



08/06/2009 325.00
ID: B1740 Type: F
BT: 3001476
VL: 909010327

Charlie Crist
Governor

CLERK: Angela Barton

DATE 8/13/09

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

Issued to: Marioara Lazar, MD Citation Number: 200915407
2705 Parkview Dr
Hallandale, FL 33009
License Number: 85656 Date of Violation: 2/1/2009
Profession: 1501

Pursuant to Section 456.077 F.S., the undersigned hereby certifies that he/she has probable cause to believe that on 2/1/2009 the above referenced subject did violate the following provision(s) of law **458.331(1)(g)(nn) and 456.013(7)F.S.**, by committing the following act(s): failing to provide proof of completion of one 2-hour course in Prevention of Medical Errors.

Pursuant to Rule **64B8-8.017** Florida Administrative Code, the Board/Department has set the following penalty for violation of the aforesaid provision: within 12 months of the date the citation is issued respondent must submit certified documentation of completion of all the CME requirements for the period for which the citation was issued. Respondent's continuing education courses will be audited for the next two biennia to ensure compliance with renewal requirements AND fine of **\$250.00** plus costs in the amount of **\$75.00**.

Total amount due \$325.00.

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

ISSUED this 13 day of July, 2009 by: Angela Potter
Angela Potter, Government Analyst I

2009 AUG 10 10:00 AM
RECEIVED
STATE SURGEON GENERAL'S OFFICE

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: [Signature] Date: 8/11/09

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/MQAMS/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: Marioara Lazar

At: 2705 Parkview Drive
Hallandale FL 33009

() By Personal Service () U.S. Certified Mail, Restricted Delivery Regular Mail
this 1st day of August, 2009.

Mailing address verified as: 2705 Parkview Dr
Hallandale FL 33009

Signature


Department of Health Representative