

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK *Viamonte Ros*
DATE 7.9.07



Received Date : 6/4/2007
Deposit Date : 6/5/2007
Deposit # : 167719
Batch Number : 001024421
Validation # : 908185226
Check Amount : \$589.00
PRO. CODE : 15001

Charlie Crist
Governor

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

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

Issued to: JOHN H. COVERDALE, M.D. Citation Number: 2007-13625
ONE BAYLOR PLAZA BCM 350
HOUSTON, TX 77030
License Number: ME 61859 Date of Violation: JANUARY 31, 2006
Profession: Physician

Pursuant to Section 456.077 F.S., the undersigned hereby certifies that he/she has probable cause to believe that on JANUARY 31, 2006, 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): **Failure to document timely fulfillment of all the continuing medical education required by Sections 456.013, 456.031 and/or 456.033, F.S., and/or Rule 64B8-13.005, F.A.C. Specifically, Subject lacked proof of completion of 1 hour Domestic Violence and 1 hour Preventing Medical Errors.**

Pursuant to Rule **64B8-8.017(3)(a)2.3.**, 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**. **Within twelve months of the date of citation is issued, Respondent must submit certified documentation of completion of all CME requirements for the period for which the citation was issued. Prior to renewing the license for the next biennium, Respondent must document compliance with the CME requirements for the relevant period.**

Total amount due \$589.00.

On behalf of: Ana M. Viamonte Ros, M.D., M.P.H., Secretary

ISSUED this 15th day of May, 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

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: *J. Coverdale* Date: 5/28/07

PLEASE READ THE INFORMATION ON THE REVERSE SIDE OF THIS FORM

RECEIVED

JUN 06 2007

Compliance Management Unit

Division of Medical Quality Assurance, Consumer Services Unit
4052 Bald Cypress Way, Bin C-75 * Tallahassee, FL 32399-3275
Telephone Number (850) 245-4339 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 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: *John H. Coverdale, M.D.*

At: *One Baylor Plaza BCM 350, Houston TX 77030*

() By Personal Service () U.S. Certified Mail, Restricted Delivery, this *21st* day of *May*, 20*07*.

Signature

Christine
Department of Health Representative