

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING, AND REGULATION  
BEFORE THE SOUTH CAROLINA BOARD OF OCCUPATIONAL THERAPY**

In the Matter of:

**WANDA C. GILBERT, OTA**  
License No. OTA 2792,  
Respondent.

Case No. 2009-6

**ORDER  
(PUBLIC)**

This matter came before the Board of Occupational Therapy (the Board) for hearing on November 18, 2011, as a result of the Notice of Hearing and Formal Accusation dated April 13, 2011, which were served upon the Respondent and filed with the Board. A quorum of Board members was present. The hearing was held pursuant to S.C. Code Ann. §§ 40-36-90, S.C. Code Ann. § 40-1-70(6), and the provisions of the Administrative Procedures Act (the APA), S.C. Code Ann. § 1-23-10, *et seq.*, (1976, as amended), to determine whether sanctions should be imposed upon the Respondent. Georgia Lewis, Assistant Agency Counsel, represented the State. The Respondent did appear and was not represented by counsel.

The Respondent was charged with violation of S.C. Code Ann. §§ 40-1-110(f) and 40-36-110(2), (6)(a) and (b), 40-36-300(A)(1), (3) and (4), and S.C. Code Ann. Reg. 94-10: Principle 1(a) and (c), Principle 2(b) and (c), Principle 3(b) and Principle 4(d).

**FINDINGS OF FACT**

Based upon the preponderance of the evidence on the whole record, the Board finds the facts of the case to be as follows:

1. The Respondent is licensed as an occupational therapist assistant in South Carolina, has been licensed since 2008, and was so licensed at all times relevant to the issues raised in the Formal Accusation.

- A. While employed with Heartland of Lexington in West Columbia, South Carolina, Respondent administered paraffin treatments on or about May 25, 26, and 27, 2009 to a resident known as O.G. without the supervision of an occupational therapist.
- B. Respondent did not properly document the paraffin treatment method and the paraffin temperature variation for the treatment.
- C. On or about May 27, 2009, Respondent discontinued the left finger treatments of paraffin to O.G., but did not document or record in the file so that the supervising occupational therapist was aware of the change in the treatment plan.



South Carolina Department of Labor, Licensing and Regulation  
**BOARD OF OCCUPATIONAL THERAPY**  
P.O. Box 11329, Columbia, S.C. 29211-1329  
(803) 896-4683

**2013-2015 Renewal Application**

RECEIVED

Name: Eula m Singleton

License: 2568

SC CHIROPRACTIC BOARD

**Renewal Instructions**

1. Complete all questions and blank spaces on this renewal application. Incomplete applications will be returned.
2. To avoid a late fee or invalidation of your license, please mail the completed renewal form to the Board on or before March 15, 2013. Practicing after March 15, 2013 without a current license is a violation of the BOT Practice Act.
3. Make check payable to "LLR-SCBOT."

**Home Address**

35 misty morning Dr.  
Columbia, SC 29229

**Business Address**

803 7544806

**Mailing Address**

1306 Boston Street  
Columbia, SC 29229

Phone: 803/4194587 (unlisted)  
Fax:  
E-Mail: emsingleton@yahoo.com  
Congressional District: 2

Phone:  
Fax: N/A  
E-Mail: emsingleton@yahoo.com  
Congressional District: 22

Please make address changes below:

1306 Boston St  
Columbia, SC 29203

check paid 3/15/13 postmark for  
license on suspension!  
was not able to get into computer  
until 4/2/13

**Fee Schedule - Check One**

- ☒ Postmarked before or on March 15, 2013 - Biennial Renewal Fee: OT \$100; OTA \$80
- ☐ Postmarked between March 16, 2013 and April 15, 2013 - Late renewal fee: OT \$100 plus \$10 per day late fee; OTA \$80 plus \$10 per day late fee. (NOTE: Practice is not allowed during this time period.)
- ☐ Check here if you wish to have your license placed on inactive license. It must be postmarked no later than April 15, 2013. After April 15, 2013, the license will lapse. If you allow your license to lapse, you must contact the Board office for a reinstatement application.

**NBCOT Certification**

1. Is your certification in good standing with NBCOT? Yes ☒ No ☐  
If "no," before mailing your renewal, contact NBCOT at (301) 990-7979.

**Continuing Education (CE)**

**CE Requirements** - Every licensed occupational therapist and occupational therapy assistant must earn sixteen (16) contact hours of acceptable CE credit per biennium year. Of the sixteen (16) contact hours, eight (8) must be related to direct patient care. The remaining eight (8) contact hours may be in any area directly related to health care (subject to Board approval), including, but not limited to, supervision, education, documentation, quality assurance and administration.

2. I have completed the required number of CE hours for this renewal period? Yes ☒ No ☐
3. Please indicate the total number of CE hours completed during the licensure period, ending with this renewal, and indicate the breakdown of the CE hours. For CE questions, visit our website: [www.llr.state.sc.us/pol/occupationaltherapy](http://www.llr.state.sc.us/pol/occupationaltherapy).

Total Hours 16 Direct Patient Care Hours 9 Directly Related Health Care Hours 7

**Do not mail in CE verification.** However, you may be selected for a random CE audit.

Are you willing for your name to be added to a list of volunteer Occupational Therapists who may be called upon in the event of a public health emergency? Yes ☒ No ☐ em s

Approximate hours per week spent in OT or related work. (Total should equal to hours reported above)

| Total | Patient Care                     | Administration | Teaching | Research  | Other     |
|-------|----------------------------------|----------------|----------|-----------|-----------|
| 16    | 9 volunteer<br>but not as an OTR |                |          | CEU's (7) | volunteer |

IF YOU ANSWER "YES" TO A QUESTION BELOW, PROVIDE A DETAILED WRITTEN EXPLANATION ALONG WITH A COPY OF THE ORDER OR OTHER RELEVANT DOCUMENTATION(S).

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- 1) Since you last renewed your license, have you been involved in any pre-trial intervention program, been convicted, pled guilty, or pled nolo contendere (no contest) for the violation of any federal, state or local law or do you have charges pending (other than a minor traffic violation)? ☐ Yes ☒ No
- 2) Since you last renewed your license, have you had any investigation, formal complaint, disciplinary action or consent order filed against you by any person, employer, or licensing board in any jurisdiction? ☒ Yes ☐ No
- 3) Since you last renewed your license, have you practiced any regulated profession in any jurisdiction without being properly licensed? ☐ Yes ☒ No
- 4) Since you last renewed your license, have you developed or been treated for any disease or condition, physical, mental, or emotional (including alcohol or other substance abuse) that may render further practice dangerous to the public? ☐ Yes ☒ No
- 5) Since you last renewed your license, have you received disciplinary action by any employer for your job performance involving patient care or safety? *Fired when I was not @ work involving incident w/ apt + an Asst.* ☒ Yes ☐ No
- 6) Since you last renewed your license, have you had an application for a professional license, examination, certification or registration denied or refused by any licensing board or other entity or have you ever surrendered a professional license? *Did not agree on "order". Order doesn't follow the Law for OTRILs + COTA/LS* ☒ Yes ☐ No
- 7) Since you last renewed your license, have you had a malpractice claim, lawsuit, judgment or settlement filed against you? ☐ Yes ☒ No
- 8) Since you last renewed your license, have you been addicted to or used in excess any drug or chemical substance, including alcohol, or been treated for a drug or alcohol addiction or participated in a rehabilitation program? ☐ Yes ☒ No
- 9) Since you last renewed your license, have you had any hospital privileges denied, revoked, suspended or restricted in any way? ☐ Yes ☒ No
- 10) Since you last renewed your license, have you resigned from any hospital, institution or health care facility in lieu of disciplinary action? ☐ Yes ☒ No

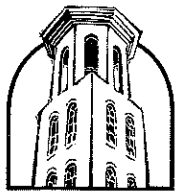
I HEREBY swear/affirm I have read all questions on this renewal application and have answered truthfully, accurately, and completely. I hereby acknowledge that failure to answer these questions truthfully, accurately and completely shall constitute cause for the initiation of disciplinary action against my South Carolina license.

*Sylvia M. Singlet*  
Signature

4/2/13  
Date

bc:

*Sylvia M. Cameron*  
SYLVIA M CAMERON  
Notary Public, State of South Carolina  
My Commission Expires March 9, 2016



**BELMONT**  
UNIVERSITY

1900 Belmont Boulevard  
Nashville, TN 37212-3757

SCHOOL of NURSING  
UNDERGRADUATE PROGRAM  
phone 615-460-6100  
fax 615-460-6125

SCHOOL of NURSING  
GRADUATE PROGRAM  
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fax 615-460-5644

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THERAPY  
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fax 615-460-6741

SCHOOL of  
PHYSICAL THERAPY  
GRADUATE PROGRAM  
phone 615-460-6727  
fax 615-460-6729

DEPARTMENT of  
SOCIAL WORK  
phone 615-460-6401  
fax 615-460-6944

December 14, 2009

Eula M. Singleton  
The Methodist Oaks  
1000 Methodist Oak Dr.  
Orangeburg, SC 29111

Dear Eula M. Singleton:

We would like to thank you for allowing us to establish The Methodist Oaks as a Fieldwork site for our Occupational Therapy students. It has been of great value in the education of our students. The practical experience gained has a huge impact on the future success of our students as they graduate and go into the workplace.

We recognize the significance of your role in our program and greatly appreciate the contribution of your time, efforts and abilities.

We are enclosing a certificate of appreciation and recognition of the supervision and instruction you offered our students during their placement with you.

Sincerely,

Shelley Hix, OTD, OTR/L  
Academic Coordinator of Clinical & Fieldwork Education  
615-460-6704  
[shelley.hix@belmont.edu](mailto:shelley.hix@belmont.edu)

EASTERN MICHIGAN UNIVERSITY  
College of Health and Human Services

# *Certificate of Achievement*

*presented to*

***Eula M. Singleton***

*in recognition of academic excellence*

*April 5, 1997*

*Elizabeth C. King*  
Elizabeth C. King, Dean  
College of Health and Human Services