

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

FILED

STATE OF OKLAHOMA)
EX REL. THE OKLAHOMA BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)
Plaintiff,)
v.)
HOLLY TINA MYERS,)
LICENSE NO. RC2215)
Defendant.)

APR 11 2013

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Case No. 07-05-3290

CITATION

YOU ARE HEREBY NOTIFIED that on the 11th day of April, 2013, 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 *Okla. Stat. tit. 59 §509(4) and (13); Oklahoma Administrative Code* section 435:10-7-4 (3) and (39). A copy of the Complaint is attached hereto and made a part thereof.

On **May 16, 2013**, 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, *Okla. Stat. tit. 75 §309, 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 physician 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 physician 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 11th day of April, 2013 at 4:15 p.m.



Gerald C. Zumwalt, M.D.
Secretary and 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 HOLLY MYERS, at Oklahoma City, Oklahoma, on the 17 day of April, 2013, and on the 17 day of April, 2013, at 3:00 o'clock P.M. served it on the within named by delivering a copy to HOLLY MYERS

(Name of person served)

At (address):

P.O. BOX 140594

BROKEN ARROW, OK 74014

Served by:

Gary E. Fuchs

Subscribed and sworn to before me on this 19th day of April, 2013



Shelley Crowder

Notary Public

My Commission expires:

8-1-2016

CASE NAME: HOLLY MYERS

07-05-3290

CASE #:



Date: 04/18/2013

SHELLEY CROWDER:

The following is in response to your 04/18/2013 request for delivery information on your Certified Mail(TM) item number 7199 9991 7030 5557 1470. The delivery record shows that this item was delivered on 04/17/2013 at 03:00 PM in BROKEN ARROW, OK 74014. The scanned image of the recipient information is provided below.

Signature of Recipient:

A handwritten signature in cursive script, appearing to read "Shelley Crowder".

Address of Recipient:

146594

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

SR