



FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK  
CLERK: *Rachel Cole*  
DATE: 11/20/07

Charlie Crist  
Governor

Ana M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General

### UNIFORM NON-DISCIPLINARY CITATION BOARD OF MEDICINE

Issued to: DEBRA MENDELSON DRUCKER, M.D. Citation Number: 2007-29933  
4600 SHERIDAN STREET, #400  
HOLLYWOOD, FL 33021  
License Number: ME 59538 Date of Violation: JANUARY 31, 2007  
Profession: Physician

Pursuant to Section 456.077 F.S., the undersigned hereby certifies that he/she has probable cause to believe that on JANUARY 31, 2007, the above referenced subject did violate the following provision(s) of law **Section 458.331(1)(g)(nn), F.S.**, by committing the following act(s): **Failure to properly document timely fulfillment of all the continuing medical education required by Sections 456.013, 456.031 and/or 456.033, F.S., and/or Rule 64B8-13.005, F.A.C. Specifically, Subject lacked 20.5 hours general CME for the audited biennium of February 1, 2005-January 31, 2007 (completed on 08/21/07, after the biennium).**

Pursuant to Rule **64B8-8.017(3)(a)5**, Florida Administrative Code, the Board/Department has set the following penalty for violation of the aforesaid provision: **\$1,050.00** 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 \$1,139.00.**

On behalf of: Ana M. Viamonte Ros, M.D., M.P.H., State Surgeon General.

ISSUED this 2<sup>nd</sup> day of October, 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 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: *Debra Drucker* Date: 10/31/07  
**PLEASE READ THE INFORMATION ON THE REVERSE SIDE OF THIS FORM**

*Please include the notation that CME credits were completed; they were not processed in the time frame. Thank you.*

**IMPORTANT INFORMATION REGARDING  
COMPLIANCE WITH THIS 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 cashier's check or money order. Payment should be made payable to the Department of Health. Payment shall be mailed to the following address:

DOH/MQAMS/Compliance Management Unit  
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  
Compliance Management Unit- 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: *Debra M. Drucker*

At: *4600 Sheridan Street #400, Hollywood FL 33021*

( ) By Personal Service  U.S. Certified Mail, Restricted Delivery, this *9<sup>th</sup>* day of *October*, 2007.

Signature

*Amiott Ric*  
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Department of Health Representative