

APPENDIX 16-1

ELECTION OF RIGHTS

Case Name: Smith, Mary L., R.N. - Case No. 08-1111-RN
PLEASE SELECT ONLY 1 OF THE 3 OPTIONS

An Explanation of Rights is attached. If you do not understand these options, please consult with your attorney or contact the attorney for the Prosecution Services Unit at the address/phone number listed at the bottom of this form.

OPTION 1. I do not dispute the allegations of fact in the Administrative Complaint, but do wish to be accorded a hearing, pursuant to Section 120.57(2), Florida Statutes, at which time I will be permitted to submit oral and/or written evidence in mitigation of the complaint to the Board.

OPTION 2. I do not dispute the allegations of fact contained in the Administrative Complaint and waive my right to object or to be heard. I request that the Board enter a final order pursuant to Section 120.57, Florida Statutes.

OPTION 3. I do dispute the allegations of fact contained in the Administrative Complaint and request this to be considered a petition for formal hearing, pursuant to Sections 120.569(2)(a) and 120.57(1), Florida Statutes, before an Administrative Law Judge appointed by the Division of Administrative Hearings. I specifically dispute the following paragraphs of the Administrative Complaint:

Paragraphs 4, 5, 8, 9, 11, 13, 14, 15, 16, 17, 18 and 19.

In addition to the above selection, I also elect the following:

- ( ) I accept the terms of the Settlement Agreement, have signed and am returning the Settlement Agreement or I am interested in settling this case.
( ) I do not wish to continue practicing, have signed and returned the voluntary relinquishment of licensure form, if it has been provided.

Regardless of which option I have selected, I understand that I will be given notice of time, date, and place when this matter is to be considered by the Board for Final Action. Mediation under Section 120.573, Florida Statutes, is not available in this matter.

(Please sign and complete all the information below.)

Mary L. Smith
Respondent's signature
Address: 222 Anywhere Lane
Yourtown, FL 33333
Lic. No. RN 14095
Phone No.
Fax No.

STATE OF FLORIDA
COUNTY OF LAKEVILLE

Before me, personally appeared Mary L. Smith whose identity is known to me by Florida Driver's License (type of identification) and who, acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this 18th day of July 2008

Sam Snead
Notary Public-State of Florida
My Commission Expires July 30, 2008

Sam Snead
Type or Print Name

PLEASE MAIL AND/OR FAX COMPLETED FORM TO: Michael Lawrence, Jr., Assistant General Counsel, DOH, Prosecution Services Unit, 4052 Bald Cypress Way, Bin C-65, Tallahassee, Florida 32399-3265. Telephone Number: (850) 245-4640; FAX (850) 245-4683- TDD 1-800-955-8771.

STATE OF FLORIDA  
DEPARTMENT OF HEALTH

EXPLANATION OF RIGHTS

In response to the allegations set forth in the Administrative Complaint issued by the Department of Health, hereinafter referred to as the Department, you should make **ONE OF THREE** of the following elections within twenty-one (21) days from the date of receipt of the Administrative Complaint. Please make your election on the attached Election of Rights form and return it fully executed to the address listed on the form.

1. If you do not dispute any material fact alleged in the Administrative Complaint, you may request a proceeding pursuant to Section 120.57(2), Florida Statutes, before the appropriate Board. At this proceeding, you will be given an opportunity to present both written and oral evidence in mitigation. This request should be directed to the Department by checking the appropriate space, marked as 1, on the Election of Rights form within twenty-one (21) days from the date of receipt of the Administrative Complaint.

2. If you do not dispute any material fact alleged in the Administrative Complaint and you do not desire to participate in the disposition of the case, you may elect choice 2 on the Election of Rights form.

3. If you dispute any material fact alleged in the Administrative Complaint, you may request a formal hearing and the appointment of an Administrative Law Judge to be furnished by the Division of Administrative Hearings of the Department of Management Services pursuant to Section 120.569(2)(a), Florida Statutes, by checking the appropriate space, marked as 3, on the Election of Rights form. You must also indicate which facts you dispute in the Administrative Complaint pursuant to Rule 28-106.204, F.A.C. If you elect a formal hearing, you must keep the Department informed as to your current mailing address. Failure to do so may be considered a waiver of your right to a formal hearing.

Regardless of whether you dispute any material fact alleged in the Administrative Complaint and after choosing one of the three options above, you may also either sign and execute the settlement agreement (if one is enclosed) or request the opportunity to enter into a settlement agreement to resolve this case, pursuant to Section 120.57(4), Florida Statutes. If a settlement agreement is agreed to by you and the Department, the matter will be presented to the appropriate Board for approval. Please be advised that a final order approving a settlement agreement is considered a disciplinary act and is reported as such. If you sign and execute the voluntary relinquishment of license, that form will be forwarded to the appropriate Board for action and the final order accepting the voluntary relinquishment is considered a disciplinary act and is reported as such.

**In the event that you fail to make an election in this matter within twenty-one (21) days from receipt of the Administrative Complaint, your failure to do so may be considered a waiver of your right to elect a hearing in this matter, pursuant to Rule 28-106.111(4), Florida Administrative Code, and the Board may proceed to hear your case.**