

ORIGINAL

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

FILED IN CLERK'S OFFICE

APR 27 2005

LU... Clerk
Deputy Clerk

UNITED STATES OF AMERICA,
Plaintiff,

VS

CEYLON M. ROWLAND, M.D.
aka Ceylon Marks, M.D

Defendant.

:
:
:
:

CIVIL ACTION

NO

1 05 - CV 1110

COMPLAINT

RWS

Comes now the plaintiff, by and through the United States Attorney for the Northern District of Georgia, and alleges as follows

1

This court has jurisdiction by virtue of 28 U.S.C. Section 1345 and 28 U.S.C. Section 3001, et seq.

2.

Venue is proper because defendant resides at 1034 Trace Lane, N W , Lawrenceville, Georgia 30045 within the jurisdiction of this Court.

3

Defendant executed and presented an application to participate in the National Health Service Corps (NHSC) Loan Repayment Program on or about August 19, 1989

4

The application was approved and accepted by the Department of Health and Human Services on or about September 29, 1989 for the period 1989-1990. In addition, defendant received continuing scholarship awards on February 1, 1990, for the periods 1990 - 1991, and 1991 - 1992.

5

These awards were made upon the condition that defendant serve in the full time clinical practice of her profession as a commissioned officer in the Regular or Reserve Corps of the Public Health Service, or as a civilian member of the Corps in a health manpower shortage area designated under Section 332 of the Public Health Service Act (PHS Act). Defendant was to serve one year of obligated service for each year of scholarship support, or 2 years, whichever is greater.

6

Following defendant's graduation, defendant was granted a four (4) year conditional deferment of her service obligation to pursue a residency in Obstetrics/Gynecology. Upon completion, defendant was required to begin service of her three (3) year obligation on July 1, 1996.

7.

On April 23, 1996, defendant was informed of her assignment to the Samuel U. Rodgers Health Center in Kansas City, Missouri and to contact the Regional Program Consultant in the Kansas City Regional

Office. Defendant did not comply and is in default of the conditions of the NHSC Scholarship Contract

8

Defendant is indebted to Plaintiff on said contract(s) in the total sum of \$671,834.50 including principal, administrative-collection costs, if any, and interest through February 14, 2005, as shown on the Certificate(s) of Indebtedness attached hereto as an Exhibit to this complaint and incorporated herein by this reference. Interest continues to accrue on this debt at the applicable note rate from February 14, 2005 until judgment is entered herein. Interest will then be due from the date of judgment at the legal rate until judgment is paid in full, together with costs of this action

9


Defendant has failed to repay the amount due although demand has been duly made.

WHEREFORE, plaintiff prays for judgment against defendant in the sum of \$671,834 50 including principal, administrative-collection costs, if any, and interest through February 14, 2005, plus costs and interest thereafter at the applicable note rate per

annum to date of entry of judgment, plus interest from the date of judgment at the current legal rate which will be compounded annually pursuant to the provisions of 28 U.S.C. § 1961; and for such other relief as the court may deem proper.

Respectfully submitted,

DAVID E. NAHMIAS
UNITED STATES ATTORNEY

By, 

LORI M. BERANEK
ASSISTANT U. S ATTORNEY
Georgia Bar No. 053775
600 United States Courthouse
75 Spring Street, S W.
Atlanta, Georgia 30303
Phone (404) 581-6350
Fax (404) 581-6167



Rockville MD 20857

CERTIFICATE OF INDEBTEDNESS

Ceylon M. Rowland, M.D.
aka Ceylon Marks, M.D.
1034 Trace Lane, NW
Lawrenceville, GA 30045
SSN: 252-04-4228
REF: HHCA-7-80030029

Total debt due United States as of February 14, 2005: \$671,834.50 (principal \$213,702.00, interest \$458,132.50).

I certify that the Department of Health and Human Services' records show that the debtor named above is indebted to the United States in the amount stated above. Interest accrues on the principal amount of this debt at the weighted average interest rate of 15 234% per annum. The daily interest amount accrues at \$89.20 per day.

On August 19, 1989, as a medical student at Morehouse School of Medicine, you applied for a scholarship award through the National Health Service Corps (NHSC) Scholarship Program (42 U.S.C. 294t-y, redesignated as amended 42 U.S.C. 254l, m-q), U.S. Public Health Service, the Department of Health and Human Services.

On September 29, 1989, you received a scholarship award for the period 1989 - 1990. In addition, you received continuing scholarship awards on February 1, 1990, for the periods 1990 - 1991, and 1991 - 1992. You received funds totaling \$71,234.00 representing tuition, fees, stipends, and other reasonable costs.

These awards were made upon the condition that you serve in the full-time clinical practice of your profession as a commissioned officer in the Regular or Reserve Corps of the Public Health Service, or as a civilian member of the Corps in a health manpower shortage area designated under Section 332 of the Public Health Service Act (PHS Act). You were to serve one year of obligated service for each year of scholarship support, or 2 years, whichever is greater.

Following your graduation, you were granted a four (4) year conditional deferment of your service obligation to pursue a residency in Obstetrics/Gynecology (Ob/Gyn). Upon completion, you were required to begin serving your three (3) year obligation on July 1, 1996.

On April 23, 1996, you were informed that you had been assigned to the Samuel U. Rodgers Health Center in Kansas City, Missouri. You were advised to contact the Regional Program Consultant in the Kansas City Regional Office within five (5) days and that if you failed to do so, you would be recommended for default. You did not comply.

Therefore, on July 11, 1996, you were advised that you had been recommended for default of your scholarship contract for failure to comply with the terms and conditions of your award in accordance with Federal regulation [42 CFR, 62.10(c)] which states:

Pursuant to 42 U.S.C. 254o(b)(1), if a participant fails, for any reason, to begin or complete the period of obligated service, the participant must pay the United States damages equal to three times " ϕ " (where " ϕ " equals the scholarship amounts paid to or on behalf of the participant and the interest on such amounts, as if they were loans bearing interest at the maximum legal prevailing rate), proportionately reduced by the percentage of the period of obligated service performed by the participant. Payment of the damages shall be made within 1 year of the date the participant failed to begin or complete the period of obligated service, as determined by the Secretary. 42 C.F.R. 62.10(c)



PAGE 2- CERTIFICATE OF INDEBTEDNESS - CEYLON M. ROWLAND, M.D.

On July 31, 2003, you were notified that you had been placed in default of the conditions of your NHSC Scholarship Contract. You were advised that failure to make repayment arrangements (RA) would result in your account being referred to the Department of Treasury for offset, consumer reporting agencies, a private collection agency, or the U S Department of Justice (DOJ) for enforced collection. You did not make any payments.

By letter dated October 1, 2003, you were notified that your account had been referred to OSI Collection for collection. You were advised that your account would be referred to the DOJ if you failed to either remit payment in full or enter into a RA.

In response to your letter which was received on October 10, 2003, you were advised by letter dated October 14, 2003, that your account had been referred to OSI for collection. You were encouraged to contact them and enter into a RA.

In a letter dated October 15, 2003, you were notified that a review of your file determined that you had been *appropriately placed in default due to your failure to comply with the instructions related to your assignment to fulfill your NHSC obligation.*


Although you have made one (1) payment totaling \$100.00 you did not do so under an approved RA. To date you have not submitted a request for a RA, nor made any attempt to resolve your debt. Therefore, you remain liable for monetary repayment of this debt.

The amount the United States is entitled to recover is equal to three times the total scholarship award (plus interest) and was to have been paid by July 1, 1997. Accordingly, your debt has now been referred to the U S Department of Justice for enforced collection.

The amount due should be remitted promptly by check, draft or money order(s) payable to the "Department of Justice" and mailed directly to the United States Attorney, Northern District of Georgia, Richard Russell Building, 75 Spring Street, S W , Suite 600, Atlanta, Georgia 30303.

CERTIFICATION: *Pursuant to 28 U S C 1746, I certify under penalty of perjury that the foregoing is true and correct.*

Date



Barry M. Blum
Chief, Referral Control Section
Debt Management Branch

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service

ACADEMIC YEAR
1989-1990

FORM APPROVED
OMB No 0915-0072
Expiration Date December, 1990

**APPLICATION FOR PARTICIPATION IN:
THE NATIONAL HEALTH SERVICE CORPS SCHOLARSHIP PROGRAM**

**ALL MATERIALS SUBMITTED BECOME THE PROPERTY OF THE FEDERAL
GOVERNMENT AND SHALL NOT BE RETURNED.**

**BEFORE COMPLETING THIS APPLICATION, READ THE ACCOMPANYING DIRECTIONS
IN THE INSTRUCTION BOOKLET**

- Answer all questions
- Use a No. 2 lead pencil. Do not use ball-point or other pen
- In each block, where required, place the needed information in the boxes above the grid area. Then, in the column below each box containing a letter, number, or symbol, blacken completely the circle containing the same letter, number, or symbol. In cases where a box is to represent a space and contains no letter, number, or symbol, blacken the empty circle at the top of that column.
- Make your marks heavy and black.
- Avoid stray marks and smudges. Erase incorrect marks completely.
- Do not staple, fold, bend, spindle or mutilate this form

Submit application in the enclosed envelope, or directly to:

NATIONAL HEALTH SERVICE CORPS SCHOLARSHIPS



5600 Fishers Lane Room 7-16
Rockville, Maryland 20857

HOWLAND, CELYUN IN



LAST NAME ONLY (First and Middle Names are on page 3).

Large grid of circles for name entry, with the letters 'R D W L A N D' visible in the rightmost column.

Form with radio buttons for 'IV', 'III', 'II', 'Sr', 'Jr' and a section for 'LAST NAME SUFFIX (IF ANY)'.

Form with a grid of circles and a box containing the number '01'.

2. YOUR FULL NAME (SEE INSTRUCTION BOOKLET) LAST NAME IS BELOW FIRST AND MIDDLE NAMES ARE ON PAGE 3

Name of degree program:

MEDICINE

1. DEGREE PROGRAM (SEE INSTRUCTION BOOKLET)

SECTION A: GENERAL

b. State

Blacken the appropriate circle

- | | | |
|--|--------------------------------------|--|
| <input type="radio"/> Alabama | <input type="radio"/> Kansas | <input type="radio"/> Ohio |
| <input type="radio"/> Alaska | <input type="radio"/> Kentucky | <input type="radio"/> Oklahoma |
| <input type="radio"/> American Samoa | <input type="radio"/> Louisiana | <input type="radio"/> Oregon |
| <input type="radio"/> Arizona | <input type="radio"/> Maine | <input type="radio"/> Pennsylvania |
| <input type="radio"/> Arkansas | <input type="radio"/> Maryland | <input type="radio"/> Puerto Rico |
| <input type="radio"/> California | <input type="radio"/> Massachusetts | <input type="radio"/> Rhode Island |
| <input type="radio"/> Canal Zone | <input type="radio"/> Michigan | <input type="radio"/> South Carolina |
| <input type="radio"/> Colorado | <input type="radio"/> Minnesota | <input type="radio"/> South Dakota |
| <input type="radio"/> Connecticut | <input type="radio"/> Mississippi | <input type="radio"/> Tennessee |
| <input type="radio"/> Delaware | <input type="radio"/> Missouri | <input type="radio"/> Texas |
| <input type="radio"/> District of Columbia | <input type="radio"/> Montana | <input type="radio"/> Trust Territories of the Pacific Islands |
| <input type="radio"/> Florida | <input type="radio"/> Nebraska | <input type="radio"/> Utah |
| <input checked="" type="radio"/> Georgia | <input type="radio"/> Nevada | <input type="radio"/> Vermont |
| <input type="radio"/> Guam | <input type="radio"/> New Hampshire | <input type="radio"/> Virginia |
| <input type="radio"/> Hawaii | <input type="radio"/> New Jersey | <input type="radio"/> Virgin Islands |
| <input type="radio"/> Idaho | <input type="radio"/> New Mexico | <input type="radio"/> Washington |
| <input type="radio"/> Illinois | <input type="radio"/> New York | <input type="radio"/> West Virginia |
| <input type="radio"/> Indiana | <input type="radio"/> North Carolina | <input type="radio"/> Wisconsin |
| <input type="radio"/> Iowa | <input type="radio"/> North Dakota | <input type="radio"/> Wyoming |

c. Zip Code

3	0	3	3	7				
0	1	2	3	4	5	6	7	8
1	2	3	4	5	6	7	8	9
2	3	4	5	6	7	8	9	0
3	4	5	6	7	8	9	0	1
4	5	6	7	8	9	0	1	2
5	6	7	8	9	0	1	2	3
6	7	8	9	0	1	2	3	4
7	8	9	0	1	2	3	4	5
8	9	0	1	2	3	4	5	6
9	0	1	2	3	4	5	6	7



Use these last four shaded columns only if your zip code is more than five digits

5 TELEPHONE NUMBER.

TELEPHONE NUMBER									
AREA CODE				NUMBER					
4	0	4	7	6	3	9	9	:	7
0	1	2	3	4	5	6	7	8	9
1	2	3	4	5	6	7	8	9	0
2	3	4	5	6	7	8	9	0	1
3	4	5	6	7	8	9	0	1	2
4	5	6	7	8	9	0	1	2	3
5	6	7	8	9	0	1	2	3	4
6	7	8	9	0	1	2	3	4	5
7	8	9	0	1	2	3	4	5	6
8	9	0	1	2	3	4	5	6	7
9	0	1	2	3	4	5	6	7	8

6. SOCIAL SECURITY NUMBER (SEE PRIVACY ACT NOTIFICATION STATEMENT IN INSTRUCTION BOOKLET).

SOCIAL SECURITY NUMBER								
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

7. PLACE OF BIRTH (PLEASE PRINT)

CITY

MACON

STATE OR COUNTRY

GEORGIA

8. Are you a citizen or national of the United States? (Only U.S. citizens or nationals are eligible to receive Scholarship awards) BLACKEN the appropriate circle.

Yes No

9. Are you an American Indian or Alaska Native?

(Preferential consideration for scholarship awards will be given to otherwise eligible applicants who are identified as American Indians or Alaska Natives. Applicants wishing to claim this preference must submit with their application supporting documentary evidence from the Bureau of Indian Affairs of the Department of the Interior or from their tribal organization. Preferential consideration is given only to those Native American applicants who qualify for priority selection as stated in the Instruction Booklet.)

Yes No

10. Have you ever received Federal support under the Scholarship Program for First-Year Students of Exceptional Financial Need (EFN)?

(Preferential consideration will be given to otherwise eligible applicants who are identified as previous recipients of EFN Scholarships. Applicants wishing to claim this preference must submit a letter of verification from an official at the school in which the EFN Scholarship was received.)

Yes No

11. PREVIOUS SERVICE COMMITMENT (SEE INSTRUCTION BOOKLET).

Are you currently under any obligation to practice your profession in a State or other entity upon the completion of your professional training that would conflict with the service obligation incurred under this Scholarship?

Yes No

(If you are obligated to practice under another program, please read the terms of that agreement carefully. Many agreements will enable you to serve this Scholarship obligation first. If so, there is no conflict and you should blacken the answer "No".)

12. FUTURE SPECIALTY INTEREST (SEE INSTRUCTION BOOKLET)

NAME OF SPECIALTY

OB/GYN

CODE NUMBER

2	2	0
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

13. Print name, permanent address, and telephone number of the person through whom you can always be located (e.g., parent, relative, etc.).

NATASHA Y ROWLAND		
NAME		
303 GATEWAY AVENUE		
ADDRESS		
MACON	GEORGIA	
CITY	STATE	
02	706	0000
ZIP CODE	AREA CODE	PHONE NUMBER

14. EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE (FORM W-4) (SEE INSTRUCTION BOOKLET).

Based on page 1 of the Internal Revenue Service (IRS) Form W-4 accompanying the application packet, please supply the following information:

- a. Single
 Married
 Married, but withhold at higher single rate

- b. Total number of allowances claimed on Form W-4 page 1, item 4.

2 3 4 5 6 7 or more

- c. The number of exemptions claimed from withholding on Form W-4, page 1, item 6.

2 3 4 5 6 7 or more

d Additional amount, if any, to be deducted each pay period. Enter amount from Form W-4, page 1, item 5. Indicate whole dollars only.

\$

0	0	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

EXAMPLE: \$30.00, Enter \$030 in the boxes above the grid and blacken the circles below.

\$

0	3	0
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	1	1
2	2	2
3	<input type="radio"/>	3
4	4	4

**SECTION B-
DEGREE PROGRAM**

Your answers to this section should pertain only to the degree program for which you are applying for a Scholarship

1 Will you be enrolled as a full-time student during the 1989-1990 school year? (Only full-time students are eligible for awards)

Yes No

2 Print name of school in which you are enrolled or accepted for enrollment.

SCHOOL

MORE-SIDE SCHOOL OF MEDICINE

3 Print location of school

CITY

STATE

ATLANTA

GA

4. School code

0	1	3	3
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	2	2	2
3	3	<input type="radio"/>	<input type="radio"/>
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

5. Indicate the month and year you first attended or will attend school.

JANUARY	<input type="radio"/>	19	8	8	
FEBRUARY	<input type="radio"/>				
MARCH	<input type="radio"/>			<input type="radio"/>	
APRIL	<input type="radio"/>			<input type="radio"/>	
MAY	<input type="radio"/>			<input type="radio"/>	
JUNE	<input type="radio"/>			<input type="radio"/>	
JULY	<input checked="" type="radio"/>			4	4
AUGUST	<input type="radio"/>			8	8
SEPTEMBER	<input type="radio"/>			8	8
OCTOBER	<input type="radio"/>			7	7
NOVEMBER	<input type="radio"/>			<input checked="" type="radio"/>	<input checked="" type="radio"/>
DECEMBER	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>

6. Indicate your expected date of graduation from degree program (Circle the prefix year)

JANUARY	<input type="radio"/>	198 or 199	2
FEBRUARY	<input type="radio"/>		
MARCH	<input type="radio"/>		<input type="radio"/>
APRIL	<input type="radio"/>		<input type="radio"/>
MAY	<input checked="" type="radio"/>		<input checked="" type="radio"/>
JUNE	<input type="radio"/>		3
JULY	<input type="radio"/>		4
AUGUST	<input type="radio"/>		5
SEPTEMBER	<input type="radio"/>		6
OCTOBER	<input type="radio"/>		7
NOVEMBER	<input type="radio"/>		8
DECEMBER	<input type="radio"/>		9

7. What is the TOTAL LENGTH, in years, of the degree program in which you are or will be enrolled?

YEARS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
-------	-----------------------	-----------------------	-----------------------	----------------------------------	-----------------------	-----------------------

8. In what YEAR of your degree program will you be enrolled during the 1989-1990 school year?

1st	2nd	3rd	4th	5th	6th
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. In which of the following categories will you be charged tuition and fees for the 1989-1990 school year?

Resident/In-state
 Non-resident/Out-of-state
 School charges same tuition and fees regardless of resident status

SECTION C. COMMUNITY BACKGROUND

In the boxes indicating residences (A through E), enter the five communities in which you have lived the longest. Indicate the number of years you resided in each corresponding community by blackening the appropriate circle in the column asking for the Duration (years). Round this number to the nearest whole year. In the column for Community Code, indicate the community code number from the list below which best corresponds to the population of each community in which you lived by blackening the appropriate circle for each place of residence. In the last column (Racial/Ethnic Code), indicate the racial/ethnic group code number from the list below which best corresponds to the predominant racial/ethnic group of the population living within a one-mile radius of your place of residence by blackening the appropriate circle for each place of residence.

COMMUNITY CODES

1. Countryside or small town (population less than 2,500).
2. Small city (2,500 to 20,000 population).
3. Medium-size city (20,000 to 50,000 including suburbs).
4. Large city (50,000 to 250,000 including suburbs).
5. Major metropolis (Over 250,000 including suburbs).

RACIAL/ETHNIC GROUP CODES

1. White, not of Hispanic origin (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East).
2. Black, not of Hispanic origin (Persons having origins in any of the Black racial groups of Africa).
3. Hispanic (Persons of Mexican, Puerto Rican, Cuban, Central or South American or Spanish culture or origin regardless of race).
4. American Indian or Alaska Native (Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition).
5. Asian or Pacific Islanders (Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Phillipine Islands, Samoa).
6. Other

Note. Each residence must have a response (only one) blackened in each of the three corresponding columns

Residence (city, county, state)	Duration (years)	Community Code	Racial/Ethnic Code
A MACON (JONES), GA	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ 10 years or longer ●	① ② ③ ● ④ ⑤	① ● ② ③ ④ ⑤ ⑥
B EVANSTON, IL	① ② ③ ● ④ ⑤ ⑥ ⑦ ⑧ ⑨ 10 years or longer ○	① ● ② ③ ④ ⑤	● ② ③ ④ ⑤ ⑥
C COLLEGE PARK, GA	① ② ● ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ 10 years or longer ○	① ● ② ③ ④ ⑤	① ● ② ③ ④ ⑤ ⑥
D	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ 10 years or longer ○	① ② ③ ④ ⑤	① ② ③ ④ ⑤ ⑥
E	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ 10 years or longer ○	① ② ③ ④ ⑤	① ② ③ ④ ⑤ ⑥

**SECTION D:
WORK EXPERIENCE**

BLACKEN the response which best applies to you.

1 Have you ever been employed or had volunteer experience where services provided by physicians and dentists could not be obtained within 30 minutes travel time from your place of employment?

Yes No

If "yes," was the experience for more than one year?

Yes No

2 Have you ever been employed or had volunteer experience where at least 50 percent of the population within a 1-mile radius of your place of employment was composed of members of the following racial/ethnic groups: Blacks, Hispanics, American Indians/Alaska Natives, or Asians? (Refer to racial/ethnic group definitions on page 10)

Yes No

If "yes," was the experience for more than one year?

Yes No

3 Prior to professional school, were you ever an employee or volunteer in a hospital or other health care setting?

Yes No

4. Have you received a degree or certification in a health-related discipline other than the one you are now pursuing?

Yes No

If "yes," did you work in this discipline for more than one year?

Yes No

**SECTION E:
CAREER GOALS**
**PART I
COMMUNITY CHARACTERISTICS**

The Public Health Service is interested in your preferences for certain characteristics of a community where you would like to practice AFTER you COMPLETE your Scholarship service obligation. Below is a list of items which suggest particular characteristics of residential communities. Opposite each item is a scale on which to indicate how desirable/undesirable each particular characteristic is to you.

INSTRUCTIONS: Indicate the importance (desirability) to you of each characteristic by blackening in the number that best corresponds to your preference.

- 1 = Strongly desirable
- 2 = Moderately desirable
- 3 = Indifferent
- 4 = Moderately undesirable
- 5 = Strongly undesirable

- A RESIDENCE COMMUNITY THAT:**
- 1 has the neighborliness of a small town
 - 2 depends primarily on a public transportation system.
 - 3 consists primarily of apartment buildings and multiple family dwellings
 - 4 has a predominantly middle class population
 - 5 is considered to be economically depressed.
 - 6 has a varied and stimulating pace of life.
 - 7 provides a good deal of anonymity
 - 8 is composed of many differing life styles.
 - 9 has a varied ethnic/racial composition
 - 10 provides ready access to cultural/artistic activities
 - 11 has many non-English speaking residents

**PART II
HEALTH CARE CHARACTERISTICS**

The Public Health Service is interested in your preferences for certain characteristics of health care practice you would like to engage in AFTER you COMPLETE your Scholarship service obligation. Below is a list of items which suggest particular practice characteristics. Opposite each item is a scale on which to indicate how desirable/undesirable each particular characteristic is to you.

INSTRUCTIONS: Indicate the importance (desirability) to you of each characteristic by blackening in the number that best corresponds to your preference.

- 1 = Strongly desirable
- 2 = Moderately desirable
- 3 = Indifferent
- 4 = Moderately undesirable
- 5 = Strongly undesirable

- IT IS IMPORTANT TO ME TO BE ABLE:**
- 1. to take care of many patients who are receiving public assistance.
 - 2. to be in a solo, partnership, or small group practice
 - 3. to deal with patients who have less than a high school education

PART III

After fulfilling your Scholarship service obligation, do you intend to continue practicing your profession in a medically underserved or health manpower shortage area (HMSA)? Blacken the number next to the response below which best applies to you.

- 1 I do not intend to continue practicing in a HMSA after I have fulfilled my service obligation.
- 2 I am undecided as to whether I am going to continue practicing in a HMSA after I have fulfilled my service obligation
- 3 I plan to continue practicing in a HMSA for one to two years after I have fulfilled my service obligation
- 4 I plan to continue practicing in a HMSA for more than two years but less than five years after I have fulfilled my service obligation
- 5 I plan to continue practicing in a HMSA for more than five years after I have fulfilled my service obligation

**SECTION F
CERTIFICATION**

I certify that the information given in this application is accurate and complete to the best of my knowledge and belief. I understand that it may be investigated and that any willfully false representation is sufficient cause for rejection of this application, or, if awarded a Scholarship, that I am liable for repayment of all awarded funds and, further, that any false statement herein may be punished as a felony under U.S. code, Title 18, Section 1001.

SIGN YOUR FULL NAME IN INK AND DATE

SIGNATURE <i>Ceylon W. Rowland</i>	DATE 8-19-89
--	------------------------

**FOR
OFFICE
USE
ONLY**

- APL
- CON
- FLA
- ALA
- PHP
- TRA
- DAT
- EPN
- IND
- CSO
- W-4

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

- 1 = Strongly desirable**
2 = Moderately desirable
3 = Indifferent
4 = Moderately undesirable
5 = Strongly undesirable
- IT IS IMPORTANT TO ME TO BE ABLE:**
- 1 2 3 4 5 4 to spend the majority of my professional time doing research.
 - 1 2 3 4 5 5 to have a practice located in a rural area.
 - 1 2 3 4 5 6 to have a practice limited to adult patients
 - 1 2 3 4 5 7 to take care of patients from minority racial or ethnic groups.
 - 1 2 3 4 5 8 to provide specialized diagnostic and/or treatment services on a regular basis.
 - 1 2 3 4 5 9 to see mostly the same patients over a long period of time
 - 1 2 3 4 5 10 to take care of elderly patients as part of my practice.
 - 1 2 3 4 5 11 to deal with the emotional aspects of physical illness.
 - 1 2 3 4 5 12 to have a practice located in a suburban area.
 - 1 2 3 4 5 13 to practice in a community characterized by poverty
 - 1 2 3 4 5 14 to take care of patients with chronic, disabling diseases.
 - 1 2 3 4 5 15 to practice in a community where there is ample opportunity for consultation with professional colleagues.
 - 1 2 3 4 5 16 to spend most of my professional time practicing in a hospital setting.
 - 1 2 3 4 5 17 to set up a practice in a community where I would plan on settling down for a large portion of my professional career.
 - 1 2 3 4 5 18 to limit my practice to patients with only certain types of diseases.
 - 1 2 3 4 5 19 to practice in a community where other health care providers and services are readily available.
 - 1 2 3 4 5 20 to be employed in my practice by a large private clinic or hospital
 - 1 2 3 4 5 21 to get to know patients on a personal basis.
 - 1 2 3 4 5 22 to spend the majority of my professional time working directly with patients
 - 1 2 3 4 5 23 to spend at least 25 % of my professional time administering a practice or health care facility.
 - 1 2 3 4 5 24 to practice in an area where a high proportion of the labor force is employed in agriculture.
 - 1 2 3 4 5 25 to utilize information on a patient's social and family environment in the management of health problems.
 - 1 2 3 4 5 26 to practice in an area where a high proportion of the labor force is employed in service or manufacturing occupations.
 - 1 2 3 4 5 27 to practice where I would not have to improvise or do without the most modern equipment.
 - 1 2 3 4 5 28 to have a practice where I would not have to work evenings and weekends.

**NATIONAL HEALTH SERVICE CORPS
SCHOLARSHIP PROGRAM CONTRACT
SCHOOL YEAR 1989 - 1990**

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
HEALTH RESOURCES AND SERVICES ADMINISTRATION
BUREAU OF HEALTH CARE DELIVERY AND ASSISTANCE

Section 336A, CO of the Public Health Service Act (42 U.S.C. 254, et seq) authorizes the Secretary of Health and Human Services ("Secretary") to provide scholarships selected to be participants in the National Health Service Corps Scholarship Program ("Scholarship Program") with scholarship awards. In order for service applicants must agree to provide health services in a manner determined by the Secretary for a period of obligated service equal to one year of scholarship award received, or two years, whichever is greater.

Section 336A requires applicants to enter into their application a signed contract setting the terms and conditions of participation in the Scholarship Program. The Secretary shall sign only those contracts submitted by applicants who are selected for participation.

The terms and conditions of participating in the Scholarship Program for the 1989-1990 school year are set forth below:

Section A - Obligations of the Secretary

Subject to the availability of funds appropriated by the Congress of the United States for the Scholarship Program and the National Health Service Corps ("NHSC"), the Secretary agrees to:

1. Provide the undersigned applicant ("applicant") with a scholarship award for the school year 1989-1990 during which the applicant:
 - a. is enrolled, or is accepted for enrollment, as a full-time student in an accredited (as determined by the Secretary) professional institution in one of the several States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the Virgin Islands, Guam, or American Samoa, and
 - b. is pursuing a course of study leading to a degree in medicine, osteopathy, dentistry, or other health profession which has been approved by the Secretary for participation in the Scholarship Program.
 The scholarship award may consist of payments, in whole or in part, for tuition, an amount of all other reasonable educational expense incurred by the student, and a monthly stipend for the 12-month period beginning with the first month of each school year in which the applicant is a participant in the Scholarship Program.
2. Utilize the applicant to provide health services in accordance with Section 3625 of this contract.
3. Defray performance of an applicant's period of obligated service if the applicant:
 - (1) receives a degree from a school of medicine, osteopathy, dentistry, veterinary medicine, optometry, podiatry or pharmacy, and (2) requests a period of deferment to complete an internship, residency or other advanced clinical training which the Secretary determines is consistent with the needs of the Corps.
 4. Release the Applicant from all or part of all or her Corps service obligation to enter into the full-time private clinical practice of the applicant's health profession where the provisions of section 336D of the Public Health Service Act, 42 U.S.C. 254h and applicable Corps policies are met.
 5. Credit any period of service performed in accordance with Corps policy by the applicant under the National Research Service Award Program (section 4722D (1) (A) or (B) of the Public Health Service Act, 42 U.S.C. 289f-1 (a) (1) (A) or (B) toward satisfying the service obligation in Section B of the contract.

Section B - Obligations of the Applicant

- The applicant agrees to:
1. Accept the scholarship award provided by the Secretary under Section A(1) of this contract for the school year 1989-1990.
 2. Maintain full-time enrollment until completion of the course of study for which the scholarship award is provided.
 3. Maintain an acceptable level of academic standing while enrolled in the course of study for which the scholarship award is provided.
 4. Complete at least one year of advanced clinical training approved by the Secretary if he or she received a degree from a school of medicine or osteopathy.
 5. Serve full or part period of obligated service by providing health services, as determined by the Secretary.
 - a. In the full-time clinical practice of his or her health profession in a health manpower shortage area designated under section 332 of the Public Health Service Act ("Act") as a member of the National Health Service Corps either as a commissioned officer in the Regular or Reserve Corps of the Public Health Service, a civilian employee of the United States, or an individual who is not an employee of the United States, or
 - b. in the full-time private clinical practice of his or her health profession under a Private Practice Option Agreement (section 336D of the Act) in a health

manpower shortage area selected by the Secretary for which designation under section 332 of the Act has been utilized by the Secretary.

- In a case of the Department of Health and Human Services designated by the Secretary, if there is no need in a health manpower shortage area for a Corps member of the profession in which the applicant is obligated to provide health services under the contract.

6. Serve one year of obligated service for each year the scholarship award is provided, with a minimum obligation of 2 years.
7. Apply for and undertake placement in accord with established placement policies and procedures.
8. Comply with provisions of Title 42, Code of Federal Regulations, Part 62

Section C - Branch of Scholarship Chosen

If the applicant:

1. Fails to maintain an acceptable level of academic standing in the course of study for which the scholarship award is provided, or voluntarily terminates available training before the completion of such training, or is determined from the educational institution for disciplinary reasons, the applicant shall, beyond of performing the service obligation incurred under the contract, repay to the United States all funds paid to the applicant and to the educational institution under the contract. Payment of this amount must be made within 3 years of the date the participant becomes liable to make payment under the paragraph 2. fails to begin or complete the period of obligated service incurred under the contract for any reason other than those in paragraph 1 of this section, the United States shall be entitled to recover an amount equal to those sums the scholarship award awarded, plus interest, as determined by the formula:

$$A = 3 \text{ } \overbrace{B}^{(1.1)^t}$$

In which:

- 'A' is the amount the United States is entitled to recover,
 - 'B' is the sum of amounts paid to or on behalf of the applicant and the interest on such amounts which would be payable if at the time the amounts were paid they were loaned bearing interest at the maximum legal prevailing rate, as determined by the Treasurer of the United States, in the total number of months in the applicant's period of obligated service, and
 - 't' is the number of months of such period served by the applicant in accordance with section 336C of the Act or with a written agreement under section 336D of the Act.
- The amount the United States is entitled to recover shall be paid within one year of the date the Secretary determines that the applicant has failed to begin or complete the period of obligated service.

Section D - Continuation of Graduate Training Toward the Fulfillment of Obligated Service

1. No period of internship, residency, or other advanced clinical training will be counted toward satisfying the period of obligated service incurred under this contract.

Section E - Cancellation, Suspension, and Waiver of Obligations

1. Any service or payment obligation incurred by the applicant under this contract will be canceled upon the applicant's death.
2. The Secretary may waive or suspend the applicant's service or payment obligation incurred under this contract if:
 - a. compliance by the applicant with the terms and conditions of this contract is impossible or would involve extreme hardship, and
 - b. enforcement of such obligation would be inconformable.

Section F - Current Examples

1. The applicant may annually request extension of this contract, for a period not to exceed 12 months. If the request is approved in accordance with procedures established by the Secretary.
2. Subject to the availability of funds appropriated by the Congress of the United States for the Scholarship Program and the Corps, the Secretary shall approve requests for contract extension if:
 - a. the request does not extend the total period of scholarship award beyond four years, and
 - b. the applicant is otherwise eligible for continued participation in the Scholarship Program.

The Secretary or his/her authorized representative must sign this contract before it becomes effective.

Appointing Agency (Agency Name)
CELTON M ROWLAND
Secretary of Health and Human Services
Date: 08/21/89
Signature: *Celton M Rowland*
Date: 2/1/90
Signature: *John H. Rowland*

OPTIONAL AMENDMENTS

1) For school year 1989-1991
The National Health Service Corps Scholarship Program contract for the 1989-1990 school year is hereby amended by the Secretary of Health and Human Services and the undersigned Secretary of the applicant with an additional year of scholarship support for the 1990-1991 school year, with the same terms and conditions set forth in the Scholarship Program contract for the 1989-1990 school year. Disbursements for each school year will be at the beginning of that school year.
Signature: *John H. Rowland*
Secretary

2) For school year 1991-1992 and 1991-1993
The National Health Service Corps Scholarship Program contract for the 1989-1990 school year is hereby amended by the Secretary of Health and Human Services and the undersigned Secretary of the applicant with an additional two years of scholarship support for the 1991-1992 and 1992-1993 school years, with the same terms and conditions set forth in the Scholarship Program contract for the 1989-1990 school year. Disbursements for each school year will be at the beginning of that school year.
Signature: *John H. Rowland*
Secretary

ORIGINAL

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

UNITED STATES OF AMERICA,

Plaintiff,

VS.

CEYLON M. ROWLAND, M.D
aka Ceylon Marks, M.D

Defendant.

CIVIL ACTION
NO

1 05 - CV 1110

NOTICE OF LAWSUIT AND REQUEST FOR
WAIVER OF SERVICE FOR SUMMONS

RWS

TO CEYLON M ROWLAND, M D.
aka Ceylon Marks, M D

A lawsuit has been commenced against you (or the entity on whose behalf you are addressed) A copy of the complaint is attached to this notice.

This is not a formal summons or notification from the court, but rather my request that you sign and return the enclosed waiver of service in order to save the cost of serving you with a judicial summons and an additional copy of the complaint The cost of service will be avoided if I receive a signed copy of the waiver within 30 days after the date designated below as the date on which this notice and Request is sent I enclose a stamped and addressed envelope (or other means of cost-free return) for your use An extra copy of the waiver is also attached for your records.


If you comply with this request and return the signed waiver, it will be filed with the court and no summons will be served on you This action will then proceed as if you had been served on the date the waiver is filed, except that you will not be obligated to answer the complaint before 60 days from the date designated below as the date on which this notice is sent (or before 90 days from that date if your address is not in any judicial district of the United States)

If you do not return the signed waiver within the time indicated, I will take appropriate steps to effect formal service in a manner authorized by the Federal Rules of Civil Procedure and will then, to the extent authorized by those Rules, ask the court to require you (or the party on whose behalf you are addressed) to pay the full cost of such service. In that connection, please read the statement concerning the duty of parties to waive the service of summons, which is set forth on the reverse side (or at the foot) of the waiver form.

I affirm that this request is being sent to you on behalf of the plaintiff, this 29th day of April, 2005

Respectfully submitted,

DAVID E NAHMIAS
UNITED STATES ATTORNEY

BY: 

LORI M. BERANEK
ASSISTANT U. S. ATTORNEY
Georgia Bar No 053775

600 United States Courthouse
75 Spring Street, S.W
Atlanta, Georgia 30303
(404) 581-6350
(404) 581-6167 (Fax)

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF GEORGIA
ATLANTA DIVISION

UNITED STATES OF AMERICA,

Plaintiff,

CIVIL ACTION

VS

NO

CEYLON M ROWLAND, M D
aka Ceylon Marks, M D

Defendant

WAIVER OF SERVICE OF SUMMONS

TO David E Nahmias and
United States Attorney

[Handwritten signature]

LORI M BERANEK
Assistant United States Attorney

HWS

I acknowledge receipt of your request that I waive service of a summons in this action. I have also received a copy of the complaint in this action, two copies of this instrument, and a means by which I can return the signed waiver to you without cost to me.

I agree to save the cost of service of a summons and an additional copy of the complaint in the lawsuit by not requiring that I (or the entity on whose behalf I am acting) be served with judicial process in the manner provided by Rule 4.

I (or the entity on whose behalf I am acting) will retain all defenses or objections to the lawsuit or to the jurisdiction or venue of the court except for objections based on a defect in the summons or in the service of the summons.

I understand that a judgment may be entered against me (or the party on whose behalf I am acting) if an answer or motion under Rule 12 is not served upon you within 60 days after _____, or within 90 days after that date if the request was sent outside the United States

DATE

Signature

Printed/Typed Name _____

Duty to Avoid Unnecessary Costs of Service of Summons

Rule 4 of the Federal Rules of Civil Procedure requires certain parties to cooperate in saving unnecessary costs of service of the summons and complaint. A defendant located in the United States who after being notified of an action and asked by a plaintiff located in the United States to waive service of summons, fails to do so will be required to bear the cost of such service unless good cause be shown for its failure to sign and return the waiver.

It is not good cause for a failure to waive service that a party believes that the complaint is unfounded, or that the action has been brought in an improper place or in a court that lacks jurisdiction over the subject matter of the action or over its person or property. A party who waives service of the summons retains all defenses and objections (except any

relating to the summons or to the service of the summons), and I may later object to the jurisdiction of the court or to the place where the action has been brought

A defendant who waives service must within the time specified on the waiver form serve on the plaintiff's attorney for the unrepresented plaintiff a response to the complaint and must also file a signed copy of the response with the court. If the answer or motion is not served within this time, a default judgment may be taken against the defendant. By waiving service a defendant is allowed more time to answer than if the summons has been actually served when the request for waiver of service was received.

PLEASE ANSWER THE FOLLOWING QUESTIONS AND RETURN WITH THE WAIVER OF SERVICE OF SUMMONS.

Have you ever been adjudicated mentally incompetent?

YES NO

Are you in the active military service?

YES NO

(signature)

(address)

(address)

(date)