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STATE OF WISCONSIN

BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF THE APPLICATION FOR
RESPIRATORY CARE CERTIFICATION OF:
Cheryle L. Olson,

Applicant

ORDER ADOPTING STIPULATION LS9912151RCP

On September 20, 1999, Cheryle L. Olson filed an application for a certificate to practice respiratory care in Wisconsin. The information received in the application process reflects that the applicant practiced respiratory care in Wisconsin prior to the issuance of a certificate. The Board and Applicant have entered into a Stipulation by which the Board agreed to issue, and applicant agreed to accept a certificate to practice respiratory care subject to specified conditions. Based upon the stipulation and information of record herein, it is ORDERED as follows:

ORDER

NOW, THEREFORE, IT IS ORDERED that Cheryle L. Olson is GRANTED a certificate to practice respiratory care, subject to the following TERMS AND CONDITIONS:

- 1. Within ten (10) months of the date of this Order, Applicant shall complete not fewer than 12 hours of continuing education in the area of ethics for health care providers. These continuing education credits shall be approved in advance by the Board.
- 2. The Board may, at its option, require Applicant to appear before the Board following completion of the continuing education referred to above to answer any questions that it may have concerning this matter.
- 3. If Applicant fails to successfully and timely complete all requirements set forth in paragraph 1, above, the respondent's license shall be SUSPENDED without further notice or hearing until such time as the Board accepts documentation of respondent's completion of the education requirements set forth in this Order.
- 4. Applicant is **REPRIMANDED** for practicing respiratory care in Wisconsin without certification.
- 5. The Department Monitor is the individual designated by the Board as its agent to coordinate compliance with the terms of this Order, including coordinating all requests for approval of education. The Department Monitor may be reached as follows:

Department Monitor

Division of Enforcement

PO Box 8935

Madison, WI 53708-8935

FAX (608) 266-2264

TEL. (608) 261-7938

STATE OF WISCONSIN

MEDICAL EXAMINING BOARD

By: Ronald Grossman, M.D. December 15, 1999

On behalf of the Board Date