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DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK *Kachiro*  
DATE 2/22/07  
Interim Secretary, Department of Health

UNIFORM NON-DISCIPLINARY CITATION  
BOARD OF OSTEOPATHIC MEDICINE

Issued to: OLGA INES ARIAS  
7710 NW 53<sup>RD</sup> WAY  
GAINESVILLE, FL 32653

Citation Number: 2006-43914  
Case Number: 2006-43914  
Date of Violation: MARCH 31, 2006

License No.: 7547

Profession: Osteopathic Physician

Pursuant to Section 456.077 F.S., the undersigned hereby certifies probable cause to believe that on **MARCH 31, 2006**, the above referenced Subject did violate the following provision(s) of law per **Section 459.015(1)(g)(pp), F.S.**, by committing the following act(s); **Failure to timely complete and missing 26 (twenty-six) hours of continuing education requirements of the following: 20 AOA Category 1-A, 1 LIVE Risk Management, 1 LIVE Florida Laws & Rules, 1 LIVE Laws RE Use & Abuse of Continuing Substance, 2 LIVE Prevention of Medical Errors, 1 Domestic Violence (live or non-live) required by Sections 456.013, 456.031 and 456.033, F.S., and Rule 64B15-13.001, F.A.C.**

Pursuant to Rule 64B15-19.007, F.A.C., the Board/Department has set the following penalty for violation of the aforesaid provision: **\$3900.00 plus 26 (twenty-six) CEU additional penalty hours**, and costs in the amount of **\$89.00**.

**Subject must submit certified documentation of completion of all CEU requirements for the period for which the citation was issued prior to renewing the license for the next biennium. Subject must document compliance with the CEU requirements for the relevant period.**

**Total amount due: \$3,989.00 plus 26 CEU additional penalty hours.**

Received Date : 2/23/2007  
Deposit Date : 2/23/2007  
Deposit # : 187412  
Batch Number : 001015947  
Validation # : 908108766  
Check Amount : \$3,989.00  
PRO\_CODE : 1901

On behalf of: Joseph J. Chiaro, M.D., FAAP, Interim Secretary  
ISSUED this 9<sup>th</sup> day of January, 2007.

by *Amie H. Rice*  
Amie H. Rice, 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

✓  
✓ \$ only

You may elect to have these charges prosecuted as a disciplinary action accord. 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: *Amie H. Rice*, D.O. Date: 2/3/07

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 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:

*Olga I. Arias, D.O.*  
At: *7710 N.W. 53<sup>rd</sup> Way, Gainesville FL 32653*

( ) By Personal Service (X) U.S. Certified Mail, Restricted Delivery, this 19<sup>th</sup> day of January, 2007

Signature

*Amie Rice*  
Department of Health Representative