



FILED
 DEPARTMENT OF HEALTH
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Jeb Bush
 Governor

M. Rony François, M.D., M.S.P.H., Ph.D.
 Secretary

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

Issued to: <u>Thomas Vincent Cyriac, MD</u>	Citation Number: <u>200605287</u>
<u>1802 W Maryland Ave, #3011</u>	Case Number: <u>200605287</u>
<u>Phoenix, AZ 85015</u>	Date of Violation: <u>December 6, 2005</u>
License Number: <u>ME93411</u>	Profession: <u>1501</u>

Pursuant to Section 456.077 F.S., the undersigned hereby certifies that he/she has probable cause to believe that on December 6, 2005, the above referenced subject did violate the following provision(s) of law s. 458.331(1)(g)(nn), F.S., by committing the following act(s): **failing to provide proof of completion of the two-hours in Prevention of Medical Errors CME, three-hours of AMA approved HIV/AIDS CME and one-hour of Domestic Violence CME required upon initial licensure, within the specified six-month time frame (the deadline was December 6, 2005).**

Pursuant to Rule 64B8-8.017(3)(a)4., Florida Administrative Code, the Board/Department has set the following penalty for violation of the aforesaid provision: **\$500.00** fine plus costs in the amount of **\$89.00**; within twelve months of the date the citation is issued, Respondent must submit certified documentation of completion of two-hours in Prevention of Medical Errors CME, three-hours of AMA approved HIV/AIDS CME and one-hour of Domestic Violence CME.

Total amount due \$589.00

On behalf of: M. Rony François M.D. M.S.P.H. Ph.D., Secretary

ISSUED this 7th day of March, 2006

by: *Nicole K. Jones*
 Nicole K. Jones, Government Analyst I

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 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: _____ Date: _____
PLEASE READ THE INFORMATION ON THE REVERSE SIDE OF THIS FORM

**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 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: Dr. Thomas Cyriac

At: 1802 West Maryland Avenue, Apt. 3011, Phoenix, AZ 85015

() By Personal Service U.S. Certified Mail, Restricted Delivery, this 11th day
of March, 2006.

Signature

Spiale K. Jones
Department of Health Representative