

**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.

**LORNA JEAN SCHRINER, OT,
OCCUPATIONAL THERAPIST
LICENSE NO. 598**

Defendant.

JAN 31 2014

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Case No: 11-01-4147

CITATION

YOU ARE HEREBY NOTIFIED that on the 31 day of January, 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 Occupational Therapy Practice Act at *Okla. Stat. tit. 59 §888.9 (A)(2), (4) and (5); Oklahoma Administrative Code* section 435:30-1-10 (a) (3), (4), (10), (11) and (29). A copy of the Complaint is attached hereto and made a part thereof.

On **March 6, 2014**, 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 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 31 day of January, 2014 at 8⁰⁰am 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 Lorna Jean Schriener, at
Oklahoma City, Oklahoma, on the 3 day of February, 2014,
and on the 3rd day of February, 2014, at 2:57 o'clock
P.M. served it on the within named by delivering a copy to
Lorna Jean Schriener-Certified Mail

(Name of person served)

At (address):

10427 South 197 East Ave

Broken Arrow, OK 74014

Served by: *David E. Lusk*

Subscribed and sworn to before me on this 11th day of February,
2014



Shelley Crowder
Notary Public

My Commission expires:

8-1-2016

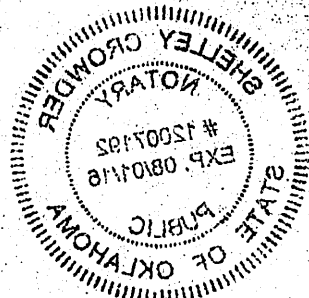
CASE NAME: Lorna Jean Schriener

CASE #: 11-01-4147

UNRECORDED COPY

whereof the undersigned is a member and is entitled to vote
in the election of the Board of Directors of the
company and to receive dividends and other benefits
thereof and to exercise all other powers and
privileges of a shareholder of the company and to
do all such acts and things as may be required of him
in connection with the exercise of the powers and
privileges of a shareholder of the company.

WITNESSETH my hand and seal this _____ day of _____, 19____.






Date: February 11, 2014

SHELLEY CROWDER:

The following is in response to your February 11, 2014 request for delivery information on your Certified Mail™ item number 9171999991703342811357. The delivery record shows that this item was delivered on February 3, 2014 at 2:57 pm in BROKEN ARROW, OK 74014. The scanned image of the recipient information is provided below.

Signature of Recipient :

Delivery Section	
Signature	
Name	Laina Schirner

Address of Recipient :

Address	10427 519716
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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