



FILED  
DEPARTMENT OF HEALTH  
DEPUTY CLERK

CLERK Angel Sanders  
DATE SEP 27 2011

**UNIFORM DISCIPLINARY CITATION**  
**BOARD OF MEDICINE**

RECEIVED

Issued to: Thomas V. Cyriac, M.D.  
2567 North Miller Road  
Scottsdale, AZ 85257

Citation Number: 2011-13339

License Number: ME 93411

Date of Violation: August 12, 2011  
Profession: Medical Doctor

Pursuant to Section 456.077 F.S., the undersigned hereby certifies that he/she has probable cause to believe that on or around August 12, 2011 the above referenced subject did violate the following provision(s) of law F.S. **458.331(1)(g)(nn) and FAC 64B8-13.005(1)(c)(4)**, by committing the following act(s): Failing audit for biennium period of 02/01/2009 through 01/31/2011 by failing to provide proof of completion of CME requirements. Errors within the specified time frame.

Pursuant to Rule **64B8-30.014(3)(a)(3)** Florida Administrative Code, 1 penalty for violation of the aforesaid provision: Within sixty days of the submit certified documentation of completion of all CME requirements. In addition, the Respondent will be subject to a CME audit for the next costs in the amount of \$122.00

09/20/2011 372.00  
ID: 91414 Type: F  
BT: 3004782  
VL: 911018394

**Total amount due \$372.00**

On behalf of: H. Frank Farmer, Jr., MD, PhD, FACP - State Surgeon General

ISSUED this 23rd day of August, 2011 by:

[Signature]  
Scott DelBeato, Investigations 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: [Signature] Date: 09/16/11

**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 C76  
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 C76  
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.

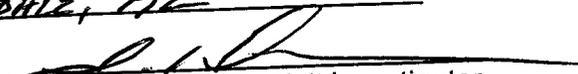
**CERTIFICATE OF SERVICE** (Initial service of citation offer)

I HEREBY CERTIFY that a true and correct copy of the foregoing Citation has been served upon:  
At:

- By Personal Service
- U.S. Certified Mail, Restricted Delivery Receipt Number: \_\_\_\_\_
- Regular Mail

this 16 day of SEPT, 20 11.

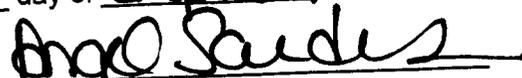
Mailing address verified as: 2567 N. MILLER RD  
SCOTTSDALE, AZ

  
Consumer Services Unit Investigator

**CERTIFICATE OF SERVICE** (Service of filed Final Order)

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been served by U.S. Mail upon:

this 27<sup>th</sup> day of September, 20 11.

  
Deputy Agency Clerk