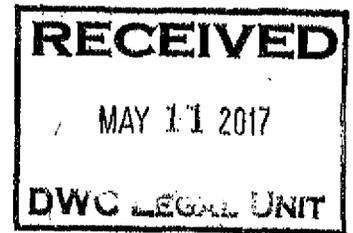


ROBERT A. ROSE, M.D.
2700 N. Main Street, Suite #533
Santa Ana, California 92705
(800) 540-1985



May 8, 2017

Hearing Request
Acting Administrative Director
Division of Workers' Compensation
1515 Clay Street, Suite 1800
Oakland, California 94612

and

Hearing Request
Legal Unit, Division of Workers' Compensation
1515 Clay Street, Suite 1800
Oakland, California 94612

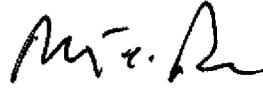
I am requesting a hearing on the matter of my suspension. I have not been convicted of a crime of Moral Turpitude according to my attorney and all the laws related to my crime in the State of California. I therefore do not fall under the section 139.21(a)(1)(A).

Please provide me with a hearing which I believe I am entitled to. I do believe that I am within the 10 day window as your letter was generated on May 3, 2017. My present address is:

Robert Alva Rose
2700 North Main Street, Suite #533
Santa Ana, CA 92705

Thank you for your attention to this very important matter.

Yours Truly,

A handwritten signature in black ink, appearing to read "R. A. Rose". The signature is fluid and cursive, with a large initial "R" and a distinct "A" and "Rose" following.

Robert A. Rose M.D.

Enc: 1. Copy of Notice of Suspension
2. Proof of Service

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
LEGAL UNIT1515 Clay Street, Suite 1700
Oakland, California 94612
Tel (510) 286-7100 Fax (510) 286-0687

May 3, 2017

Robert Alva Rose
2700 N. Main Street, Suite #533
Santa Ana, CA 92705**NOTICE OF PROVIDER SUSPENSION – WORKERS' COMPENSATION**

Dear Mr. Rose:

The Acting Administrative Director of the Division of Workers' Compensation (DWC) is required by Labor Code section 139.21(a)(1)(A) to suspend you from participation in the California workers' compensation system because you have been convicted of a crime described in Labor Code section 139.21(a)(1)(A). Enclosed are copies of the documents relied upon by the Acting Administrative Director as the basis for taking this action.

Your suspension will start 30 calendar days after the date of mailing of this notice, unless you submit a written request for a hearing, which will stay the suspension pending the outcome of the hearing. Your request must be made within 10 calendar days of the date of mailing of this notice. If you do not request a hearing within the 10-day time limit, you will be suspended from participation in the California workers' compensation system pursuant to California Code of Regulations, title 8, section 9788.2(b).

Your request for a hearing must contain:

- Your current mailing address;
- The legal and factual reasons as to why you do not believe Labor Code section 139.21(a)(1) is applicable to you; and
- Your original signature or the original signature of your legal representative.

The scope of the hearing is limited to whether or not Labor Code section 139.21(a)(1) is applicable to you. The Acting Administrative Director is required to suspend you unless you provide proof in the hearing that Labor Code section 139.21(a)(1) does not apply.

Your original request for a hearing and one copy of the request must be filed with the Acting Administrative Director. Additionally, you must also serve one copy of the request for a hearing on the DWC Legal Unit. The addresses for the Acting Administrative Director and the Legal Unit are:

Robert Alva Rose
May 3, 2017

Hearing Request
Acting Administrative Director
Division of Workers' Compensation
1515 Clay Street, Suite 1800
Oakland, California 94612

and

Hearing Request
Legal Unit, Division of Workers' Compensation
1515 Clay Street, Suite 1800
Oakland, California 94612

The original and all copies of the request for hearing must have a proof of service attached. A sample proof of service, containing all necessary elements, can be found on the DWC website at <https://www.dir.ca.gov/dwc/forms.html>, under the category "Court Forms," and then "Proof of Service." The Acting Administrative Director is required to hold your hearing within 30 days of the receipt of your written request. The hearing will be conducted by a hearing officer appointed by the Acting Administrative Director. You will be notified shortly after the receipt of your request of the date and time of the hearing.

For more information about the suspension procedure, please refer to Provider Suspension Regulations, California Code of Regulations, title 8, sections 9788.1 - 9788.4, which can be found on the DWC website at <http://www.dir.ca.gov/dwc/DWCPropRegs/Provider-Suspension-Procedure/Clean-Version/Text-of-Regulations.pdf>.

Sincerely,



George Parisotto
Acting Administrative Director
Division of Workers' Compensation

PROOF OF SERVICE (C.C.P. 1013(a))

I am employed in Orange County, State of California. I am over the age of eighteen (18) years and not a party to the within action; my mailing address is: 2700 N Main St. Suite# 533 Santa Ana, CA 92705, Tel: (714) 972-1985 Fax: 714) 835-4106. The following documents were served on the date indicated below:

- Hearing Request
- Notice of Provider Suspension –Workers' Compensation
- Proof of Service

RE: Robert A. Rose, M.D.

On 05/08/2017, I served the foregoing documents described above, for the action by:

BY PLACING IN THE MAIL a true copy of thereof sealed in an envelope to be deposited in the mail in Santa Ana, California. The envelope was mailed by first class mail, with postage thereon fully prepaid.

BY FACSIMILE TRANSMISSION,

Hearing Request
Acting Administrative Director
Division of Workers' Compensation
1515 Clay Street, Suite # 1800
Oakland, Ca 94612

Hearing Request
Legal Unit, Division of Workers' Compensation
1515 Clay Street, Suite # 1800
Oakland, Ca 94612

I transmitted said documents to the office of the addressee(s) via facsimile. The facsimile number(s) is/are indicated above. Executed on the date below at Santa Ana, California. Document transmission via facsimile assumed accepted by recipient unless otherwise noted in writing.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

05/08/2017 Marie Rodriguez

Date

Name of Declarant:

Signature

