

DEPARTMENT OF HEALTH
DEPUTY CLERK

CLERK *Niether Coleman*
DATE 11-10-05



Jeb Bush
Governor

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

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

Issued to:	Douglas VAN DER HEIDE, M.D. 10 East 85 th Street, #1B New York, NY 10028	Citation Number:	ME 2005-65728
License No.:	ME 0092305	Case Number:	2005-657281
		Date of Violation:	June 6, 2005
		Profession:	Physician

Pursuant to Section 456.077 F.S., the undersigned hereby certifies that he/she has probable cause to believe that on June 6, 2005, the above referenced subject did violate the following provision(s) of law: Section 458.331(1)(g)(nn), F.S., by committing the following act(s):
Failing to timely complete the CME required by Sections 456.013, 456.031 and/or 456.033, F.S., and/or Rule 64B8-13.005, Florida Administrative Code.
Pursuant to Rule 64B8-8.017, F.A.C., the Board/Department has set the following penalty for violation of the aforesaid provision: \$ 1,000.00 plus costs in the amount of \$ 89.00.

Total amount due \$ 1,089.00. In addition, certified documentation of completion of the required CME must be submitted within 12 months of the date this citation is issued.

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

ISSUED this 12th day of October, 2005
by *J.A. Lammert*
J.A. Lammert, Investigation Specialist II

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

Signed: *[Signature]* Date: 11/2/05

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) 414-1976 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 further 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: Douglas John VAN DER HEIDE, M.D.

At: 10 East 85th Street, #1B
New York, NY 10028

() By Personal Service (x) U.S. Certified Mail, Restricted Delivery, this 2nd day of November, 2005

Signature


Department of Health Representative