

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

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. )

**FILED**  
JUL 10 2015  
OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Case No. 15-05-5141

**AMENDED CITATION**

**YOU ARE HEREBY NOTIFIED** that on the 6<sup>th</sup> day of May, 2015, a sworn Complaint was filed with the undersigned Board Secretary of the Oklahoma State Board of Medical Licensure and Supervision (the "Board"), State of Oklahoma, charging you with violations of the Medical Practice Act at 59 O.S. § 508(A), (B); Occupational Therapy Practice Act 59 O.S. § 888.9(A)(1), (A)(2), (A)(4), (A)(5); and Okla. Admin. Code 435:30-1-10(a)(3), (a)(23) (a)(24), (a)(29).

On **March 10, 2016**, the Board will be in regular session at **9:00 o'clock a.m.**, at its offices located at **101 N.E. 51<sup>st</sup> Street, Oklahoma City, Oklahoma 73105**, at which time your Complaint will be considered by the Board, and a hearing will be held pursuant to the Oklahoma Administrative Procedures Act, 75 O.S. § 250, et seq.

If the Board decides, after considering all the testimony and evidence, that you are guilty as charged, your license to practice as an Occupational Therapist Assistant within the State of Oklahoma may be suspended or revoked or other disciplinary action may be taken by the Board as authorized by law, including assessment of costs and attorney's fees for this action as provided by law.

Under the laws of the State of Oklahoma you are required to file your written Answer under oath with the Secretary of the Board within twenty (20) days after the Citation is served upon you. Unless your Answer is so filed, you will be considered in default, and the Board may accept the allegations set forth in the Complaint as true at the hearing of the Complaint. If the charges are deemed sufficient by the Board, your license to practice as an Occupational Therapist Assistant in the State of Oklahoma may be suspended or revoked.

**THEREFORE**, you are cited to appear at the hearing. If you are not present in person, you may be present through your attorney.

Dated this 10<sup>th</sup> day of July, 2015.



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Billy H. Stout, M.D., Board Secretary  
OKLAHOMA STATE BOARD OF MEDICAL  
LICENSURE AND SUPERVISION

**PROOF OF SERVICE**

**CPS Inc.**

Terry L. Laflin  
P.O. Box 690322 – Tulsa, Ok. 74169-0322

OK Board of Medical Licensure  
Case No. 15-05-5141

Documents served: I, being duly sworn, certify that on 9/3/15 I, received the forgoing, to wit:

- Certified Copy of Original, Amended Citation, Filed July 10, 2016
- Scheduling Order, March 10, 2016 Board Hearing
- Certified Copy of Original Complaint, filed May 6, 2015
- Information Upon Receiving A Complaint A Citation
- Letter by John Wiggins to Licensee and Counsel
- Policy Statement on the Taxation of Costs for Certain Disciplinary Actions
- Policy for Conduct of Disciplinary Proceedings

**FILED**  
**SEP 14 2015**  
 OKLAHOMA STATE BOARD OF  
 MEDICAL LICENSURE & SUPERVISION

**METHOD OF SERVICE:** Answered the same according to law in the following METHOD, to wit:

**PERSONAL SERVICE:**

- By delivering a true copy of said process personally to: Elizabeth Gilbert Foudray  
 at: 5079 S. 136<sup>th</sup> E. Ave, Tulsa, OK Date: 9/4/15 Time: 9:33am

**USUAL PLACE OF RESIDENCE:**

- By leaving a copy of said process for \_\_\_\_\_ with: \_\_\_\_\_  
 a resident/family member, fifteen years of age or older, at \_\_\_\_\_  
 which is his/her usual place of residence. Date: \_\_\_\_\_ Time: \_\_\_\_\_
- By leaving a copy of said process for \_\_\_\_\_ with \_\_\_\_\_  
 a resident/family member, fifteen years of age or older, at \_\_\_\_\_  
 which is his/her usual place of residence. Date: \_\_\_\_\_ Time: \_\_\_\_\_

**CORPORATION/PARTNERSHIP:**

- By delivering a true copy of said process to \_\_\_\_\_ he/she being the  
 Service Agent, Agent in Charge, an Officer or Partner of said Entity, to wit: \_\_\_\_\_  
 at \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**POSTED SERVICE:**

- By affixing a true copy of said process to the premises located at \_\_\_\_\_  
 which is in possession of the defendant, to wit: \_\_\_\_\_ Date: \_\_\_\_\_

**NOT FOUND:**

- Said process was not served on the following named for the reasons stated: \_\_\_\_\_  
 \_\_\_\_\_

**OTHER INFORMATION:**

- \_\_\_\_\_

**AFFIDAVIT**

I, Terry L. Laflin, the undersigned, do under oath, say that I served this summons and made return thereon, according to law & that I am duly authorized to make this affidavit, so help me God.



Terry L. Laflin  
 Process Server License # PSS- 13-8

Subscribed and sworn to before me: Cheryl Lynn Laflin  
 On this 11<sup>th</sup> Day of September, 2015 Notary Public

REPORT OF RESULTS

One Board of Medical Examiners  
Case No. 18-08-043

Case No. 18-08-043  
Date: 09/27/2018

I received the report on 09/27/2018.

- X. I received the report on 09/27/2018.
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FILED

SEP 28 2018

OKLAHOMA STATE BOARD OF  
MEDICAL EXAMINERS & SUPERVISION

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