

STATE OF FLORIDA
DEPARTMENT OF HEALTH

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK: *Rachel B. B...*
DATE 5.15.07

IN RE: UNIFORM NON-DISCIPLINARY CITATION
BOARD OF MEDICINE

ISSUED TO: Jay Arthur Van Gerpen, M.D.
36 Ashland Drive
Destrehan, LA 70047

CITATION NUMBER: ME 2007-00092

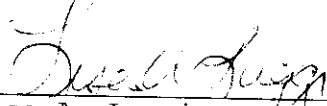
NOTICE OF SCRIVENER'S ERROR

COMES NOW, the Petitioner, Department of Health, and
corrects the scrivener's error contained in the Uniform Non-
Disciplinary Citation, and as grounds therefore states:

1. On January 4, 2007, Petitioner filed a Uniform Non-Disciplinary Citation in Case Number 2007-00092.
2. Petitioner's listed the Subject was lacking 1 (one) hours of HIV/AIDS on said order.
3. The Board of Medicine made an error on their report. This investigator made a previous correction to the non-disciplinary citation indicating HIV/AIDS as the deficient CME. It was learned the Subject failed to complete and submit two (2) hours of Preventing Medical Error of CME.

WHEREFORE, the Petitioner hereby corrects the scrivener's
error contained in the Uniform Non-Disciplinary Citation.

Respectfully submitted,



Lisa A. Luggi
Government Analyst
Department of Health
Medical Quality Assurance, CSU
4052 Bald Cypress Way, Bin #C75
Tallahassee, Florida 32399-3275

Charlie Crist
Governor



Joseph J. Chiaro, M.D., FAAP
Interim Secretary, Department of Health

UNIFORM NON-DISCIPLINARY CITATION BOARD OF MEDICINE

Issued to:	<u>JAY ARTHUR VAN GERPEN</u>	Citation Number:	<u>200700092</u>
	<u>36 ASHLAND DRIVE</u>	Case Number:	<u>2007000921</u>
	<u>DESTREHAN, LA 70047</u>	Date of Violation:	<u>May 2, 2006</u>
License Number:	<u>94701</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 **May 2, 2006**, the above referenced subject did violate the following provision(s) of law **Section 456.072(1)(e)(s) and 458.331 (1)(g)(nn)**, F.S, by committing the following act(s): **Subject failed to complete and submit two (2) Hours of Preventing Medical Errors for initial licensure within the allotted time frame as per Section 456.013(7) Florida Statute.**

Pursuant to Rule **64B8-8.017(3)(a)** 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 **\$89.00**. **Within twelve months of the date of citation is issued, Respondent must submit certified documentation of completion of all CME requirements for the period for which the citation was issued. Prior to renewing the license for the next biennium, Respondent must document compliance with the CME requirements for the relevant period. Total amount due: \$339.00.**

On behalf of: Joseph J. Chiaro, M.D., FAAP, Interim Secretary
ISSUED this 4th day of January, 2007
by: *Lisa A. Luggi*
Lisa A. Luggi, Government Analyst

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