



State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: www.state.oh.us/med/

June 13, 2001

Peter John Niciforos, M.D.
P. O. Box 1026
Alto Loma, CA 91701

Dear Doctor Niciforos:

Please find enclosed a certified copy of the Findings, Order and Journal Entry approved and confirmed by the State Medical Board meeting in regular session on June 13, 2001.

Section 119.12, Ohio Revised Code, may authorize an appeal from this Order. Such an appeal must be taken to the Franklin County Court of Common Pleas.

Such an appeal setting forth the Order appealed from and the grounds of the appeal must be commenced by the filing of a Notice of Appeal with the State Medical Board of Ohio and the Franklin County Court of Common Pleas. Any such appeal must be filed within fifteen (15) days after the mailing of this notice and in accordance with the requirements of Section 119.12 of the Ohio Revised Code.

Very truly yours,

A handwritten signature in black ink, appearing to read "Anand G. Garg", is written over a horizontal line.

Anand G. Garg, M.D.
Secretary

AGG:jam
Enclosures

CERTIFIED MAIL RECEIPT NO. 7099 3220 0009 3046 0680
RETURN RECEIPT REQUESTED

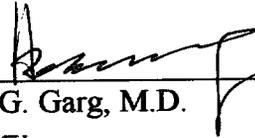
Cc: 9695 Baseline Road
Rancho Cucamonga, CA 91730
CERTIFIED MAIL RECEIPT NO. 7099 3220 0009 3046 0697
RETURN RECEIPT REQUESTED

Mailed 6-14-01

CERTIFICATION

I hereby certify that the attached copy of the Findings, Order and Journal Entry approved by the State Medical Board, meeting in regular session on June 13, 2001, constitutes a true and complete copy of the Findings, Order and Journal Entry in the Matter of Peter John Niciforos, M.D., as it appears in the Journal of the State Medical Board of Ohio.

This Certification is made by the authority of the State Medical Board of Ohio in its behalf.



Anand G. Garg, M.D.
Secretary

(SEAL)

JUNE 13, 2001

Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF *
PETER JOHN NICIFOROS, M.D. *
*

FINDINGS, ORDER AND JOURNAL ENTRY

By letter dated March 14, 2001, notice was given to Peter John Niciforos, M.D., that the State Medical Board intended to consider disciplinary action against his license to practice medicine and surgery in Ohio, and that he was entitled to a hearing if such hearing was requested within thirty (30) days of the mailing of said notice. In accordance with Section 119.07, Ohio Revised Code, said notice was sent via certified mail, return receipt requested, on March 15, 2001, to the address of record of Dr. Niciforos, that being P. O. Box 1026, Alto Loma, CA 91701. The Notice was returned to our offices by the United States Postal Service marked "Unclaimed". On April 25, 2001, a second mailing of the notice was sent via certified mail, return receipt requested, to the address of record.

A signed certified mail receipt was returned the Medical Board offices from the second mailing documenting proper service of the notice. However, no hearing request has been received from Dr. Niciforos and more than thirty (30) days have now elapsed since the mailing of that notice.

WHEREFORE, for the reasons outlined in the March 14, 2001 notice of opportunity for hearing, which is attached hereto and incorporated herein, it is hereby ORDERED:

1. The certificate of Peter John Niciforos, M.D., to practice medicine and surgery in the State of Ohio shall be SUSPENDED for an indefinite period of time, but not less than thirty (30) days.
2. The Board shall not consider reinstatement of Dr. Niciforos' certificate to practice until all of the following minimum requirements are met:
 - a. Dr. Niciforos shall submit an application for reinstatement, accompanied by appropriate fees.

- b. Dr. Niciforos shall provide documentation acceptable to the Board of satisfactory completion of 100 hours of CME, at least 40 hours of which shall be in Category I, for the period from July 1, 1996 to June 30, 1998.

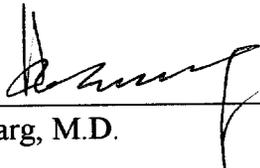
It shall be Dr. Niciforos' responsibility to work with appropriate Board staff to ascertain what will be considered as satisfactory documentation and to obtain the same.

- c. Dr. Niciforos shall provide documentation acceptable to the Board of satisfactory completion of 75 hours of CME, at least 30 hours of which shall be Category I, for the period of July 1, 1998 to January 1, 2000.
- d. Dr. Niciforos shall supply documentation acceptable to the Board of satisfactory completion of the requisite hours of CME for each complete biennium, if any, during which Dr. Niciforos' certificate remains suspended.
- e. In the event that Dr. Niciforos has not been engaged in the active practice of medicine for a period of more than two (2) years prior to his application for reinstatement, Dr. Niciforos shall take and pass the SPEX examination or any similar written examination which the Board may deem appropriate to assess his clinical competency.
3. Subsequent to reinstatement, Dr. Niciforos shall provide documentation acceptable to the Board of satisfactory completion of the requisite number of hours of CME for the CME acquisition period in effect at the time of reinstatement, and for two complete CME acquisition periods thereafter. This documentation shall be due in the Board's offices within thirty (30) days of the conclusion of each CME acquisition period.

This ORDER shall become effective immediately upon mailing of notification of approval by the State Medical Board of Ohio.

This ORDER is hereby entered upon the Journal of the State Medical Board of Ohio for the 13th day of June, 2001, and the original thereof shall be kept with said Journal.

(SEAL)


Anand G. Garg, M.D.
Secretary

JUNE 13, 2001
Date

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

7099 3220 0009 3046 0482

Article Sent To: CITE-2ND MLC

Postage	\$ 1.39
Certified Fee	1.90
Return Receipt Fee (Endorsement Required)	1.50
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.79



Name (Please Print Clearly) (To be completed by mailer)
PETER JOHN NICIFOROS, M.D.
 Street, Apt. No., or PO Box No.
P.O. Box 1026
 City, State, ZIP+4
ALTO LOMA CA 91701

PS Form 3800, July 1999

See Reverse for Instructions

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:
PETER JOHN NICIFOROS, M.D.
P.O. Box 1026
ALTO LOMA CA 91701

2. Article Number (Copy from service label)
7099 3220 0009 3046 0482

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) P. J. NICIFOROS B. Date of Delivery 5/1/99

C. Signature [Signature] Agent Addressee

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

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

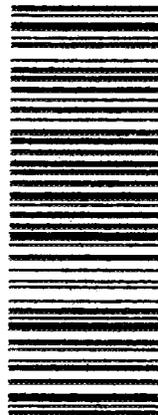
4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

7000 0600 0024 514J 6846



RETURN RECEIPT REQUESTED

~~Peter John Niciiforos, M.D.
P.O. Box 1026
Alto Loma, CA 91701~~

9/22
9/22
4-10

LM



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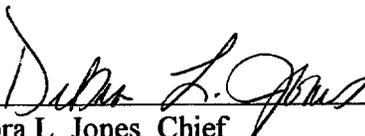
AFFIDAVIT

I, Debra Jones, being duly cautioned and sworn, do hereby depose and say:

- 1) That I am employed by the State Medical Board of Ohio (hereinafter, "The Board")
- 2) That I serve the Board in the position of Chief, Continuing Medical Education, Records, and Renewal;
- 3) That in such position I am the responsible custodian of all public licensee records maintained by the Board pertaining to individuals who have received certificates issued pursuant to Chapter 4731., Ohio Revised Code;
- 4) That I have this day carefully examined the records of the Board pertaining to Peter John Niciforos, M.D.
- 5) That based on such examination, I have found the last known address of record of Peter John Niciforos, M.D. to be:

P. O. Box 1026
Alto Loma, CA 91701

- 6) Further, Affiant Sayeth Naught.

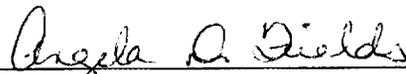


Debra L. Jones, Chief
Continuing Medical Education,
Records and Renewal

Sworn to and signed before me, Angela D. Fields, Notary
Public, this 17th day of May, 2001.



ANGELA D. FIELDS
NOTARY PUBLIC, STATE OF OHIO
MY COMMISSION EXPIRES 05/11/02



Notary Public



State Medical Board of Ohio

77 S. High Street, 17th Floor • Columbus, Ohio 43266-0315 • 614/466-3934 • Website: www.state.oh.us/med/

March 14, 2001

Peter John Niciforos, M.D.
P.O. Box 1026
Alto Loma, CA 91701

Dear Doctor Niciforos:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio intends to determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery, or to reprimand or place you on probation for one or more of the following reasons:

- (1) In applying for registration of your certificate to practice medicine or surgery for the current registration period, you certified that you had completed or would complete the requisite hours of CME as required by Section 4731.281, Ohio Revised Code, during the last biennial period of acquisition of Continuing Medical Education (CME) (July 1, 1996 - June 30, 1998).
- (2) By a certified mail letter dated in or about July 1999, the State Medical Board of Ohio informed you that you were required to complete a log listing your CME for the July 1, 1996 - June 30, 1998 period and to provide documentation that you had actually completed at least forty (40) hours of Category I CME credits. By certified mail letter dated August 28, 2000, the State Medical Board again requested that you submit documentation of your CME credits for the July 1, 1996 - June 30, 1998 period. You have failed to submit any documentation of CME completed for the above period.
- (3) Your lack of response to the notices as detailed in the above paragraph (2) rebuts the presumption under Rule 4731-10-08(A), Ohio Administrative Code, that you did complete the requisite hours of CME, and/or demonstrates that you failed to keep detailed records of CME taken.

Your acts, conduct and/or omissions in certifying to the State Medical Board that you had completed the statutorily required CME, as set forth in the above paragraph (1), when you had not, in fact, done so, constitute "fraud, misrepresentation, or deception in applying for

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Second Mailing 4-25-01*

or securing any license or certificate issued by the board," as that clause is used in Section 4731.22(A), Ohio Revised Code, as in effect prior to March 9, 1999.

Further, your acts, conduct and/or omissions in certifying to the State Medical Board that you had completed the statutorily required CME, as set forth in the above paragraph (1), when you had not, in fact, done so, constitute "[p]ublishing a false, fraudulent, deceptive, or misleading statement," as that clause is used in Section 4731.22(B)(5), Ohio Revised Code, as in effect prior to March 9, 1999.

Further, your failure to respond to the audit notices, to obtain the requisite CME, and/or to submit documentation of same, as alleged in the above paragraphs (2) and (3) constitutes "violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provisions of this chapter or any rule promulgated by the board," as that clause is used in Section 4731.22(B)(20), Ohio Revised Code, to wit: Section 4731.281, Ohio Revised Code, as in effect prior to March 9, 1999, and Rules 4731-10-03, 4731-10-05 and 4731-10-08, Ohio Administrative Code.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty (30) days of the time of mailing of this notice.

You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty (30) days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery or to reprimand or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, effective March 9, 1999, provides that "[w]hen the board refuses to grant a certificate to an applicant, revokes an individual's certificate to practice, refuses to register an applicant, or refuses to reinstate an individual's certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a certificate to practice and the board shall not accept an application for reinstatement of the certificate or for issuance of a new certificate."

Copies of the applicable sections are enclosed for your information.

Very truly yours,



Anand G. Garg, M.D.
Secretary

Enclosures

CERTIFIED MAIL #7000 0600 0024 5141 6846
RETURN RECEIPT REQUESTED

SECOND MAILING:
CERTIFIED MAIL NO. 7099 3220 0009 3046 0482
RETURN RECEIPT REQUESTED