

STATE OF TENNESSEE DEPARTMENT OF HEALTH Bureau of Health Licensure and Regulation Division of Health Related Boards 227 French Landing, Suite 300 Heritage Place Nashville, TN 37243

PHIL BREDESEN GOVERNOR

SUSAN R. COOPER, MSN, RN. COMMISSIONER

Board of Medical Examiners

September 5, 2008

AGREED CITATION PHILOMINA PRESENTATION, M.D. LICENSE #34510

WHEREAS, Respondent is licensed as a medical doctor in the State of Tennessee by the Tennessee Board of Medical Examiners, license number **34510**; 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 Respondent is aware that he or she has a right to a hearing before the Tennessee Board of Medical Examiners. At such hearing, Respondent acknowledges that he or she is aware that he or she may be represented by counsel if he or she so chooses. Moreover, Respondent acknowledges and is fully aware that no civil penalty may be assessed against him or her and no formal action may be taken against his or her license without being provided the opportunity for a hearing before the Tennessee Board of Medical Examiners. Respondent acknowledges and understands that by signing this Agreed Citation and paying a civil penalty of Eighty Dollars (\$80.00), representing a penalty of forty dollars (\$40.00) per delinquent credit hour, and providing proof of completion of the required number of continuing education credits, the Respondent waives his or her right to a hearing as described herein and provided for in the Administrative Procedures Act found at Tenn. Code Ann. § 4-5-301 et seq.; and

WHEREAS, Respondent admits to the failure to obtain **two (2) hours** of required continuing education credits; and

WHEREAS, Respondent acknowledges and understands that if the Respondent 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 thirty (30) days, then a formal contested case proceedings 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.

THEREFORE, Respondent, by signing below agrees to the terms of this citation and remit a civil penalty in the amount Eighty Dollars (\$80.00). The Respondent further agrees to provide proof to the Board of completion of two (2) hours of continuing education, the amount determined to be deficient within one hundred and eighty (180) days of ratification of this citation by the Board. Additionally, Respondent agrees to complete an additional ten (10) hours continuing education hours within two (2) years of ratification of this Agreed Citation. Furthermore, 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. Respondent further acknowledges and understands that this citation will be reported on the Department of Health's Disciplinary Action Report and appear on the Department of Health's Website.

AGREED BY:

ominia Presentation, M.D.

Respondent (License #34510)

Tennessee Board of Medical Examiners

Date

Matthew J. Scanian, Esq., Deputy General Counsel

alow with

Tennessee Department of Health

9-23-08 Date