



FILED  
 DEPARTMENT OF HEALTH  
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 CLERK *Kelli M. Howard*  
 DATE 5/17/07

Charlie Crist  
 Governor

Ana M. Viamonte Ros, M.D., M.P.H.  
 Secretary of Health

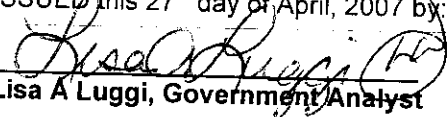
**UNIFORM NON-DISCIPLINARY CITATION  
 BOARD OF MEDICINE**

Issued to: CARLOS ALBERTO PLACCI Citation Number: 200712186  
1448 SHADY AVENUE  
PITTSBURGH, PA 15217 Date of Violation: 7/20/2006  
 License Number: 83392 Profession: 1501

Pursuant to Section 456.077 F.S., the undersigned hereby certifies that he/she has probable cause to believe that on July 20, 2006 the above referenced subject did violate the following provision(s) of law s. **458.331(1)(g)(nn) Florida Statute**, by committing the following act(s): Lacking proof of completing of: 1 hour course in HIV/AIDS, category 1, AMA approved and 2 hours course in Preventing Medical Errors during the licensure renewal audit period for the 2004-2006 biennium **as required**.

Pursuant to Rule **64B8-8.017** 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: Ana M. Viamonte Ros, M.D., M.P.H., Secretary.

ISSUED this 27<sup>th</sup> day of April, 2007 by:  
  
 Lisa A Luggi, Government Analyst

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 should be made payable to the Department of Health. 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**

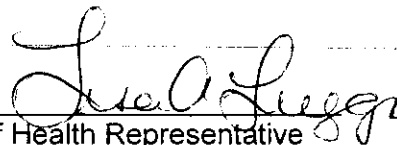
I HEREBY CERTIFY that a true and correct copy of the foregoing Citation has been served upon:

At:

CARLOS ALBERTO PLACCI  
1448 SHADY AVENUE  
PITTSBURG, PA 15217

( ) By Personal Service  U.S. Certified Mail, Restricted Delivery, this 5 day of May, 2007.

Signature



Department of Health Representative