



Jeb Bush
Governor

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

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

Issued to: David M. Garrison, MD Citation Number: 200565579
16 Ryder Cup Circle Case Number: 2005655791
Pittsford, NY 14534 Date of Violation: March 2, 2005
License Number: 91514 Profession: 1501

Pursuant to Section 456.077 F.S., the undersigned hereby certifies that he/she has probable cause to believe that on March 2, 2005 the above referenced subject did violate the following provision(s) of law F.S.456.013(7), F.S. 456.031(2) and F.S. 456.033(6), by committing the following act(s): Failing to submit to the Board proof of completion of the required continuing medical education hours (3 hours of HIV/AIDS, 1 hour Domestic Violence, and 2 hours Prevention of Medical Errors) for initial licensure.

Pursuant to Rule 64B8-8.017(3)(a)4 Florida Administrative Code, the Board/Department has set the following penalty for violation of the aforesaid provision: \$1,000 fine, plus costs in the amount of \$89.00, and submit completion of all deficient continuing medical education hours by October 6, 2006.

Total amount due \$1,089.00

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

ISSUED this 6th day of October, 2005 by: *[Signature]*

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 understand that if you choose this option, any penalties imposed by the board will be counted as discipline.

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: *[Signature]* Date: 11/14/05

PLEASE READ THE INFORMATION ON THE REVERSE SIDE OF THIS FORM

DEPARTMENT OF HEALTH
CLERK
DATE

**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: *David M. Garrison*

At: *16 Ryder Cup Circle
Pittsford, NY 14534*

() By Personal Service (X) U.S. Certified Mail, Restricted Delivery, this 15 day of October, 2005

Signature

[Handwritten Signature]
Department of Health Representative