

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

STATE OF OKLAHOMA, *ex rel.*)
THE OKLAHOMA BOARD)
OF MEDICAL LICENSURE AND)
SUPERVISION,)

Plaintiff,)

v.)

NATISHA LEIGH DELOZIER)
LICENSE NO. PTA 1647,)

Defendant.)

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

Case No. 14-10-5061

THIRD AMENDED CITATION

YOU ARE HEREBY NOTIFIED that on the 31st day of October, 2014, 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 Medical Practice Act at Oklahoma Administrative Code § 435:10-7-4(39).

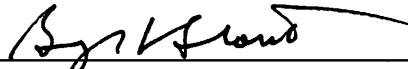
On **March 10, 2016**, the Board will be in regular session at **9:00 o'clock a.m.**, at its offices located at **101 N.E. 51st Street, Oklahoma City, Oklahoma**, at which time your Complaint will be considered by the Board, and a hearing will be held pursuant to the Oklahoma Administrative Procedures Act, 75 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 a physical 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 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 a physical 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 10th day of July, 2015.



Billy H. Stout, M.D., 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. 14-10-5061

Documents served: I, being duly sworn, certify that on 8/26/2015, I, received the foregoing, to wit:

- ☒ Third Amended Citation, filed July 10, 2015
- ☒ Scheduling Order, March 10, 2016 Board Hearing
- ☒ Complaint, filed October 31, 2014
- ☒ 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 08 2015
OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

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

PERSONAL SERVICE:

? By delivering a true copy of said process personally to: Natisha DeLozier
at: 101783 Hwy. 59 N. Sallisaw, OK 74455 Date: 8/27/2015 Time: 2:50 p.m.

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:

1109 Rosewood Dr. Sallisaw, OK. Doesn't exist.
2017 Honeysuckle Dr. Sallisaw, OK. Bad Address, 1009 Rosewood Dr. Sallisaw
Bad Address

AFFIDAVIT

I, Kathy L. Trotter, 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.

(Seal)

Subscribed and sworn to before me:

On this 21st Day of August, 2015, Notary Public

Process Server - Kathy L. Trotter

License # PSS-153

