

06/007-1,625.00



JAN 30 2015

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH RELATED BOARDS
665 Mainstream Drive, Floor 2
Nashville, TN 37243

TENNESSEE BOARD OF MEDICAL EXAMINERS

AGREED CITATION

License # 8889

WHEREAS, Respondent is licensed as a medical doctor in the State of Tennessee by the Tennessee Board of Medical Examiners, license number 8889; and

WHEREAS, Respondent has failed to properly maintain sufficient continuing education credits in violation of TENN. CODE ANN. §§ 63-6-233 and 63-6-214(b)(3); and

WHEREAS, Respondent admits that this violation occurred and does not wish for this matter to be further prosecuted by the State of Tennessee; and

WHEREAS, Respondent acknowledges that she has a right to a hearing before the Tennessee Board of Medical Examiners. At such hearing, Respondent acknowledges that she is aware that she may be represented by counsel if he so chooses. Moreover, Respondent acknowledges and is fully aware that no civil penalty may be assessed against her and no formal action may be taken against her license without being provided the opportunity for a hearing before the Board of Medical Examiners. Respondent acknowledges and understands that by signing this Agreed Citation and paying a civil penalty of **Sixteen Hundred Twenty-Five Dollars (\$1,625.00)** representing a penalty of

one hundred dollars (\$100.00) per delinquent credit hour, and providing proof of completion of the required number of continuing education credits, the Respondent waives her right to a hearing as described herein and provided for in the "Administrative Procedures Act" at TENN. CODE ANN. § 4-5-301 *et seq.*; and

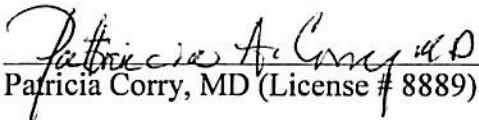
WHEREAS, Respondent admits to the failure to obtain sixteen and a quarter (16.25) hours of required continuing education credits, to include one (1) hour of prescribing practices; and

WHEREAS, Respondent acknowledges and understands that if she does not sign this Citation and return it along with a check or money order made out to the State of Tennessee for the prescribed amount within **sixty (60) days** of receipt, then a formal contested case proceeding could be initiated in which the Tennessee Board of Medical Examiners is authorized to assess civil penalties of up to one thousand dollars (\$1,000.00) for each violation of applicable law and the Board could refuse to renew the Respondent's license or the Respondent's license could be suspended or revoked; and

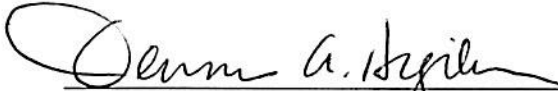
THEREFORE, Respondent, by signing below, voluntarily agrees to the terms of this Citation and herewith remits a civil penalty in the amount of **Sixteen Hundred Twenty-Five Dollars (\$1,625.00)**. Respondent further agrees to provide proof to the Board of completion of the amount of continuing education she is lacking within one hundred and eighty (180) days of ratification of this Citation by the Board and to provide proof of completion of ten (10) penalty hours of continuing education within two (2) years of receipt of this Citation. Respondent executes this Citation for the sole purpose of avoiding further administrative proceedings with respect to this violation. Respondent hereby expressly waives all further procedural steps and expressly waives all rights to

seek judicial review of or to challenge or contest the validity of this Citation. Respondent acknowledges that this Citation is subject to Board approval and agrees that consideration of this Citation shall not prejudice the Board in any future proceeding should the Board not approve this Citation.

AGREED BY:



Patricia Corry, MD (License # 8889)

1-26-15
Date


Michael Zarolli, MD, President
Board of Medical Examiners

DENNIS A. HIXSON MD
SEC'Y BOARD OF MEDICAL EXAMINERS

3/18/15
Date


Andrea Huddleston, Esq.
Tennessee Department of Health

3-18-15
Date