

LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

630 Camp Street, New Orleans, LA 70130
www.lsbme.la.gov



BEFORE THE
LOUISIANA STATE BOARD
OF MEDICAL EXAMINERS

Telephone: (504) 568-6820

FAX: (504) 568-8893

Writer's Direct Dial:

(504) _____

No. 2019-I-584

IN THE MATTER OF:

SEBASTIAN J. CIACCHELLA, M.D.
(Credential No. MD.15017R),
Respondent

STIPULATION AND AGREEMENT FOR
VOLUNTARY SURRENDER OF MEDICAL
LICENSE

This *Stipulation and Agreement* is made by Sebastian J. Ciacchella, M.D. ("Dr. Ciacchella"), a physician licensed to practice medicine in the State of Louisiana by the Louisiana State Board of Medical Examiners (the "Board"), as evidenced by Credential No. MD.15017R. Dr. Ciacchella resides in Texas and also is licensed to practice medicine in Texas.

1. *Acknowledgment and Stipulations.* Dr. Ciacchella hereby acknowledges, stipulates and agrees that:

- (a) An investigation was initiated by the Board upon Dr. Ciacchella's self-report of the revocation of his clinical privileges by a facility operated by the U.S. Department of Veterans Affairs in Fort Worth, Texas.
- (b) Predicated upon the facts underlying the revocation of his privileges, the Texas Medical Board entered an Agreed Order on December 4, 2020, restricting Dr. Ciacchella's license to practice medicine in the State of Texas (the "Texas Order").¹
- (c) Dr. Ciacchella acknowledges that his Texas medical license was so restricted, and that the foregoing information would provide the Investigating Officer for the Board with probable cause to pursue formal administrative proceedings against him and also to impose restrictions on his Louisiana medical license. *See* La. R.S. 37:1285.A.(29) (authorizing the Board to impose probationary or other restrictions on a licensee whose license to practice medicine in another state has been restricted by the licensing authority of that state).
- (d) Dr. Ciacchella has stated that he has no further desire to retain a medical license or otherwise practice medicine in Louisiana at this point in his career. Accordingly, he would

¹ Agreed Order, *In the Matter of the License of Sebastian Ciacchella, M.D., License No. N-9831*, TEXAS MEDICAL BOARD (Dec. 4, 2020).

prefer to resolve these proceedings in Louisiana through a stipulation for voluntary surrender rather than undertaking an administrative hearing or bearing the burden of ensuring compliance with restrictions in multiple jurisdictions.

- (e) In recognition of Dr. Ciacchella's cooperativeness throughout these administrative proceedings, and considering that the conduct underlying the Texas Order did not occur in Louisiana or involve a Louisiana resident, the Director of Investigations concurs that Dr. Ciacchella should be permitted to voluntarily surrender his Louisiana license without further sanction.
- (f) Pursuant to the Louisiana Medical Practice Act, La. R.S. 37:1261 *et seq.*, and the Louisiana Administrative Procedure Act, La. R.S. 49:951 *et seq.*, and the Board's Rules on Adjudication, La. Admin. Code. tit. 46, pt. XLV, § 9901 *et seq.*, Dr. Ciacchella would be entitled, prior to final disciplinary action against his medical license, to an administrative adjudication of such charges, pursuant to La. R.S. 49:955-958. At such hearing, Dr. Ciacchella would be entitled to be represented by legal counsel, to have those charges proved against him by evidence, to appear and confront adverse witnesses, to call witnesses and present evidence on his own behalf in defense or in mitigation of the charges made, to a decision thereon by the Board based upon written findings of fact and conclusions of law pursuant to La. R.S. 49:958, and to any other right to which he may be afforded by the Louisiana Administrative Procedure Act, La. R.S. 49:951 *et seq.* or otherwise.

2. ***Voluntary Surrender of License.*** Notwithstanding his right to an administrative hearing and a decision thereon, as provided by La. R.S. 49:951 *et seq.*, in recognition of the stipulations set forth hereinabove toward final disposition of the pending formal administrative proceedings, Dr. Ciacchella, nonetheless, acknowledges the substantial accuracy of the foregoing information and hereby waives his right to formal adjudication and voluntarily surrenders to the Board for cancellation his license to practice medicine in the state of Louisiana, as evidenced by Credential No. MD.15017R. By his subscription hereto, Dr. Ciacchella also hereby authorizes the Investigating Officer designated by the Board with respect to this matter to present this Stipulation and Agreement for Voluntary Surrender of Medical License to the Board for its consideration and to fully disclose to and discuss with the Board the nature and results of the investigation, and he waives any objection to such disclosures under La. R.S. 49:960.

3. ***Effect of Voluntary Surrender of License.*** Dr. Ciacchella acknowledges, stipulates and agrees that the voluntary surrender of his Louisiana medical license affected hereby in the presence of an administrative investigation shall have, and shall be deemed by the Board to have, the same effect as if the Board had entered an order of revocation upon the conclusion of formal administrative proceedings. Further, Dr. Ciacchella acknowledges, stipulates and agrees that reinstatement of such license shall be at the sole discretion of the Board and upon any probationary terms, conditions and restrictions that it may then determine to be appropriate. In addition, Dr. Ciacchella acknowledges, stipulates and agrees that no request for reinstatement shall be considered by the Board until and unless he has: (i) attended a meeting at the Board's office with

the Director of Investigations; (ii) successfully completed all recommendations by the Director of Investigations to demonstrate to the Board that he is competent to return to the practice of medicine with reasonable skill and safety; and (iii) otherwise complied with all applicable statutory and regulatory requirements for the reinstatement of an expired license. *See, e.g.*, La. R.S. 37:1280; 37:1281(A)(3)(c); La. Admin. Code tit. 46, pt. XLV, § 419.

4. ***Termination of Proceedings.*** By the voluntary surrender of his medical license, and the attendant dismissal of the proceedings occasioned hereby, Dr. Ciacchella, moreover, acknowledges, stipulates and agrees that he hereby waives any right to which he may be entitled pursuant to the Louisiana Administrative Procedure Act, La. R.S. 49:951 *et. seq.* or which otherwise may be afforded to him by any law, to contest his agreement to or the force and effect of this document in any court or other forum relating to the stipulations, agreements, acknowledgments and other matters referred to herein.

5. ***Advice of Counsel.*** Dr. Ciacchella acknowledges that he has had the opportunity to seek the advice and guidance of legal counsel with respect to this Stipulation and Agreement for Voluntary Surrender of Medical License and that all of the terms, conditions, restrictions and limitations contained herein have been explained to him and/or that he fully understands them.

6. ***Public Record.*** Dr. Ciacchella acknowledges, stipulates and agrees that this Stipulation and Agreement for Voluntary Surrender of Medical License shall be, and shall be deemed to be, a **PUBLIC RECORD**.

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**STIPULATION
AND AGREEMENT**

STATE OF Texas

PARISH/COUNTY OF Tarrant

I, SEBASTIAN J. CIACCHELLA, M.D., hereby acknowledge that I have had the opportunity to seek the advice and guidance of legal counsel with respect to this Stipulation and Agreement for Voluntary Surrender of Medical License and that all of its terms and conditions have been fully explained to me and/or that I fully understand them. I further acknowledge that I approve, accept and consent to entry of the above and foregoing Stipulation and Agreement without duress and of my own free will and accord, this 12th day of February, 2021.

[Signature]
SEBASTIAN J. CIACCHELLA, M.D.

WITNESSES:

[Signature]
Signature

Camille Ciacchella
Typed Name

1907 Thames Dr.
Street Address

Arlington, TX 76017
City/State/Zip Code

[Signature]
Signature

Cindy Williams
Typed Name

4621 S. Cooper St Ste 131
Street Address

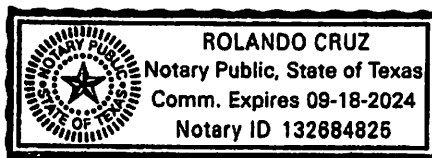
Arlington TX 76017
City/State/Zip Code

Sworn to and subscribed before me
this 12 day of February, 2021,
in the presence of the two stated
witnesses.

[Signature]
Notary Public (Signature)

Name: Rolando Cruz

Notary/Bar No.: 132684825



Commission expires: 09-18-2024

ACCEPTANCE

CONSIDERING THE ABOVE AND FOREGOING, the Stipulation and Agreement for Voluntary Surrender of Medical License is hereby **APPROVED AND ACCEPTED** by the Louisiana State Board of Medical Examiners, in New Orleans, Louisiana, on this 29th day of March, 2021.

**LOUISIANA STATE BOARD
OF MEDICAL EXAMINERS**

BY. _____


RODERICK V. CLARK, M.D., M.B.A.
President