

Jeb Bush
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DEPARTMENT OF HEALTH
DEPUTY CLERK

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DATE 01-03-06

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

**UNIFORM NON-DISCIPLINARY CITATION
BOARD OF OSTEOPATHIC MEDICINE**

Issued to: Roberta Sharon Rose, DO
8005 Bay Street, Suite #3
Sebastian, FL 32958
License Number: OS6236

Citation Number: 200564577
Case Number: 2005645771
Date of Violation: March 31, 2004
Profession: 1901

Pursuant to Section 456.077 F.S., the undersigned hereby certifies that he/she has probable cause to believe that on March 31, 2004, the above referenced subject did violate the following provision(s) of law s. 459.015(1)(g)(pp), F.S., by committing the following act(s): **failing to complete 1-hour of Domestic Violence CME, 1-hour of Managed Care CME, 1-hour of Florida Laws and Rules CME and 2-hours of Prevention in Medical Errors CME within the February 1, 2002 to March 31, 2004 license biennium.**

Pursuant to Rule 64B15-19.007(3)(d), Florida Administrative Code, the Board/Department has set the following penalty for violation of the aforesaid provision: **\$750.00** fine and costs in the amount of **\$89.00**. In addition, within 12 months, the licensee shall make up all hours not completed (1-hour of Uses and Abuses of Controlled Substances CME should be substituted for the previously required 1-hour of Managed Care CME) plus 5-hours of additional continuing education requirements, and prior to renewing the license for the next biennium, Respondent must document compliance with the CME requirements for the relevant period.

Total amount due \$889.00

On behalf of: M. Rony François M.D. M.S.P.H. Ph.D., Secretary

ISSUED this 23rd day of November, 2005

by: *Nicole K. Jones*
Nicole K. Jones, Government Analyst I

If you do not dispute the citation within, thirty (30) days of service, the citation will automatically be filed as a final order of the board but will not be considered disciplinary action against your license. If you accept this citation, it will be filed as a final order and total payment of fine and cost is due thirty (30) days from the date the citation is filed and becomes a final order. In order to dispute this citation you must do so in writing. Send the written dispute and a copy of the citation by certified mail to the following address:

Department of Health, Consumer Services Unit
4052 Bald Cypress Way Bin C#75
Tallahassee Florida 32399-3275

You may elect to have these charges prosecuted as a disciplinary action according to section 456.073 Florida Statutes, rather than accept this citation. In the event that you elect to have these charges prosecuted pursuant to section 456.073 Florida Statutes, the case will be presented to the appropriate probable cause panel or the Department for a determination of probable cause.

PLEASE CHECK ONE OF THE FOLLOWING AND SIGN:

- (1) I CHOOSE TO ACCEPT THE NON-DISCIPLINARY CITATION
- (2) I CHOOSE NOT TO ACCEPT THE NON-DISCIPLINARY CITATION AND WISH TO HAVE THIS CASE PROSECUTED UNDER SECTION. 456.073, FLORIDA STATUTES.

Signed: _____ Date: _____

PLEASE READ THE INFORMATION ON THE REVERSE SIDE OF THIS FORM

Division of Medical Quality Assurance, Consumer Services Unit
4052 Bald Cypress Way, Bin C-75 * Tallahassee, FL 32399-3275
Telephone Number (850) 245-4339 or Toll Free Call Center 1-888-419-3456
Visit us online at www.doh.state.fl.us

**IMPORTANT INFORMATION REGARDING
COMPLIANCE WITH THIS NON-DISCIPLINARY CITATION**

This citation automatically becomes a final order of the board if you do not dispute the citation within thirty (30) days of the date the citation was served. All fines and costs are due thirty (30) days from the date the citation becomes a final order. Please attach a copy of the citation with your payment. Payment shall be mailed to the following address:

DOH/MQAMS/Client Services
Post Office Box 6320
Tallahassee, Florida 32314-6320

Any continuing education requirements shall be completed within the timeframe specified in the citation and proof of compliance documented with the Department of Health. Proof of completion must be mailed to:

DOH/HMQAMS/Client Services
Compliance - Bin C01
4052 Bald Cypress Way
Tallahassee, Florida 32399-3251

After this citation becomes a final order, failure to pay the fine and costs specified and provide proof of required continuing education within the timeframe specified on this citation constitutes a violation of a final order of the board, and may subject you to disciplinary action and referral to a collection agency.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Citation has been served upon: Dr. Roberta Rose

At: 8005 Bay Street, Suite #3, Sebastian, FL 32958

() By Personal Service (X) U.S. Certified Mail, Restricted Delivery, this 30th day of November, 2005.

Signature


Department of Health Representative