

BOARD OF OSTEOPATHIC MEDICINE
RESPONDENT QUARTERLY REPORT

Please print or write legibly.

Respondent's Name:			
Respondent's License Number:		Case Number:	
Address:			
	City	State	Zip
Telephone Number			
Monitor:			
Quarter (3 months)	From:	To:	

Brief statement of why Respondent is on probation:

Description of current practice (type and composition):

Statement addressing Respondent's compliance with the terms of probation.

Brief description of the monitor's relationship with respondent.

Detail any problems which may have arisen with probationer.

Statement addressing compliance with any restrictions or requirements imposed.

Report immediately to the Board any violations by Respondent of Chapters 456 or 459, Florida Statutes, and the rules promulgated thereto.

Signature: _____ Date: _____

STATE OF _____

CITY/COUNTY OF _____

Before me personally appeared _____ whose identity is known to me by _____ (type of identification) and who acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this _____ day of _____, 20_____

Notary Public - State Of Florida

My Commission Expires

Type or Print Name

Please mail, fax or email the reports to:
Division of Medical Quality Assurance
Compliance Management Unit - Osteopathic Medicine Compliance Officer
4052 Bald Cypress Way, Bin C-76
Tallahassee, Florida 32399-3251

Facsimile: (850) 488-0796
Email: MQA_AlliedHealthcomplianceOfficer@doh.state.fl.us

BOARD OF OSTEOPATHIC MEDICINE
MONITOR/SUPERVISOR QUARTERLY REPORT

Please print or write legibly.

Respondent's Name:			
Respondent's License Number:		Case Number:	
Address:			
	City	State	Zip
Telephone Number			
Monitor/Supervisor:			
Quarter (3 months)	From:	To:	

Brief statement of why Respondent is on probation:

Respondent's practice (type and composition):

Statement addressing Respondent's compliance with the terms of probation.

Brief description of the monitor's relationship with respondent.

Detail any problems which may have arisen with probationer.

A summary of the dates the Monitor/Supervisor went to Respondent's office, the number of records reviewed, and the overall quality of the records reviewed, and the dates Respondent contacted the Monitor/Supervisor pursuant to above subsections.

Report immediately to the Board any violations by Respondent of Chapters 456 or 459, Florida Statutes, and the rules promulgated thereto.

Signature: _____ Date: _____

STATE OF _____

CITY/COUNTY OF _____

Before me personally appeared _____ whose identity is known to me by _____ (type of identification) and who acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this _____ day of _____, 20_____

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