

Charlie Crist
Governor



FILED
DEPARTMENT OF HEALTH
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DATE 3/16/07

Ana M. Viamonte Ros, M.D., MPH
Secretary, Department of Health

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

Issued to: GUSTAVO IVAN CADAVID
1211 98TH STREET
BAY HARBOUR ISLANDS, FL 33154

Citation Number: 2006-43946
Case Number: 2006-43946
Date of Violation: 03/31/06

License No.: 6548

Profession: Osteopathic Physician

Pursuant to Section 456.077 F.S., the undersigned hereby certifies probable cause to believe that on MARCH 31, 2006, the above referenced Subject did violate the following provision(s) of law per Section 459.015(1)(g)(pp), F.S., by committing the following act(s); Failure to complete and missing 5 hours of continuing education requirements of the following: **1 LIVE Risk Management, 1 LIVE Florida Laws & Rules, 1 LIVE Laws RE Use & Abuse of Controlled Substance, 2 LIVE Prevention of Medical Errors** required by Sections **456.013, 456.031 and 456.033, F.S., and Rule 64B15-13.001, F.A.C.** Pursuant to **Rule 64B15-19.007, F.A.C.**, the Board/Department has set the following penalty for violation of the aforesaid provision: \$750.00 plus 5 (five) CEU additional penalty hours, and costs in the amount of \$89.00.

Total amount due: \$839.00 plus 5 CEU additional penalty hours. Subject must submit certified documentation of completion of all CEU requirements for the period for which the citation was issued prior to renewing the license for the next biennium. Subject must document compliance with the CEU requirements for the relevant period.

On behalf of: Ana M. Viamonte Ros, M.D., MPH, Secretary
ISSUED this 26th day of January, 2007

by *Amie H. Rice*
Amie H. Rice, 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 CHECK ONE OF THE FOLLOWING AND SIGN:

- ____ (1) I CHOOSE TO ACCEPT THE CITATION
- ____ (2) I CHOOSE NOT TO ACCEPT THE 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 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: Gustavo I. Cadand, D.O.

At: 1211- 98th St, Bay Harbour Islands, FL 33154

() By Personal Service (X) U.S. Certified Mail, Restricted Delivery, this 3rd day of February, 2007.

Signature

Clement Rie

Department of Health Representative