



FILED
 DEPARTMENT OF HEALTH
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 DATE **OCT 27 2010**

Charlie Crist
 Governor

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

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

Issued to: Eliza E. Wochnik, M.D. Citation Number: 2010-18488
573 East 4380 North
Provo, UT 84604-5110
 License Number: 24635 Date of Violation: September 17, 2010
 Profession: Medical Doctor

Pursuant to Section 456.077 F.S., the undersigned hereby certifies that he/she has probable cause to believe that on or around September 17, 2010 the above referenced subject did violate the following provision(s) of law **F.S. 458.331(1)(g)(nn) and FAC 64B8-13.005(1)c(4)**, by committing the following act(s): Failing audit for biennium period of 02/01/2008 through 01/31/2010 by failing to provide proof of completion of 2 hours in prevention of medical errors.

Pursuant to Rule **64B8-8.017(3)(a)(3)** Florida Administrative Code, the Board/Department has set the following penalty for violation of the aforesaid provision: **\$250.00** plus costs in the amount of **\$122.00**, and provide proof of completion of 2 hours in prevention of medical errors within 60 days.

Total amount due \$372.00

On behalf of: Ana M. Viamonte Ros, M.D., M.P.H., State Surgeon General.

ISSUED this 28th day of September, 2010 by:

Scott DelBeato, 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: Eliza E. Wochnik MD Date: October 18, 2010
PLEASE READ THE INFORMATION ON THE REVERSE SIDE OF THIS FORM

RECEIVED
 CONSUMER SERVICES UNIT
 2010 OCT 22 PM 3:10

**IMPORTANT INFORMATION REGARDING
COMPLIANCE WITH THIS 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 cashier's check or money order. Payment should be made payable to the Department of Health. Payment shall be mailed to the following address:

DOH/MQAMS/Compliance Management Unit
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
Compliance Management Unit- 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:

At:

() By Personal Service () U.S. Certified Mail, Restricted Delivery () Regular Mail,
this 18 day of Dec., 2010.

Signature


Department of Health Representative

ELIZA E. WOCHNIK 10-86
573 E 4380 N
PROVO, UT 84601

October 18, 2010
Date

31-297/1240 2170
0331978320

Pay to the Order of Florida Department of Health \$ 372.00
Three hundred and seventy and 00/100 Dollars



For Ed. Lic.# 24635; acct# 1010-18458 Eliza E. Wochnik

