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 DEPARTMENT OF HEALTH
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 DATE 5-9-06

Jeb Bush
 Governor

R. Rony Francois, M.D., M.S.P.H., P.N.D.
 Secretary

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

Issued to: <u>Israt Jahan, M.D.</u>	Citation Number: <u>200606952</u>
<u>3126 Highlands Lakeview Circle</u>	Case Number: <u>2006069521</u>
<u>Lakeland, FL 33813</u>	Date of Violation: <u>February 8, 2006</u>
License Number: <u>ME 94116</u>	Profession: <u>1501</u>

Pursuant to Section 456.077 F.S., the undersigned hereby certifies that he/she has probable cause to believe that on February 8, 2006 the above referenced subject did violate the following provision(s) of law **Section 456.031 & 456.033 (6), F.S. pursuant to Section 458.331 (1)(g)(nn), F.S.**, by committing the following act(s): **Failure to timely complete AND/OR SUBMIT within the allotted time frame the initial CME certification for one hour Domestic Violence and one hour HIV/AIDS.**

Pursuant to Rule 64B8-8.017(3)(a) Florida Administrative Code, the Board/Department has set the following penalty for violation of the aforesaid provision: **\$500.00 plus costs in the amount of \$89.00.**

Total amount due: \$589.00

On behalf of: R. Rony Francois, M.D., M.S.P.H., P.h.D Secretary
 ISSUED this 28th day of March, 2006
 by: Tracie Natale
 Tracie Natale, 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 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: _____ Date: _____
PLEASE READ THE INFORMATION ON THE REVERSE SIDE OF THIS FORM

**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: Israt Jahan, M.D.

At: 3126 Highland Lakeview Circle
Lakeland, FL 33813

() By Personal Service () U.S. Certified Mail, Restricted Delivery, this 31st day of March, 2006.

Signature

Traci Natale
Department of Health Representative

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Israt Jahan, M.D.
3126 Highlands/Lakeview Circle
Lakeland, FL 33813

2006-06952

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x Israt Jahan Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

Israt Jahan MD 3-31-06

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service tag)

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