

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

**FILED**

OCT - 3 2003

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

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

Plaintiff, )

vs. )

CASE NO. 03-06-2674

HEATHER DENISE OLTERMANN, R.C. )  
R.C. LICENSE NO. 2082, )

Defendant. )

**CITATION**

YOU ARE HEREBY NOTIFIED that on the 3 day of October, 2003, a sworn Complaint was filed with the undersigned member of the Oklahoma State Board of Medical Licensure and Supervision, State of Oklahoma, charging you with violations of the Respiratory Care Practice Act at 59 O.S. §2040 (5) and (9) and OAC 435:45-5-3(3), (12), (17) and (21). A copy of the Complaint is attached hereto and made a part thereof.

On November 20-22, 2003, the Board will be in regular session at 9:00 o'clock a.m., at its offices located at 5104 N. Francis, Suite C, 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. 1971, Sec. 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 a respiratory 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 fees incurred in this action.

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 respiratory 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 3 day of October, 2003 at 1<sup>00</sup><sub>0</sub> o'clock.



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GERALD C. ZUMWALT, M.D.  
Secretary/Medical Advisor  
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 OLTERMANN RC, at Oklahoma City, Oklahoma, on the \_\_\_\_\_ day of \_\_\_\_\_, 2003, and on the 16 day of Oct, 2003, at \_\_\_\_\_ o'clock \_\_\_\_ .M. served it on the Nov 3 2003 within named defendant by delivering a copy to: \_\_\_\_\_ (name of person served)

at (address):

HEATHER DENISE OLTERMANN, RC  
1231 BRAEHILL TERRACE DRIVE  
WINSTON SALEM, NC 27104

Lic 2082

Served by: \_\_\_\_\_

Subscribed and sworn to before me on this 3 day of Nov, 2003



Jamet Swindle  
Notary Public

PF RC 2082 comp cit

My Commission expire 8-22-06

Is your RETURN ADDRESS completed on the reverse side?

<b>SENDER:</b> <input type="checkbox"/> Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. <input type="checkbox"/> Print your name and address on the reverse of this form so that we can return this card to you. <input type="checkbox"/> Attach this form to the front of the mailpiece, or on the back if space does not permit. <input type="checkbox"/> Write "Return Receipt Requested" on the mailpiece below the article number. <input type="checkbox"/> The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee):  1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery
3. Article Addressed to:  HEATHER DENISE OLTERMANN, RC 1231 BRAEHILL TERRACE DRIVE WINSTON SALEM, NC 27104	4a. Article Number <u>9171082133393067335868</u>	
5. Received By: (Print Name) <u>Heather Oltermann</u>		4b. Service Type <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> COD
6. Signature (Addressee or Agent) <u>[Signature]</u>		7. Date of Delivery <u>11-03-03</u>
		8. Addressee's Address (Only if requested and fee is paid)