

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

**FILED**

AUG 13 2010

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

STATE OF OKLAHOMA )  
EX REL. THE OKLAHOMA BOARD )  
OF MEDICAL LICENSURE )  
AND SUPERVISION, )  
 )  
Plaintiff, )  
 )  
v. )  
HEATHER MICHELLE LITCHFORD, O.T., )  
 )  
LICENSE NO. OT1591 )  
 )  
Defendant. )

Case No. 10-07-4023

CITATION

YOU ARE HEREBY NOTIFIED that on the 13 day of August, 2010, a sworn Complaint was filed with the undersigned Secretary of the Oklahoma State Board of Medical Licensure and Supervision, State of Oklahoma, charging you with violations of the Occupational Therapy Practice Act at 59 Okla. Stat. §888.9(A) (2), (4) and (5) and OAC 435:30-1-10 (2), (3), (6), (7), (8) and (29). A copy of the Complaint is attached hereto and made a part thereof.

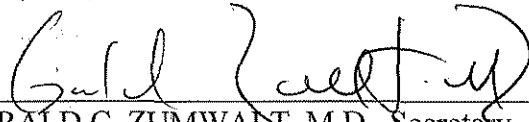
On September 16, 2010, the Board will be in regular session at 9:00 o'clock a.m., at its offices located at 101 N.E. 51<sup>st</sup> Street, Oklahoma City, Oklahoma, at which time your Complaint will be considered by the Board, and a hearing will be held pursuant to the Oklahoma Administrative Procedures Act, 75 Okla. Stat. §309, *et seq.*, as amended.

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 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 the 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 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 13 day of August, 2010 at 10<sup>05</sup><sub>am</sub> o'clock.



GERALD C. ZUMWALT, M.D., Secretary  
Oklahoma State Board of Medical  
Licensure and Supervision



**RETURN OF SERVICE BY AGENT**

Received the attached and foregoing Citation and Scheduling Order in the investigation of Heather M. Litchford, O.T., at Oklahoma City, Oklahoma, on the 13 day of August, 2010, and on the 20TH day of August, at 11:56 o'clock A.M. served it on the within named by delivering a copy to Brian Litchford  
(Name of person served)

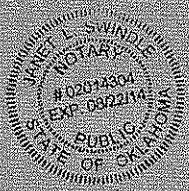
At (address):

PO Box 9621

Fayetteville, AR 72703

Served by: certified MAIL 91 7108 2133 3935 2695 6184

Subscribed and sworn to before me on this 20 day of August, 2010



James L. Swindle  
Notary Public

My Commission expires: 8-22-2014

CASE NAME: \_\_\_\_\_  
CASE #: 10-7-4023



Date: 08/20/2010

Janet Swindle:

The following is in response to your 08/20/2010 request for delivery information on your Certified Mail(TM) item number 7108 2133 3935 2695 6184. The delivery record shows that this item was delivered on 08/20/2010 at 11:56 AM in FAYETTEVILLE, AR 72703. The scanned image of the recipient information is provided below.

Signature of Recipient:

Delivery Section	
Signature	
Name	Brian Litchford

Address of Recipient:

Address	PO Box 9621
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Thank you for selecting the Postal Service for your mailing needs. If you require additional assistance, please contact your local Post Office or postal representative.

Sincerely,

United States Postal Service

91 7108 2133 3935 2695 6184