

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*

**STATE OF RHODE ISLAND  
DEPARTMENT OF HEALTH  
BOARD OF MEDICAL LICENSURE AND  
DISCIPLINE**

**In the matter of:  
Sylvester Sviokla, MD  
License #: MD 6091**

**Licensure with Restrictions**

The Board of Medical Licensure and Discipline (hereinafter "Board") received an application to practice medicine in Rhode Island from Sylvester Sviokla MD, (hereinafter "Respondent"). The Respondent disclosed in his application that he had lost his medical license in the State of California for reasons relating to substance abuse. Respondent has completed the necessary requirements for licensure in the State of California and now applies for licensure in R.I.

**FINDINGS OF FACT**

1. Respondent had his medical license revoked in the State of California in 1999.
2. Respondent had previously been disciplined in California for inappropriate prescribing and abuse of controlled substances.
3. Respondent pled guilty to one felony count of fraud in California in conjunction with the license revocation and was sentenced to three (3) years probation, which was later expunged.

**The parties agree as follows:**

The Respondent admits to the jurisdiction of the Board and hereby agrees to remain under the jurisdiction of the Board.

- (1) Respondent has read this agreement and understands that it is a proposal of an Investigating Committee of the Board and is subject to the final approval of the Board.
- (2) 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 agreement;
  - g. Any objection to the fact that this agreement 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 agreement.

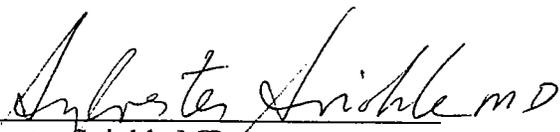


- i. Any objection to the fact that potential bias against the Respondent may occur as a result of the presentation of this agreement.
  
- (3) Acceptance of this agreement constitutes an admission by the Respondent of the facts set forth herein.
  
- (4) Failure to comply with this agreement, when signed and accepted, shall subject the Respondent to further disciplinary action. Respondent is issued a license to practice medicine in the State of Rhode Island effective November 10, 2005 subject to the following terms and conditions:
  - A) Respondent shall sign a Five (5) Year monitoring agreement with the PHC.
  
  - B) The PHC shall report to the Board quarterly regarding the Respondent compliance or lack thereof with the recommendations and requirements of the PHC.
  
  - C) It is the sole Responsibility of the Respondent to insure that all Reports to the Board be made in a timely manner.

A handwritten signature in black ink, consisting of stylized, overlapping letters, likely initials or a name, located in the bottom right corner of the page.

D) cooperation or a failure to adhere to the terms of her agreement will subject the Respondent to disciplinary action including immediate revocation.

Signed this 10 day of November, 2005.

  
\_\_\_\_\_  
Sylvester Sviokla MD

  
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Robert S. Crausman MD MMS  
Chief Administrative Officer