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COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BEFORE THE STATE BOARD OF MEDICINE

Department of State

2008 MAY - 1 AM 10:23

PROTHONOTARY

Commonwealth of Pennsylvania  
Bureau of Professional and  
Occupational Affairs

vs.

Steven Marc Sokoll, M.D.  
Respondent

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Docket No. <sup>0538</sup>-49-08  
File No. 07-49-08598

CONSENT AGREEMENT AND ORDER

The Commonwealth of Pennsylvania ("Commonwealth") and Steven Marc Sokoll, M.D. ("Respondent") stipulate as follows in settlement of the above-captioned case.

1. This matter is before the State Board Of Medicine ("Board") pursuant to the Medical Practice Act, Act of December 20, 1985, P.L. 457, No. 112, as amended, (Act), 63 P.S. § 422.1 et seq.

2. At all relevant and material times, Respondent held a license to practice as a medical physician and surgeon in the Commonwealth of Pennsylvania, license number MD041152E, which was originally issued on May 02, 1988.

3. The Respondent admits that the following allegations are true:

a. Respondent's license is current through December 31, 2008 and may be renewed thereafter upon the filing of the appropriate documentation and payment of the necessary fees.

b. Respondent's last known address on file with the Board is: 320 Quarry Lane, Haverford, PA 19041.

c. Respondent's certificate to practice as a medical physician and surgeon expired on January 1, 2007, and was not renewed until August 1, 2007.

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d. Respondent applied for renewal of Respondent's license by submitting the renewal application, fee and appropriate late fees to the Board on or about July 25, 2007.

e. Respondent submitted a "Verification of Practice/Non-Practice" form to the Board with Respondent's renewal application. A true and correct copy of the renewal application and "Verification of Practice/Non-Practice" form submitted by the Respondent are attached collectively and incorporated as **Exhibit 1**.

f. Circled on the "Verification of Practice/Non-Practice" form is the answer "yes" to the following question: "Have you engaged in the practice of your profession in Pennsylvania since your Pennsylvania license lapsed or since you placed it on inactive status?"

g. During the period from January 1, 2007 through August 1, 2007, Respondent continued to practice as a medical physician and surgeon without having, at the time of so doing, a current, valid, unexpired, unrevoked and unsuspended license issued under the Act.

4. The Commonwealth alleges that the Board is authorized to suspend or revoke, or otherwise restrict Respondent's license, or impose a civil penalty under 63 P.S. §422.38 in that Respondent practiced as a medical physician and surgeon when he was not currently licensed and registered under the Act.

5. Intending to be legally bound, the participants consent to issuance of the following Order in settlement of this matter:

a. The Board is authorized to suspend or revoke, or otherwise restrict Respondent's license, or impose a civil penalty under 63 P.S. §422.38 in that

Respondent practiced as a medical physician and surgeon when he was not currently licensed and registered under the Act.

b. A **CIVIL PENALTY** of one thousand dollars (\$1000.00) is levied upon Respondent. Respondent shall tender the full sum of one thousand dollars (\$1000.00) with this executed Consent Agreement and shall be paid by certified check, cashier's check, attorney's check, or money order issued by a usual, customary, and reputable issuer (e.g. U.S. Postal Money Order, Western Union Money Order, etc.). Payment shall be made payable to the 'Commonwealth of Pennsylvania' and shall be valid of a minimum period of ninety (90) days.

**Respondent agrees that payment shall only be made by one of the methods indicated above and shall not be made by uncertified personal or business check.**

c. This case shall be deemed settled and discontinued upon the Board issuing an Order adopting this Consent Agreement.

6. Respondent acknowledges receipt of an Order to Show Cause in this matter.

Respondent knowingly and voluntarily waives the right to an administrative hearing in this matter, and to the following rights related to that hearing: to be represented by counsel at the hearing; the right to present witnesses and testimony in defense or in mitigation of any sanction that may be imposed for a violation; to cross-examine witnesses and to challenge evidence presented by the Commonwealth; to present legal arguments by means of a brief; and to take an appeal from any final adverse decision.

7. This Consent Agreement is between the Commonwealth and Respondent only.

Except as otherwise noted, this Agreement is to have no legal effect unless and until the Office

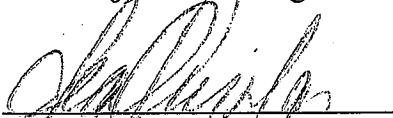
of General Counsel approves the contents as to form and legality and the Board issues the stipulated Order.

8. Should the Board not approve this Consent Agreement, presentation to and consideration of this Consent Agreement and other documents and matters by the Board shall not prejudice the Board or any of its members from further participation in the adjudication of this matter. This paragraph is binding on the participants even if the Board does not approve this Consent Agreement.

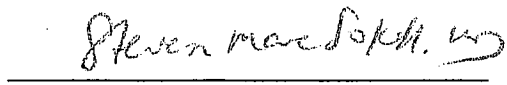
9. Respondent agrees, as a condition of entering into this Consent Agreement, not to seek modification at a later date of the Stipulated Order adopting and implementing this Consent Agreement without first obtaining the express written concurrence of the Prosecution Division.

10. This agreement contains the whole agreement between the participants. There are no other terms, obligations, covenants, representations, statements or conditions, or otherwise, of any kind whatsoever concerning this agreement.

11. Respondent verifies that the facts and statements set forth in this Agreement are true and correct to the best of Respondent's knowledge, information and belief. Respondent understands that statements in this Agreement are made subject to the criminal penalties of 18 Pa.C.S. § 4904 relating to unsworn falsification to authorities.

  
Sean P. Quinlan  
Prosecuting Attorney  
Department of State

DATED: 4/14/08

  
Steven Marc Sokoll, M.D.  
Respondent

DATED: 4-1-08

STATE BOARD OF MEDICINE  
STATUS CHANGE/REACTIVATION APPLICATION

MD041152E  
SOKOLL

STEVEN MARC SOKOLL  
320 QUARRY ROAD  
HAVERFORD PA 19041

Return to: State Board of Medicine  
PO Box 2649  
Harrisburg, PA 17105-

License expired: 12/31/2006

For a change of name, indicate new name below and attach 8 1/2 x 11 photocopy of a legal document verifying name change i.e., marriage certificate, divorce decree, or legal document indicating retaking of a maiden name, etc.	Name Change Address Change

**INSTRUCTIONS**  
Select the option you are requesting. The fees are listed in each of the options. CME requirements can be found at [www.dos.state.pa.us/med](http://www.dos.state.pa.us/med). Click on Continuing Medical Education Requirements.

- CURRENTLY ACTIVE STATUS REQUESTING ACTIVE/RETIRED STATUS** - I am retired from practice but desire to keep my license active to treat immediate family members. I am exempt from the medical professional liability insurance and CME requirements. Complete section B. Return your "Active" wall and wallet licenses. Submit a \$5 check/money order made payable to the "Commonwealth of PA."
- CURRENTLY ACTIVE/RETIRED STATUS REQUESTING ACTIVE STATUS** - I wish to reinstate my license to an active status. I have completed the required continuing education requirement and hold medical professional liability insurance. Complete Sections A and B. Submit a curriculum vitae listing all activities, including month and year, from the date your license was placed on an active/retired status to present. Return your "Active/Retired" wall and wallet licenses. Submit copies of your continuing education certificates and a \$5 check/money order made payable to the "Commonwealth of PA."
- CURRENTLY ACTIVE STATUS REQUESTING INACTIVE STATUS** - I do not wish to practice Medicine and wish to place my license on an inactive status. I understand that to reactivate my license I will need to meet the continuing education requirement and obtain medical professional liability insurance. Complete Section B and return your wall and wallet licenses. No fee is required.
- CURRENTLY EXPIRED/INACTIVE STATUS REQUESTING ACTIVE STATUS** - I wish to reinstate my license to an active status. I have completed the required continuing education requirement and will hold medical professional liability insurance. Complete Sections A, B, and C. Submit a curriculum vitae listing all periods, including month and year, of employment and unemployment from the expiration date of your license to present. Submit copies of your continuing education certificates and a \$360 check/money order made payable to the "Commonwealth of PA." If practicing in PA after the license expired, in addition to \$360, submit \$5 per month, or part of month since the license expired.
- CURRENTLY EXPIRED/INACTIVE STATUS REQUESTING ACTIVE/RETIRED STATUS** - I wish to reinstate my license to an active/retired status to treat immediate family members. I am exempt from the medical professional liability insurance and CME requirements. Complete Sections A, B, and C. Submit a curriculum vitae listing all activities, including month and year, from the date your license was placed on an inactive status or expired to present. Submit a \$360 check/money order made payable to the "Commonwealth of PA."

1  
**EXHIBIT**  
**1**

**SECTION A - THE FOLLOWING LICENSE RENEWAL QUESTIONS MUST BE ANSWERED**

IF YES to question 2, 3, 4, 5, 6, 7 or 8 - provide details AND attach certified copies of legal document(s). IF YOU ALREADY REPORTED THE INFORMATION TO THE BOARD PRIOR TO THIS RENEWAL, YOU DO NOT NEED TO REPORT IT AGAIN.	
✓	1. Do you hold a license (active, inactive or expired) to practice in any other state or jurisdiction? List: <u>I held an active California license (CEE 73578) until 7/19/07, when it was placed on retired status.</u>
✓	2. Since your last renewal, have you had disciplinary action taken against your license in any other state or jurisdiction?
✓	3. Since your last renewal, have you withdrawn an application for a license, had an application for a license denied or refused, or agreed not to reapply for a license in any state or jurisdiction?
✓	4. Since your last renewal, have you been convicted, found guilty or pleaded not a contender, or received probation without verdict as to any felony or misdemeanor, including any drug law violations, or any criminal charges pending and unresolved in any state or jurisdiction?
✓	5. Since your last renewal, have you been arrested for criminal homicide, aggravated assault, sexual offenses or drug offenses in any state, territory or country?
✓	6. Since your last renewal, have you had practice privileges denied, revoked or restricted in a hospital or other health care facility?
✓	7. Since your last renewal, 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?
✓	8. Since May 19, 2002, have you been the subject of a civil malpractice law suit? If yes, please submit a copy of the entire Civil Complaint which must include the filing date and the date you were served.  **If you previously reported the complaint to the Board provide the docket number _____

**SECTION B - VERIFICATION OF INFORMATION**

I verify that this form is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information pursuant to 18 PA C.S. 4911 and that any false statement made is subject to the penalties of 18 PA C.S. 4904 relating to unsworn falsification to authorities and may result in my license being disciplined.

I understand that I am required by law and agree to maintain medical malpractice insurance in order to treat patients in the Commonwealth of PA.

Signature of Licensee (Mandatory): Steve Marc Solih MD Date: 7/25/07

Social Security Number: [REDACTED] DOB: 7-23-60 Name of Medical School: Univ. of Virginia Yr of Graduation: 1986

SECTION C - VERIFICATION OF PRACTICE / NON-PRACTICE

\*\*\* Your reactivation cannot be processed unless this page is completed \*\*\*

STEVEN MARC SOKOLL  
320 QUARRY ROAD  
Haverford PA 19041  
MD041152E

Be sure you are familiar with the definition of your profession from the licensing law which pertains to the license you are renewing/reactivating, THEN answer the following questions.

1. Have you engaged in the practice of your profession in Pennsylvania since your Pennsylvania license lapsed or since you placed it on inactive status? CIRCLE ONE: YES NO
2. Have you been employed by the federal government in the practice of your profession since your Pennsylvania license lapsed or since you placed it on inactive status? CIRCLE ONE: YES NO

*I understand that any false statement made is 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 and/or certification.*

Steven Sokoll, MD  
(Signature of Licensee)  
7/25/07  
(Date)

**ORDER**

AND NOW, this *29th* day of *April* 2008, the State Board of Medicine adopts and approves the foregoing Consent Agreement and incorporates the terms of paragraph 5, which shall constitute the Board's Order and is now issued in resolution of this matter.

This Order shall take effect immediately.

**BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS**

*Basil L. Merenda*

**Basil L. Merenda  
Commissioner**

For the Commonwealth:

Respondent:

Date of mailing:

SPQ/PDoS/cjhpdkje/l2k

**BY ORDER:  
STATE BOARD OF MEDICINE**

*Ollice Bates, Jr.*

**Ollice Bates, Jr., M.D.  
Chair**

Sean P. Quinlan, Esquire  
Department of State  
Commonwealth of Pennsylvania  
2601 North Third Street  
P. O. Box 2649  
Harrisburg, PA 17105-2649

Steven Marc Sokoll, M.D.  
320 Quarry Lane  
Haverford, PA 19041

*05/01/08*

