICINE FOR LICENSURF APPLICATION THE NEW YORK STATE

To be completed by a licensed physician in good standing

states that he or she has been professionally acquainted with the applicant

Name of Affiant

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St. a. Are you under an obligation to pay child support?

b. If you are under such an obligation, do you meet one of the four requirements fisted in the Child Support Law section below?

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c. Has any hospital or liceraed facility restricted or terminated your professional training, employment, or privileges, or have you voluntarily or involuntarily resigned or withdrawn from such association to avoid the impossition of such action due to professional miscopolicit, amprofessional conduct; moompetency, or negligence?

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9. DO NOT WRITE IN THIS BOX FOR OFFICIAL USE ONLY

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b. Has any licensing or disciplinary to issue or renew a professional lice.     c. Are criminal charges pending against you e. Has any hospital or licensed facilior involuntarily resigned or withdraw unprofessional conduct, incompeted.	on, trial, or pleaded guilty, no consultantly revoked, annulled, use or certificate held by your inst you in any court? in any jurisdiction for any sty trestricted or terminated your from such association to roy, or negligence?	ontest, or noto contender cancelled, accepted surrunow or previously, or finate of professional miscor our professional training, avoid the imposition of su	e to a crime (felony or ender of, suspended, ned, censured, reprim duct? employment, or privil ch action due to profe	misdemeanor) in any court? placed on probation, or refused anded or otherwise disciplined you? eges, or have you voluntarily essional misconduct,	<b>∠</b> Yes	No
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I certify that the statements made in this application and any accompanying documentation are true, complete and correct. I understand that any misrepresentation or any false or misleading information made in connection with my application may result in criminal prosecution and may be cause for disciplinary action, including the loss of my license; and that the willful failure to register while continuing to practice my profession constitutes professional misconduct.

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## 1699182AN800500006010F

REGISTRATION RENEWAL DOCUMENT
THE STATE EDUCATION DEPARTMENT
Professional Licensing Services
80 Washington Avenue

01/03/08 LIC: 189918 NME: SAN8 YR: 06 OFF: 1 EIN:

SANTANGELO CESARE FEDERICO
VASHINGTON OC

PROFESSION: 60 MEDICINE PERIOD: 08/01/06 - 05/31/08

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Complete and sign reverse side of this application

Complet	ldress change a only if change has occurred
	Name
	Street
	City
	State/Zip
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SANTANGELD CESARE FEDERICO

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PROFESSION: 80 MEDICINE PERIOD: 08/01/08 - 05/31/10

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NEW YORK STATE PROFESSIONAL PHOTO (DENTIFICATION CARD APPLICATION The University of the State of New York
THE STATE SOUCATION DEPORTMENT
Office of the Professional Ucersing Services

01/18/08 LIC: 169818 NME: SANS YR: 08 OFF: 1

SANTANGELO CESARE FEDERICO

**WASHINGTON** 

Your address CANNOT be updated by the NYS Education Department or the NYS Department of Motor Vehicles by changing the address on this form. Please see the reverse side for information on how to update your address.

PROFESSION: BO MEDICINE PERIOD: 06/01/08 - 05/31/10

Read Instructions on Reverse Side of this Application

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		unprofessional conduct, inc.  3. a. Are you under an obligate b. If you are under such an 4. Are you a U.S. citizen or an  3233141 242 01192016  certify that the statements mit physician profite within the six in Public Health Law. I understa prosecution and may be caus constitutes professional shiscond Signature	competency, or negliar control pay child suppobligation, do you not atien admitted for produce and in this application on the and that any misrese for disciplinary a funct.	port? noet one of the four requirement permanent residence in the U.  John and any accompanying of expiration data of my registration and expiration of any registration of any takes or	ents listed in the Child Sur S.?	DO NOT WRITE I FOR OFFICIAL U complete and correct and of registration renewal is	N THIS BOX SE ONLY further, I attest that I have a compliance with section 296 a my application may result white continuing to practice in	95-a(4) of the
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#### For Different Selection:

Professions Name Date of Birth License Number

Registration Period Payment Date E-mail Phone

Renewal Status

: MEDICINE

SANTANGELO CESARE FEDERICO

: 169918 Coupon ID : 06/01/2012 through 05/31/2014 : 01/12/2012

: Paid On-line - Renewal Complete

#### Address:

WASHINGTON DC -US

#### License Renewal Payment Details:

Evta Authorization Num	Evta Transaction Num	Date Paid	Office Number	Amount
		01/12/2012	1	600

# Photo Id Payment Details:

No Data Available

Question Type	Question Text	Response Ind
Moral Character	Since your last registration application, has any hospital or licensed facility restricted or terminated your professional training, employment, or privilages, or have you voluntarily or involuntarily resigned or withdrawn from such association to avoid the imposition of such action due to professional misconduct, unprofessional conduct, incompetency, or negligence?	
Citizenship	Are you a U.S. citizen?	
Child Support	Are you under an obligation to pay child support?	
Moral Character	Since your last registration application, has any licensing or disciplinary authority revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, or refused to issue or renew a professional license or certificate held by you now or previously, or fined, censured, reprimanded or otherwise disciplined you?	
Moral Character	Since your last registration application, are criminal charges pending against you in any court?	
Moral Character	Since your last registration application, are charges pending against you in any jurisdiction for any sort of professional misconduct?	
Moral Character	Since your last registration application, have you been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any court?	

#### For Different Selection:

Professions Name Date of Birth

License Number
Registration Period
Payment Date
E-mail
Phone
Renewal Status

: MEDICINE : SANTANGELO CESARE FEDERICO

: 169918 Coupon ID : 06/01/2014 through 05/31/2016 : 01/14/2014

: Paid On-line - Renewal Complete

#### Address:

WASHINGTON DC -US

## License Renewal Payment Details:

Evia Authorization Num Evia Transaction Num	Date Paid	Office Number	Amount
	01/14/2014	1	600

# Photo Id Payment Details:

No Data Available

Question Type	Question Text	Response Ind
Moral Character	Since your last registration application, has any hospital or ficensed facility restricted or terminated your professional training, employment, or privileges, or have you voluntarily or involuntarily resigned or withdrawn from such association to avoid the imposition of such action due to professional misconduct, unprofessional conduct, incompetency, or negligence?	
Child Support	Are you under an obligation to pay child support?	
Moral Character	Since your last registration application, has any licensing or disciplinary authority revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, or refused to issue or renew a professional license or certificate held by you now or previously, or fined, censured, reprimanded or otherwise disciplined you?	
Morel Character	Since your last registration application, are criminal charges pending against you in any court?	
Moral Character	Since your last registration application, are charges pending against you in any jurisdiction for any sort of professional misconduct?	
Citizenship	Are you a U.S. citizen or qualified alien as defined above?	
Moral Character	Since your last registration application, have you been found guilty after trial, or pleaded guilty, no contest, or nolo contendere to a crime (felony or misdemeanor) in any count?	

#### For Different Selection:

Professions Name Date of Birth License Number

Registration Period Payment Date

E-mail Phone

Renewal Status

: MEDICINE : SANTANGELO CESARE FEDERICO.

Coupon ID: 06/01/2016 through 05/31/2018 02/08/2016

: Paid On-line - Renewal Complete

#### Address:

WASHINGTON . DC -

#### License Renewal Payment Details:

	<i>j</i> ·			
Evta Authorization Num	Evta Transaction Num	Date Paid	Office Number -	Amount
		02/08/2016	1	600

## Photo Id Payment Details:

No Data Available

Question Type	Question Text	Response Ind
Moral Character	Since your last registration application, has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges, or have you voluntarily or involuntarily resigned or withdrawn from such association to avoid the imposition of such action due to professional misconduct, unprofessional conduct, incompetency, or negligence?	
Child Support	Are you under an obligation to pay child support?	
Moral Character	Since your last registration application, has any licensing or disciplinary authority revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, or refused to issue or renew a professional license or certificate held by you now or previously, or fined, censured, reprimanded or otherwise disciplined you?	
Moraí Character	Since your last registration application, are criminal charges pending against you in any court?	
Moral Character	Since your last registration application, are charges pending against you in any jurisdiction for any sort of professional misconduct?	
Citizenship	Are you a U.S. citizen or qualified alien as defined above?	
Moral Character	Since your last registration application, have you been found guilty after trial, or pleaded guilty, no contest, or noto contenders to a crime (felony or misdemeanor) in any court?	

## For Different Selection:

Professions
Name
Date of Birth
License Number
Registration Period
Payment Date
E-mail
Phone

Renewal Status

: MEDICINE : SANTANGELO CESARE FEDERICO

: 169918 Coupon ID : : 06/01/2018 through 05/31/2020 : 01/09/2018

: Paid On-line - Renewal Complete

Address:
WASHINGTON
OC -

License Renewal Payment Details:

Evta Authorization Num | Evta Transaction Num | Date Paid | Office Number | Amount | 01/09/2018 | 1 | 600

# Photo Id Payment Details:

No Data Available

Question Type	Question Text	Response
Moral Character	Since your last registration application, has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges, or have you voluntarily or involuntarily resigned or withdrawn from such association to avoid the imposition of such action due to professional misconduct, unprofessional conduct, incompetency, or negligence?	
Child Support	Are you under an obligation to pay child support?	
Moral Character	Since your last registration application, has any licensing or disciplinary authority revoked, annulled, cancelled, accepted surrender of, suspended, placed on probation, or refused to issue or renew a professional license or certificate held by you now or previously, or fined, censured, reprimanded or otherwise disciplined you?	
Moral Character	Since your last registration application, are criminal charges pending against you in any court?	
Morel Character	Since your last registration application, are charges pending against you in any jurisdiction for any sort of professional misconduct?	
Cltizenship	Are you a U.S. citizen or qualified alien as defined above?	
Moral Character	Since your last registration application, have you been found guilty after that, or pleaded guilty, no contest, or noto contenders to a crime (fetony or misdemeanor) in any count?	

## For Different Selection:

: MEDICINE : SANTANGELO CESARE FEDERICO

WASHINGTON DC US

Professions
Name
Date of Birth
License Number
Registration Period
Payment Date
E-mail
Phone

Renewal Status

: 169918 Coupon ID : 06/01/2020 through 05/31/2022 : 01/17/2020

: Paid-On-line - Renewal Complete

## License Renewal Payment Details:

Evta Authorization Num. Evta Transaction Num	Date Paid	Office Number	Amount
	01/17/2020	1	600

## Photo Id Payment Details:

No Data Available

Question Type	Question Text	Response Ind
Moral Character	Since your last registration application, has any hospitat or licensed facility restricted or terminated your professional training, employment, or privileges, or have you voluntarily or involuntarily resigned or withdrawn from such association to avoid the imposition of such action due to professional misconduct, unprofessional conduct, incompetency, or negligence?	
Child Support	Are you under an obligation to pay child support?	
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Moral Character	Since your last registration application, are criminal charges pending against you in any court?	
Moral Character	Since your, last registration application, are charges pending against you in any jurisdiction for any sort of professional misconduct?	
Cilizenship	Are you a Ú.S. citizen or qualified alien as defined above?	
Morel Character	Since your last registration application, have you been found guilty after trial, or pleaded guilty, no contest, or noto contendere to a crime (felony or misdemeanor) in any court?	

#### For Different Selection:

**Professions** Name Date of Birth

License Number Registration Period Payment Date E-mail

Phone Renewal Status

: MEDICINE : SANTANGELO CESARE FEDERICO

: 169918 Coupon ID : : 06/01/2022 through 05/31/2024 : 02/01/2022

: Paid On-line - Renewal Complete

# Address: WASHINGTON DC -US

#### License Renewal Payment Details:

Evta Author	ization Num	Evta Transaction Num	Date Paid	Office Number	Amount
			02/01/2022	1 '	600

## Photo Id Payment Details:

No Data Available

Question Type	Question Text	Response Ind
Morel Character	Since your last registration application, has any hospital or licensed facility restricted or terminated your professional training, employment, or privileges, or have you voluntarily or involuntarily resigned or withdrawn from such association to avoid the imposition of such action due to professional misconduct, unprofessional conduct, incompetency, or negligence?	
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