

PROF. CODE- CITATION NO.
1901 200101746
DATE OF COMPLAINT
February 13, 2002
CASE NUMBER
2001017461

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK *Vicki R. Kenon*
DATE 9/10/02

**DEPARTMENT OF HEALTH
BOARD OF OSTEOPATHIC MEDICINE
UNIFORM DISCIPLINARY CITATION**

ISSUED TO: STEVEN BATTON, D.O.
1821 Lakemont Circle
Middleburg, Florida 32068

LICENSE NUMBER (S): 5849

Pursuant to Section 456.077, Florida Statutes the undersigned hereby certifies that he/she has probable cause to believe that on the 31st day of January, 2000, the person(s) whose name(s) appear above did violate the following provisions of law: 459.015(1)(i) Florida Statutes. By committing the following act(s): Failure to provide documentation to show completion of one hour HIV/AIDS, one hour Domestic Violence, one hour Risk Management, one hour Managed Care, and one hour Florida Laws and Rules continuing education required for license renewal during a continuing education audit for the renewal period February 1, 1998 through January 31, 2000.

Pursuant to Rule 64B15-19.007 Florida Administrative Code, the Board/Department has set the following penalty for violation of the aforesaid provision: \$2,000.00 plus costs in the amount of \$ 99.00

Total amount due = \$2,099.00

ISSUED this 1st day of July, 2002. JOHN O. AGWUNOBI, M.D., M.B.A., SECRETARY

By *Shane Walters* ID No. HA 85
Shane Walters, Investigation 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 DEPARTMENT OF HEALTH, CONSUMER SERVICES UNIT, 4052 BALD CYPRESS WAY, BIN C-75, TALLAHASSEE, FL 32399-3275, 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 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 Department 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 _____

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:

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

Signature

D.O.H. 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.