



FILED  
 DEPARTMENT OF HEALTH  
 DEPUTY CLERK  
 CLERK *Angela Barton*  
 DATE *8/28/09*

Charlie Crist  
 Governor

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

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

Issued to: ARLIE N. WALLACE, DO Citation Number: 2009-04514  
3300 South Tamiami Trail, #5  
Sarasota, FL 34239  
 License Number: 4791 Date of Violation: March 31, 2008  
 Profession: Osteopathic Physician

Pursuant to Section 456.077 F.S., the undersigned hereby certifies that he/she has probable cause to believe that on March 31, 2008 the above referenced subject did violate the following provision(s) of law F.S. 459.015(1)(g)(pp), by committing the following act(s): **Failing to provide proof of completion of 2-hours Prevention of Medical Errors CME, 1-hour Florida Laws and Rules CME, 1-hour Risk Management CME, 1-hour Controlled Substance CME and deficit 16-hours AOA Category 1-A CME for the April 1, 2006 through March 31, 2008 Continuing Education Audit.**

Pursuant to Rule 64B15-19.007(3)(d) Florida Administrative Code, the Board/Department has set the following penalty for violation of the aforesaid provision: **\$3,150.00** plus costs in the amount of **\$75.00**: Respondent must submit certified documentation of completion and make up all hours not completed, and shall be required to take 1 additional hour of continuing education for each hour not completed or completed late. Respondent 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.

**Total amount due \$3,225.00**

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

ISSUED this 5th day of June, 2009 by: *Shondra A. Watson*  
 Shondra A. Watson, 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 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**

**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/HMQACS/Compliance Management Unit-Bin C75  
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/HMQACS  
Compliance Management Unit- Bin C75  
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: ARLIE N. WALLACE, DO

At: 3300 South Tamiami Trail, Suite 5  
Sarasota, FL 34239

( ) By Personal Service ( ) U.S. Certified Mail, Restricted Delivery (  ) Regular Mail  
this 6th day of June, 2009.

Mailing address verified as: \_\_\_\_\_  
\_\_\_\_\_

Signature

Shonda A. Watson  
Department of Health Representative