



New Jersey Office of the Attorney General



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Governor

Division of Consumer Affairs
State Board of Medical Examiners
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Acting Director

May 29, 2012

FILED

VIA REGULAR MAIL

Ms. Lilia Rueda-Ospina
PO Box 202
Dover, NJ 07802

July 17, 2012

**NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS**

For Delivery Services:

140 East Front St.
PO Box 183, 3rd Floor
Trenton, NJ 08608

(609) 826-7100

(609) 826-7117 FAX

**RE: OFFER OF SETTLEMENT IN LIEU OF FORMAL ACTION-In the
Matter of the Unlicensed Practice of Lilia Rueda-Ospina:**

Dear Ms. Rueda-Ospina,

The New Jersey State Board of Medical Examiners (Medical Board) received notice that you have engaged in the unlicensed practice of medicine. More specifically, on or about May 5, 2011, you agreed to perform 12 Carboxitherapy sessions on an undercover agent from the New Jersey Division of Consumer Affairs Enforcement Bureau for a fee of \$600. Carboxitherapy is a procedure utilized to treat or cure a human ailment or physical condition and as such constitutes the practice of medicine in the State of New Jersey.

Prior to commencing formal action, the Medical Board is offering you an opportunity to settle this matter. Please review the terms contained in this letter and if you agree, sign the attached "Acknowledgment and Agreement" and return it to the Medical Board. This letter and the signed Acknowledgment and Agreement" will be considered the equivalent of an Order of the Medical Board and will be public information. Once signed, failure to comply with the terms of this agreement may result in further action and additional sanctions.

By resolving this matter through signing the Acknowledgment and Agreement, you will:

1. Admit that you engaged in the unlicensed practice of medicine in New Jersey and agree to immediately cease and desist from practicing medicine in this State. This includes offering or performing any services defined as the practice of medicine in N.J.S.A. 45:9-18, unless and until you hold a valid and active license issued by the Medical Board.

2. Agree to pay a civil penalty of \$ 1,000.00 which shall be **stayed** for a period of five years. If no further violations are found during that period, the stayed portion of the penalty shall be completely rescinded and you will have no monetary penalty to be paid to the Medical Board. You further agree that if during the period, you are found to have violated the terms of this agreement or any provision of N.J.S.A. 45:9-18 or regulations promulgated under the Medical Practice Act, N.J.S.A. 45:9-1 et seq., the stayed portion of the penalty will become due. You acknowledge and understand the Medical Board may pursue additional sanctions, including enhanced penalties, costs, attorney's fees, and contempt based on any new violation.

3. Agree that should you make an application for licensure, you will appear before the Medical Board to discuss your activities prior to licensure, including any of the facts and circumstances underlying this agreement. You further agree and understand that should your application for a license be granted, the Medical Board specifically reserves the right to impose restrictions on your practice as may be necessary to ensure the public health, safety, and welfare.

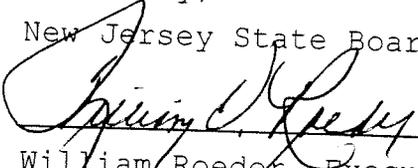
If you agree to these terms, sign the "Acknowledgment and Agreement" and return it to William Roeder, Executive Director, New Jersey State Board of Medical Examiners, 140 East Front Street, Trenton, NJ 08608 for filing. Once filed, a copy will be forwarded to you. You may wish to consult with counsel regarding this offer of settlement.

This settlement offer will remain open to you for (15) days from the date of this letter. In the event that no response is received from you on or before June 15, 2012, the Medical Board will deem its offer rejected and the offer will be withdrawn.

As stated above, should the Medical Board file a civil or administrative action, it may seek an injunction against unlicensed practice and monetary penalties in excess of those offered in settlement and may seek an order requiring you to reimburse certain monies and/or requiring you to pay costs and attorney's fees. Should you have any questions concerning this letter or the settlement offer, please do not hesitate to contact DAG Palan at (973) 648-3808.

Sincerely,

New Jersey State Board of Medical Examiners

By: 

William Roeder, Executive Director

cc: Tobey Palan, DAG

Ms. Lilia Rueda-Ospina

Page 4

June 8, 2012

ACKNOWLEDGMENT AND AGREEMENT

I, Lilia Rueda O, admit that I engaged in the practice of medicine in New Jersey without having obtained a license to practice in this State as detailed in the letter of June 8, 2012.

I agree to cease and desist from engaging in the practice of medicine and/or providing medical services unless and until I hold a valid and active license issued by the New Jersey Board of Medical Examiners.

I agree to the assessment of a civil penalty of \$1,000.00 against me. I understand that the Board will **stay** collection of the entire penalty for a period of five (5) years. If during that five year period, I am found to have engaged in the unlicensed practice of medicine, I agree to pay the entire stayed portion of the penalty. I understand that the Medical Board may seek and impose additional relief based on the subsequent violation. I understand that if at the end of the five year period, I have not violated this agreement or any law or regulation administered by the Medical Board, the stay of the civil penalty assessed by this agreement will be vacated and the full civil penalty of \$1000.00 will be immediately due and owing.

I agree that if I engage in the practice of medicine without a valid license, I will be subject to additional sanctions, including injunctive relief, second offense penalties consistent with N.J.S.A. 45:1-25, attorney's fees, and costs.

Ms. Lilia Rueda-Ospina

Page 5

June 8, 2012

I am aware that by signing this acknowledgment and agreement, I am certifying that I have read and understand the settlement proposal offered in the letter from the New Jersey State Board of Medical Examiners dated June 8, 2012. I understand that by signing this document, I am waiving any rights I may have to defend myself against the charges of wrongdoing. I am also aware that the action taken against me by the Medical Board is a matter of public record, and that the letter and the "Acknowledgment and Agreement" are public documents.

By:



Lilia Rueda-Ospina

Date:

06-27-12

cc: Tobey Palan, DAG