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DEPARTMENT OF HEALTH  
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CLERK *Selli M. Howard*  
DATE 11/14/07



Florida Department of Health  
Department of Health  
Division of Medical Quality Assurance  
Consumer Services Unit  
Tallahassee, Florida 32399-3275  
Phone: (850) 245-4339  
Fax: (850) 245-4339

Charlie Crist  
Governor

Ana M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General

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

Issued to: LOUIS KENNETH HAUBER Citation Number: 200727915  
200 MEDICAL ARTS BLDG. #240  
KITTANNING, PA 16201 Date of Violation: 8/6/2007  
License Number: 59584 Profession: 1501

Pursuant to Section 456.077 F.S., the undersigned hereby certifies that he/she has probable cause to believe that on August 6, 2007 the above referenced subject did violate the following provision(s) of law **458.331(1)(g)(nn) F.S.**, by committing the following act(s): During the renewal period of February 1, 2005 through January 31, 2007, Subject is lacking 2 hours of Preventing Medical Errors. The licensee completed this course July 19, 2007, outside the allotted time frame. Subject also lacks proof of completing 38 general CME during the biennium time frame 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: **\$2150.00** plus costs in the amount of **\$89.00**. **Subject shall complete all missing CMEs within one (1) year from the date the citation was issued (September 13, 2007).**

**Total Amount Due: \$2239.00.**

On behalf of: Ana M. Viamonte Ros, M.D., M.P.H., State Surgeon General.  
ISSUED this 13<sup>TH</sup> day of September, 2007 by:

*Lisa A. Luggi*  
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: *[Signature]* Date: 10/12/07  
**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) 245-4339 or Toll Free Call Center 1-888-419-3456  
Visit us online at [www.doh.state.fl.us](http://www.doh.state.fl.us)

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Consumer Services Unit

**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:

LOUIS KENNETH HAUBER, MD  
200 MEDICAL ARTS Bldg. #240  
KITTANNING, PA 16201

( ) By Personal Service  U.S. Certified Mail, Restricted Delivery, this 26 day of SEP, 2017.

Signature



Department of Health Representative