

PROF. CODE- CITATION NO.
2701-0212466
DATE OF COMPLAINT
MAY 6, 2002
CASE NUMBER
2002-12466

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK *Vicki R. Kenon*
DATE 6/24/02

**AGENCY FOR HEALTH CARE ADMINISTRATION
BOARD OF PSYCHOLOGY
UNIFORM DISCIPLINARY CITATION**

ISSUED TO: **SCOTT ALLEN, Ph.D**
11745 KIMMIE DRIVE
COOPER CITY, FL 33026

LICENSE NUMBER (S): PY 3979

Pursuant to Section 456.077, Florida Statutes, formerly Section 455.617 (1997), the undersigned hereby certifies that he/she has probable cause to believe that on the 6th day of May, the person(s) whose name(s) appear above did violate the following provisions of law: 490.009(1)(h)F.S., By committing the following act(s): Failing to perform any statutory or legal obligation placed upon a person licensed under this chapter.

Pursuant to Rule 4B19-17.004(7) Florida Administrative Code, the Board/Agency has set the following penalty for violation of the aforesaid provision: \$250.00 plus costs in the amount of \$ 99.00
Total amount due = \$ 349.00

ISSUED this 8th day of May, 2002. RHONDA M. MEDOWS, MD, FAAFP, SECRETARY

By *Kimberly Moore* ID No. HA 11
Kimberly Moore, Investigative Specialist II.

IF YOU DO NOT DISPUTE THE CITATION WITHIN THIRTY (30) DAYS OF SERVICE, THE CITATION AUTOMATICALLY BECOMES A FINAL ORDER OF THE BOARD. IN ORDER TO DISPUTE THIS CITATION, YOU MUST DO SO IN WRITING TO THE AGENCY FOR HEALTH CARE ADMINISTRATION, Consumer Services Unit, Post Office Box 14000, Tallahassee, FL 32317-1400, BY CERTIFIED MAIL, ENCLOSING A COPY OF THE CITATION.

NOTICE: YOU MAY ELECT TO HAVE THESE CHARGES PROSECUTED AS A DISCIPLINARY ACTION ACCORDING TO SECTION 456.073, FLORIDA STATUTES, FORMERLY 455.621 (1997) RATHER THAN ACCEPT THIS CITATION.

In the event that you elect to have these charges prosecuted pursuant to s.456.073, Florida Statutes the case will be presented to the appropriate probable cause panel or the agency for review. This will result in a finding of probable cause or no probable cause.

CHECK (1) I CHOOSE TO PAY THE PENALTIES ON THE CITATION.
ONE (2) I CHOOSE NOT TO PAY THE CITATION, AND WISH TO HAVE THIS
CASE PROSECUTED UNDER s. 456.073, FLORIDA STATUTES.

Signed : _____ Date _____

PLEASE READ REVERSE SIDE OF THIS FORM

NOTICE

YOU HAVE A TOTAL OF SIXTY (60) DAYS FROM THE DATE THIS CITATION WAS SERVED UPON YOU TO PAY THE FINE AND COSTS SPECIFIED. THIS CITATION AUTOMATICALLY BECOMES A FINAL ORDER OF THE BOARD IF YOU DO NOT DISPUTE THE CITATION WITHIN THIRTY (30) DAYS OF THE DATE THIS CITATION WAS SERVED UPON YOU. AS A FINAL ORDER, THE FINE AND COSTS SHALL BE DUE TO THE BOARD WITHIN THIRTY (30) DAYS OF THE DATE OF THE FINAL ORDER. ANY CONTINUING EDUCATION REQUIREMENTS SHALL BE COMPLETED WITHIN THE TIMEFRAME SPECIFIED ON THIS CITATION AND PROOF OF COMPLIANCE FORWARDED TO THE DEPARTMENT OF HEALTH, HMQAMS/Client Services Unit, Post Office Box 6320, Tallahassee, Florida 32314-6320. AFTER THIS CITATION HAS BECOME A FINAL ORDER, FAILURE TO PAY THE FINE AND COSTS SPECIFIED AND FAILURE TO 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. PAYMENT SHALL BE MADE TO THE DEPARTMENT OF HEALTH, HMQAMS/Client Services Unit, Post Office Box 6320, Tallahassee, Florida 32314-6320. PLEASE ATTACH A COPY OF THIS CITATION WITH YOUR PAYMENT.

CERTIFICATE OF SERVICE

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

At: Scott W. Allen

11745 Kimmie Dr
Copier City, FL 32026

By Personal Service/U.S. Certified Mail, Restricted Delivery, this 18th day of May, 2002.

Signature

2002 Kimberly Moore
A.H.C.A. REPRESENTATIVE

NOTICE OF APPELLATE RIGHTS

This citation becomes a Final Order of the Board if you have not contested it within thirty (30) days of the date upon which the Citation was served upon you. If this Citation becomes a Final Order of the Board, you have the right to appeal to the District Court of Appeal in your area or to the First District Court of Appeal.

YOU ARE HEREBY NOTIFIED, pursuant to Section 120.59, Florida Statutes, and 120.68, Florida Statutes, that you may appeal the Final Order by filing one copy of a Notice of Appeal with the Clerk of the Department of Health, Division HQA, Central Records Unit, 4042 Bald Cypress Way, Bin #00, Tallahassee, FL 32399-3250, and by filing one copy of the Notice of Appeal and the filing fee (\$ 250.00, pursuant to Sec. 35.22(3), Florida Statutes) with the District Court of Appeal within thirty (30) days of the effective date of the Final Order.