

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

FILED

MAY 31 2007

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

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Plaintiff,)

vs.)

CASE NO. 07-05-3290

HOLLY TINA WELLS, R.C.)
R.C. LICENSE NO. 2215,)

Defendant.)

CITATION

YOU ARE HEREBY NOTIFIED that on the 31 day of May, 2007, 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(2), (4), (5), (8) and (9) and OAC 435:45-5-3(1), (2), (5), (6), (21) and (24). A copy of the Complaint is attached hereto and made a part thereof.

On July 19-21, 2007, 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 31 day of May, 2007 at 1²⁵₈ o'clock.



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, Complaint and Scheduling Order in the investigation of Holly Wells, at Oklahoma City, Oklahoma, on the 11 day of _____, 2007, and on the 11 day of June, 2007, at _____ o'clock ____ M. served it on the _____ within named defendant by delivering a copy to: _____
(name of person served)

at (address):

certified mail Holly Wells
91 7108 2133 3933 3358 2736 20110 E. 37 St South
Broken Arrow 74014-1757

Served by: _____

Subscribed and sworn to before me on this 19 day of June, 2007.



Janet Swindle
 Notary Public

My Commission expire 8-22-2010

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: CYC

Holly T. Wells
 20110 E. 37th St South
 Broken Arrow, OK 74014-1757

COMPLETE THIS SECTION ON DELIVERY

A. Signature X [Signature] Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery JUN 19 2007

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

