

IN AND BEFORE THE OKLAHOMA STATE BOARD
OF MEDICAL LICENSURE AND SUPERVISION
STATE OF OKLAHOMA

FILED
MAY 06 2015
OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

STATE OF OKLAHOMA, *ex rel.*,)
THE OKLAHOMA STATE BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)
)
Plaintiff,)
)
v.)
)
ELIZABETH LAUREN GILBERT, O.T.A.,)
LICENSE NO. OA1082,)
)
Defendant.)

Case No. 15-05-5141

COMPLAINT

COMES NOW the Plaintiff, the State of Oklahoma, *ex rel.*, the Oklahoma State Board of Medical Licensure and Supervision (the "Board"), by and through its attorney, Joseph L. Ashbaker, Assistant Attorney General, and for its Complaint against the Defendant, Elizabeth Lauren Gilbert, O.T.A., alleges and states as follows:

1. The Board is a duly authorized agency of the State of Oklahoma empowered to license and oversee the activities of Occupational Therapy Assistants in the State of Oklahoma pursuant to 59 O.S. § 480 *et seq.* and 888.1 *et seq.*

2. Defendant, Elizabeth Lauren Gilbert, holds Oklahoma Occupational Therapy Assistant license no. OA1082 and is authorized to practice as an occupational therapy assistant.

3. On or about September 29, 2014, Defendant submitted her Application for Renewal of Oklahoma License, Occupational Therapy Assistant (the "2014 Application for Renewal"), and was asked the following question:

R. Have you obtained 20 hours of approved continuing education and have all of the documentation to verify these hours?

In response to this question, Defendant answered, "**YES.**" **Exhibit 1**

4. By letter dated November 24, 2014, Defendant was notified that she had been randomly selected to submit documentation of the required twenty (20) hours of continuing education that she had represented on the 2014 Application for Renewal. She was advised that the documentation must be received in the Board offices by January 9, 2015. **Exhibit 2**

5. Defendant did not send in the required documentation by January 9, 2015.

6. On or about January 22, 2015, Defendant was notified by certified mail that the required documentation of proof of continuing education had not been received. Defendant was further advised that if the required documentation was not received by March 1, 2015, disciplinary action could be initiated. **Exhibit 3**

7. As of the date of the filing of this Complaint, Defendant has not submitted the required documentation of proof of continuing education.

8. Title 59 O.S. § 508(A) and (B) provide as follows:

- A. Whenever any license has been procured or obtained by fraud or misrepresentation...it shall be the duty of the State Board of Medical Licensure and Supervision to take appropriate disciplinary action in the same manner as is provided...for the disciplining of unprofessional conduct.
- B. Use of fraudulent information to obtain a license shall be a misdemeanor offense, punishable, upon conviction, by the imposition of a fine of not less than One Thousand Dollars (\$1,000.00), or by imprisonment in the State Penitentiary for not more than one (1) year, or by both such fine and imprisonment.

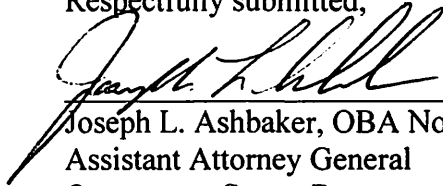
9. Defendant is guilty of unprofessional conduct in that she:

- A. Obtained a license by means of fraud, misrepresentation, or concealment of material facts in violation of 59 O.S. § 888.9(A)(1) and OAC 435:30-1-10(a)(24).
- B. Engaged in unprofessional conduct as defined by the rules established by the Board, or violating the Code of Ethics adopted and published by the Board in violation of 59 O.S. § 888.9(A)(2) and OAC 435:30-1-10(a)(29).
- C. Violated any lawful order, rule or regulation rendered or adopted by the Board in violation of 59 O.S. § 888.9(A)(4).
- D. Violated any provision of this act in violation of 59 O.S. § 888.9(A)(5).
- E. Engaged in dishonorable or immoral conduct that is likely to deceive, defraud, or harm the public in violation of OAC 435:30-1-10(a)(3).
- F. Falsified documents submitted to the Occupational Therapy Committee or the Oklahoma State Board of Medical Licensure and Supervision in violation of OAC 435:30-1-10(a)(23).

Conclusion

WHEREFORE, the Plaintiff respectfully requests the Board conduct a hearing, and, upon proof of the allegations contained herein, impose such disciplinary action as authorized by law, up to and including suspension or revocation, and any other appropriate action with respect to Defendant's occupational therapy assistant license, and an assessment of costs and attorney's fees incurred in this action as provided by law.

Respectfully submitted,



Joseph L. Ashbaker, OBA No. 19395

Assistant Attorney General

OKLAHOMA STATE BOARD OF MEDICAL

LICENSURE AND SUPERVISION

101 N.E. 51st Street

Oklahoma City, Oklahoma 73105

405/962.1400

405/962.1499 – Facsimile

APPLICATION FOR RENEWAL OF OKLAHOMA LICENSE

Occupational Therapy Assistant

This form must be completed and returned to this office with a renewal fee of \$100.00 on or before October 31, 2014. After that date, the license becomes inactive. Renewals may be accepted after that date with a fee of \$120.00.

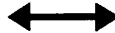
Mail Renewal application to: **OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION**
PO BOX 18256
OKLAHOMA CITY, OK 73154-0256

Mark any changes to the addresses below. Please inform this office of all address changes.

OA1082

ELIZABETH LAUREN GILBERT, O.T.A.

5079 S 136TH E AVE APT 210 TULSA, OK 74134	M A I L
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P R A C T	You Must Provide a Practice Phone #
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Employer: _____ Date Began: _____

Address: _____

City: _____ State: _____

The following information is mandatory and information provided may be investigated further.

Since the last renewal or initial licensure (whichever is most recent):

- | | YES | NO |
|---|-------|-------------------------------------|
| A. Has your application for a license been denied? | _____ | <input checked="" type="checkbox"/> |
| B. Have you surrendered a license or had any disciplinary action taken on any license? | _____ | <input checked="" type="checkbox"/> |
| C. Have you been investigated by or requested to appear before a licensing or disciplinary agency other than the Oklahoma State Board of Medical Licensure and Supervision? | _____ | <input checked="" type="checkbox"/> |
| D. Have you been arrested for, charged with, or convicted of a felony or misdemeanor other than a traffic violation? | _____ | <input checked="" type="checkbox"/> |
| E. Have you been arrested for, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance including alcohol? | _____ | <input checked="" type="checkbox"/> |
| F. Have you been addicted to or abused any drug or chemical substance including alcohol? | _____ | <input checked="" type="checkbox"/> |
| G. Have you obtained an assessment or been treated for use of any drug or chemical substance including alcohol? | _____ | <input checked="" type="checkbox"/> |
| H. Have you had any mental or physical disorder or condition which if untreated could affect your ability to practice competently? | _____ | <input checked="" type="checkbox"/> |
| I. Have you been denied provider participation, terminated, sanctioned or penalized by any third party payor to include TRICARE, MEDICARE, or MEDICAID? | _____ | <input checked="" type="checkbox"/> |
| J. Have you surrendered or had any adverse action taken against any narcotic permit (State or Federal)? | _____ | <input checked="" type="checkbox"/> |
| K. Have you been denied membership or had disciplinary action taken by a national, state, or county medical organization? | _____ | <input checked="" type="checkbox"/> |
| L. Have you been denied or had removed or suspended hospital staff privileges? | _____ | <input checked="" type="checkbox"/> |
| M. Have you surrendered hospital staff privileges while under investigation or to avoid investigation? | _____ | <input checked="" type="checkbox"/> |
| N. Have you entered into an Agreement with a Federal, State, or Local jurisdictional body to avoid formal action? | _____ | <input checked="" type="checkbox"/> |

COMPLETE BACK OF FORM



- | | YES | NO |
|--|----------------|----------------|
| O. Have you been the subject of an investigation or disciplinary action, including probation, by a hospital, clinic, practice group, or residency program? | _____ | _____ <u>X</u> |
| P. Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim? | _____ | _____ <u>X</u> |
| Q. Have you been reported to the National Practitioner Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? | _____ | _____ <u>X</u> |
| R. Have you obtained 20 hours of approved continuing education and have all the documentation to verify these hours? | _____ <u>X</u> | _____ |
| S. Are you currently practicing as an OA in the State of Oklahoma? | _____ <u>X</u> | _____ |

NOTE: Random Audits shall be made at the direction of the Occupational Therapy Advisory Committee to verify information submitted. Keep evidence of CEU Hours. Do not send them to the Board Office.

Beginning November 1, 2004, ALL therapists, regardless of license number, must obtain at least 20 hours of approved credits by October 31, 2006, and every two (2) years thereafter.

I, the undersigned, have to the best of my knowledge, complied with the laws and rules regulating my profession. I hereby state that the information contained in this application is true and correct. This form is Public Information.

Signature of Applicant: Renewed Online Date: 09/29/2014 Time: 5:44 am

Board of Medical Licensure & Supervision State of Oklahoma

101 N.E. 51st Street
Oklahoma City, Oklahoma 73105-1821



P.O. Box 18256
Oklahoma City, Oklahoma 73154-0256

November 24, 2014

OA1082
ELIZABETH LAUREN GILBERT
5079 S 136TH E AVE APT 210
TULSA, OK 74134

Dear Occupational Therapy Assistant:

Your name has been randomly selected to submit your documentation of 20 hours of continuing education obtained between November 1, 2012 and October 31, 2014 for audit by the Occupational Therapy Advisory Committee. Your documentation must be received at this office by January 9, 2015.

Submit proof of course completion with a copy of this correspondence. **DO NOT** send the original documentation. Send **COPIES** only. Documentation will not be returned to you after the audit meeting. **You may mail, fax, or email the required information to my attention.**

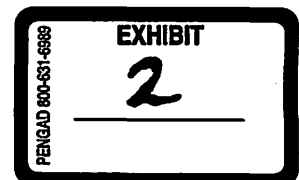
Any licensee who fails to submit documentation upon request for an audit may be subject to disciplinary action.

If you have any questions you may contact me at 405-962-1400 extension 113 or rhall@okmedicalboard.org.

Sincerely,

A handwritten signature in cursive script that reads "Robyn Hall".

Robyn Hall
Director of Licensing



Board of Medical Licensure & Supervision State of Oklahoma

101 N.E. 51st Street
Oklahoma City, Oklahoma 73105-1821



P.O. Box 18256
Oklahoma City, Oklahoma 73154-0256

January 22, 2015

OA1082
ELIZABETH LAUREN GILBERT
5079 S 136TH E AVE APT 210
TULSA, OK 74134

91 7199 9991 7034 9108 0307

Dear Licensee:

On November 25, 2014 you were notified that you had been selected to submit documentation of 20 hours of continuing education obtained between November 1, 2012 and October 31, 2014 for review by the Occupational Therapy Advisory Committee in accordance with Oklahoma Administrative Code Section 435:30-1-5(2) which states,

"A Committee, composed of Occupational Therapists and Occupational Therapy assistants, shall review all points submitted and approve or deny them. Those accepted will be forwarded to the Board of Medical Licensure and Supervision and placed into their computer system. Reasons for denial will be given to each therapist. Should any individual therapist have questions as to the appropriateness of a program, the therapist could consult the Committee. The Committee would have the authority to decide on any type of program not listed and assign appropriate hours. The responsibility for showing how a particular activity is relevant to maintaining skills as an Occupational Therapist or Occupational Therapy Assistant will be with the therapist applying for approval."

As of this date, the Board has not received your documentation. If the required documentation is not received by March 1, 2015 your file will be forwarded to the Board Secretary who may, in accordance with O.A.C. Section 435:30-1-10, initiate disciplinary proceedings. (Section 7 states that a license may be disciplined if it is found that a licensee has "Violated or conspired to violate the provisions of the Act or Rules and Regulations issued pursuant to the Act".)

If you have any questions, you may contact me at (405) 962-1413.

Sincerely,

Robyn Hall
Director of Licensing





USPS Tracking™



Customer Service ›
Have questions? We're here to help.

Tracking Number: 9171999991703491080307

Product & Tracking Information

Postal Product:
First-Class Mail®

Features:
Certified Mail™

DATE & TIME	STATUS OF ITEM	LOCATION
February 9, 2015 , 4:27 pm	Delivered	TULSA, OK 74134

The package is delayed and will not be delivered by the expected delivery date. An updated delivery date will be provided when available. Your item was delivered at 4:27 pm on February 9, 2015 in TULSA, OK 74134.

January 28, 2015 , 1:38 pm	Notice Left (No Authorized Recipient Available)	TULSA, OK 74134
January 26, 2015 , 7:23 pm	Undeliverable as Addressed	TULSA, OK 74134
January 28, 2015 , 8:30 am	Out for Delivery	TULSA, OK 74134
January 26, 2015 , 8:20 am	Sorting Complete	TULSA, OK 74134
January 26, 2015 , 7:47 am	Arrived at Unit	TULSA, OK 74134
January 26, 2015 , 5:33 am	Departed USPS Origin Facility	TULSA, OK 74141
January 24, 2015 , 8:36 pm	Arrived at USPS Origin Facility	TULSA, OK 74141
January 23, 2015 , 6:24 pm	Arrived at USPS Origin Facility	OKLAHOMA CITY, OK 73107
January 23, 2015 , 5:09 pm	Accepted at USPS Origin Sort Facility	OKLAHOMA CITY, OK 73105
January 23, 2015	Pre-Shipment Info Sent to USPS	

Available Actions

Text Updates

Email Updates

Return Receipt After Mailing

Track Another Package

Tracking (or receipt) number

Track It