



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
DIVISION OF HEALTH LICENSURE AND REGULATION
OFFICE OF HEALTH RELATED BOARDS
665 Mainstream Drive
Nashville, TN 37243
tennessee.gov/health

TENNESSEE BOARD OF MEDICAL EXAMINERS
1-800-778-4123

September 23, 2014

WESLEY F ADAMS, MD
2901 W. STATE ST.
BRISTOL TN 37620

TO WHOM IT MAY CONCERN:

The Tennessee Board of Medical Examiners is pleased to furnish the following information from our files:

PROFESSION: Medical Doctor
NAME: WESLEY F ADAMS
RANK: Medical Doctor
LICENSE NUMBER: MD11323
ISSUE DATE: 07/27/1978
EXPIRATION DATE: 01/31/2016
CURRENT STATUS: Licensed
STATUS DATE: 07/27/1978

COMMENTS: There is no derogatory information in our files concerning this individual. The State of Tennessee only provides the above information. Any other information needed must be obtained from the licensee.

Sincerely,

A handwritten signature in cursive script that reads "Angela M Lawrence".

Board Administrator
Tennessee Board of Medical Examiners

MD/LV1



To expedite the verification process, the above is the standard format used by the Medical Board of Tennessee.

APPLICATION FOR A CERTIFICATE
UNDER INTERSTATE RECIPROcity AGREEMENT

JUN 13 1975

PO 1238
Complete

PART I

Date May 11, 1975

On the basis of License or Certificate No. 7532 issued by South Carolina CA

State or National Board of Medical Examiners on the _____ day of June, 19 75,

I hereby make application for a License Certificate to practice Medicine and Surgery in Tennessee and submit the following statement of facts and proof in support of same:

1. Name in full Wesley F. Adams, Jr. Date of birth 1-11-48
2. Place of birth DeKalb County, Georgia U.S. Citizen: Yes No
3. Present address 3120 Exeter Rd., Augusta, Georgia 30909
4. Intended address in Tennessee 249 Midway Street, Bristol, Tenn. 37620
5. Has your application for examination or license been rejected by any Board of Medical Examiners?
No
If yes, by what Board and for what reason? N/A
6. Have you failed an examination before any Board of Medical Examiners? No
If yes, name the Board and give date of examination N/A
7. Give names of States in which you are now licensed or have ever been licensed and give dates. South Carolina, June 1975; Georgia, August, 1975 (#17018)
8. Has any State Medical Board revoked or suspended a license certificate issued to you? No
If yes, name the Board and state why such action was taken N/A
9. Are you now, or have you ever been directly or indirectly associated with an advertising physician or any advertising medical office? If you have, state when and where N/A
10. Have you been rejected by a Medical Society? No. If so, why, and by what Society?
11. Have you ever been addicted to narcotics or intoxicants, charged with, or convicted of violation of any State or Federal Narcotic or Dangerous Drug laws or of any State or Federal Statute? No
If so, give particulars in a separate letter.
12. Have you ever been convicted of a felony? No. If so, give particulars in a separate letter.

PRELIMINARY AND PRE-MEDICAL EDUCATION

Name of School or College	Date Attended	Certificate or Degree
<u>Emory at Oxford</u>	<u>June 1966 - June 1967</u>	
<u>University of Georgia</u>	<u>Sept. 1967 - June, 1970</u>	<u>B.S.</u>

MEDICAL EDUCATION

I have spent 8 years in the study of medicine in the institutions below:

Day, Month, Year	Day, Month, Year	Name of School	Location
From <u>Sept. 1970</u>	to <u>June 1974</u>	<u>Medical College of Georgia</u>	<u>Augusta, Georgia</u>
From <u>July 1974</u>	to <u>June 1975</u>	<u>Greenville General Hospital (Internship)</u>	<u>Greenville, S.C.</u>
From <u>July 1975</u>	to <u>June 1978</u>	<u>Medical College of Georgia (Residency)</u>	<u>Augusta, Georgia</u>

I received the degree of M.D. from the Medical College of Georgia College located at Augusta, Georgia on the 8th day of June, 19 74

I am the person named in the diploma and am the lawful possessor of same. The photograph enclosed with this application is a true likeness of myself and was taken within sixty days prior to the date of this application.

Date 5/11/78 Signed Wesley F. Adams, Jr. M.D.
(Name in Full)

Affidavit of applicant _____

County of _____ State of _____

On this day MAY 11, 1978 personally appeared before me Wesley F. Adams, Jr., MD who, being duly sworn, deposes and says that he has read carefully, and truthfully answered the above questions.

Therese C. Coffield Notary Public

My commission expires July 31, 1979

SEAL

PART II CERTIFICATE OF MEDICAL EDUCATION

It is hereby certified that Dr. Wesley F. Adams, Jr.

of _____ matriculated in School of Medicine

at Medical College of Georgia, Date 9/2/70 attending 4

courses of lectures of 9 months each, and received a diploma from Medical College of Georgia conferring the degree of Doctor of Medicine 6/8/74

H. Goodale (Date)
(President, Secretary, or Dean)

SEAL

Fairfield Goodale, M.D.
Dean and Medical Director

Date May 12, 1978

PART III CERTIFICATE OF SECRETARY OF STATE BOARD ISSUING ORIGINAL LICENSE OR NATIONAL BOARD OF MEDICAL EXAMINERS

I, James E. Skrine, Secretary of the Composite State

Board of Medical Examiners, certify that Wesley Frazier Adams, Jr. M. D.

of Augusta, Ga. was granted License Certificate No. 17018 to practice

Medicine in the State of Georgia on the 7 day of August, 19 78

based on a written examination before this Board on December 1974 FLEX and prior graduation

from Medical College of Ga. on the _____ day of _____, 19 74

and that said license certificate has never been revoked. Enclosed photograph is a true likeness of _____
Unable to compare photo.

I further certify that the aforesaid _____ in his written examination before this Board

obtained a general average of 77.6 per cent, in the following branches:

FLEX

Subject	Per Cent	Subject	Per Cent
Anatomy	64	Medicine	76
Physiology	69	Surgery	76
Biochemistry	66	Obstetrics/Gynecology	84
Pathology	75	Public Health	76
Microbiology	67	Pediatrics	80
Pharmacology	64	Psychiatry	76
B. S. Average	67.5	C. S. Average	78.0
		C. C. Average	79.7

Acting on behalf of the Composite State Board of Medical Examiners, I hereby certify to the reputability of Dr. Wesley Frazier Adams, Jr., M.D. based on the records, and recommend him to the Tennessee State Board of Medical Examiners as a fit and proper person to receive a license certificate to practice Medicine and Surgery in Tennessee.

James E. Shrien
(Secretary)

SEAL OF THE BOARD

Place Atlanta, Ga

Date May 31, 1978

LOCAL

LOCAL

PART IV RECOMMENDATION OF SECRETARY OF COUNTY MEDICAL SOCIETY STATE

Date _____

I, _____ Secretary of the _____

Medical Society, certify that _____ is pers _____ practitioner and is of good moral and professional character.

I fur _____

is eng _____ the STATE OF _____ : HAVING

BEEN _____, and is now in good standing.

Not _____ e acknowledged before a Notary Public.

State _____

Coun: _____ Secretary

ADDRESS



In _____ on the _____ day of _____, 19 _____,

before me personally appeared _____ known by me to be the party executing the foregoing instrument, and he being duly sworn, acknowledged said instrument, by him executed, to be his free act and deed.

Margueritta Paffind
Notary Public

My commission expires July 31, 1979

If candidate does not belong to any local, county or state medical society, he must submit two letters of recommendation from licensed physicians who have known him for a substantial length of time.

PLEASE READ INSTRUCTIONS REGARDING COMPLETION OF THIS APPLICATION PAGE 4. APPLICANTS MUST COMPLY WITH ALL INSTRUCTIONS.

TENNESSEE BOARD OF MEDICAL EXAMINERS
350 CAPITOL HILL BUILDING
NASHVILLE, TENNESSEE 37219

REQUIREMENTS FOR A TENNESSEE MEDICAL LICENSE BY RECIPROCITY

This application is not acceptable if any portion herein has been executed and dated prior to ONE YEAR before filing with this board.

RECIPROCITY FEE: \$175.00 payable to the Tennessee Board of Medical Examiners

TEMPORARY PERMITS OR LICENSES ARE NOT ISSUED IN TENNESSEE

Applicants are required to be graduates of medical schools where the curriculum equals that of the Medical Department of the University of Tennessee. Of this matter of reciprocity of licensure, the Board of Medical Examiners shall be the sole judge as to whether or not the applicant holds a certificate from a medical school with the required curriculum.

The Board of Medical Examiners, at its own discretion, may require an applicant to appear in person before he may be certified to the Licensing Board for the Healing Arts for a license to practice medicine in Tennessee.

If you are a FOREIGN MEDICAL GRADUATE, a personal interview with one board member is required prior to certification for licensure. You will be notified as to whom to contact in regard to this interview. A photostatic copy of your medical diploma and a notarized English translation is acceptable in lieu of Part II of the reciprocity application being completed by the medical school. These documents must remain a part of your permanent record in this office. IF YOU HAVE A PERMANENT ECFMG CERTIFICATE, PLEASE SUBMIT A COPY FOR THE BOARD'S EVALUATION OF YOUR APPLICATION. FOREIGN MEDICAL GRADUATES ARE REQUIRED TO HAVE COMPLETED ONE YEAR OF AN APPROVED UNITED STATES TRAINING PROGRAM AND TO SUBMIT EVIDENCE OF COMPLETION OF A PROGRAM. ALSO, A TRANSCRIPT OF YOUR MEDICAL SCHOOL GRADES AND CURRICULUM MUST BE ATTACHED TO YOUR APPLICATION.

Complete all of your part on the application before sending it to the Secretary of the board that granted your original license BY EXAMINATION or to the Secretary of the NATIONAL BOARDS requesting that they execute their Part III on the application.

If you are not a member of a medical society; state the reason in a separate letter and enclose two (2) letters of recommendation as to character, etc., from physicians who are members of their county medical societies and who are personally known to the applicant.

THESE DOCUMENTS MUST BE SUBMITTED TO THIS OFFICE:

1. COMPLETED reciprocity application form
2. Notarized photograph
3. Two letters of recommendation if applicable
4. \$175.00 reciprocity fee

In addition to the above, foreign medical school graduates must submit the following:

5. Copy of ECFMG certificate if applicable
6. Copy of medical diploma if applicable
7. Evidence of completion of one-year approved United States training program
8. Transcript of medical school grades and curriculum

If your papers meet the requirements of the Board of Medical Examiners, you will be promptly certified to the Licensing Board for the Healing Arts as eligible for licensure and for the issuance of your Tennessee medical license. The licensing board issues all licenses for the practice of medicine and surgery and they will require a \$10.00 license fee and an \$11.00 annual registration fee. You will receive further instructions in this regard; therefore, PLEASE DO NOT SEND MONEY TO THE LICENSING BOARD UNTIL YOU ARE INSTRUCTED TO DO SO.

PLEASE SUBMIT ALL DATA TO THIS OFFICE AT THE SAME TIME—NOT SEPARATELY. The process of verification and investigation requires a couple of weeks. Phone or written inquiry during this interval will only result in additional delay.



COMMONWEALTH of VIRGINIA

Department of Medical Assistance Services

RAY T. SORRELL
DIRECTOR

BRUCE U. KOZLOWSKI
DEPUTY DIRECTOR

SUITE 1300
600 EAST BROAD STREET
RICHMOND, VA 23219

July 7, 1988

Physician Board of Medical Examiners
283 Plus Park Bl
Nashville, TN 37219-5407

RE: Wesley F. Adams, Jr., MD
101 New Kingsport Highway
Bristol, TN 37620
LOG: 958a-13., Lic. 011323

Dear Sir/Madam:

This is to request verification that the abovementioned Practitioner is currently licensed to practice in Tennessee. They have requested enrollment as a participating provider with the Virginia Medical Assistance Program. This information is necessary before the enrollment process can be completed.

Thank you in advance for your prompt response to this matter.

Sincerely,

Valerie B. McComrick

Valerie McComrick

Supervisor

Provider Enrollment/Certification Unit

DATE: 7/22/88 APPLICANT NAME: Wesley F. Adams
LICENSED: YES NO LICENSE NUMBER: MD 11323
LICENSE EXPIRATION DATE: 12/31/88
SIGNATURE OF VERIFYING AGENT: Beverly Edwards

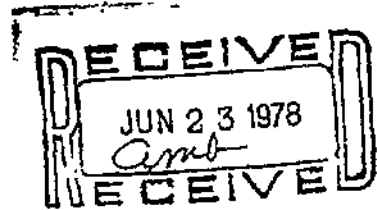
VM/ tnr



DEPARTMENT OF PUBLIC HEALTH
TENNESSEE STATE BOARD OF MEDICAL EXAMINERS

350 CAPITOL HILL BUILDING
NASHVILLE, TENNESSEE 37219
TELEPHONE (615) 741-3910

June 20, 1978



Mr. Nathaniel B. Heyward, Executive Secretary
Board of Medical Examiners
1315 Blanding St.
Columbia, SC 29201

Dear Sir:

The following physician has made application to this board for a license to practice medicine in the State of Tennessee:

Name Wesley Frazier Adams, Jr., M.D. (7532)

He states on his application that he has a license to practice in your state. We would appreciate the following information. You may be sure that any information given to us will be kept strictly confidential.

Thank you for your assistance.

Very truly yours,

Marvelene Corcoran

Marvelene Corcoran
Administrative Assistant

LICENSE NO. 7532 DATE ISSUED 9/2/75

 WRITTEN EXAMINATION XX ENDORSEMENT/RECIPROCIDY

DEROGATORY INFORMATION: YES X NO *ek*

CURRENTLY REGISTERED: X YES NO

REMARKS: In good standing with this Board.

N.B. Heyward, Executive
By: amb

6/26/78

SIGNED: _____

JUN 30 1978

TDPH-BME
A-795 (1/77)



DEPARTMENT OF PUBLIC HEALTH
TENNESSEE STATE BOARD OF MEDICAL EXAMINERS

350 CAPITOL HILL BUILDING
NASHVILLE, TENNESSEE 37219
TELEPHONE (615) 741-3910

June 20, 1978

Mr. James E. Skrine, Joint Secretary
Board of Medical Examiners
166 Pryor St., SW
Atlanta, GA 30303

Dear Sir:

The following physician has made application to this board for
a license to practice medicine in the State of Tennessee:

Name Wesley Frazier Adams, Jr., M.D. (17018)

He states on his application that he has a license to practice
in your state. We would appreciate the following information.
You may be sure that any information given to us will be kept
strictly confidential.

Thank you for your assistance.

Very truly yours,

Marvelene Corcoran
Marvelene Corcoran
Administrative Assistant

RECEIVED FOR JR.
SECRETARY OF STATE
JUN 23 9 15 AM '78
BOARD OF MEDICAL EXAMINERS

LICENSE NO. 17018 Current DATE ISSUED 8/7/75
 WRITTEN EXAMINATION ENDORSEMENT/RECIPROCIITY
DEROGATORY INFORMATION: YES NO *OK*
CURRENTLY REGISTERED: YES NO

REMARKS:

SIGNED: *James E. Skrine*

JUN 28 1978

CAREFULLY READ ALL QUESTIONS

Circle YES if the following applies to you:

- | | |
|--|-----|
| I have been convicted of a crime and I have not previously notified the Board in writing of that action. | YES |
| My license has been disciplined in another state and I have not previously notified the Board in writing of that action. | YES |
| I am currently in poor physical and / or mental health. | YES |

IF YOU HAVE ANSWERED YES TO ANY OF THE STATEMENTS PRINTED ABOVE, ATTACH AN EXPLANATION.

If you have been licensed in other states in the past two years, list those states. _____

INSTRUCTIONS

Read all instructions before completing this renewal application.

1. Carefully check all the information printed on this form and neatly print any corrections in the shaded spaces provided.
2. Carefully read all questions on this application form. Circle yes only if the statement(s) applies to you. Do not write NO beside the statement if it does not apply to you.
3. Sign and Date the application and return it in the enclosed self-addressed envelope. DO NOT SEPARATE any part of this form.

If you do not sign and date the application, it WILL be returned to you. Failure to sign and date this application will cause a delay in issuing your renewal certificate.
4. Make your check or money order payable to the Department Of Health. DO NOT SEND CASH.
5. To insure processing by the expiration date, complete the application and submit with check or money order upon receipt of this application.
6. Pursuant to T.C.A. Section 63-1-108, it is the licensee's responsibility to keep the Board apprised of any change of address within thirty days of the change. For the purpose of the Board proving it has sent you your renewal application or license, it is sufficient to send said documentation to the address found in your licensure file.

TENNESSEE DEPARTMENT OF HEALTH
BOARD OF MEDICAL EXAMINERS
MEDICAL DOCTORS
RENEWAL APPLICATION

PLEASE READ INSTRUCTIONS AND ANSWER ALL QUESTIONS ON BACK OF THIS FORM
DO NOT SEPARATE ANY PART OF THIS FORM
ONLINE RENEWAL NOW AVAILABLE AT WWW.TENNESSEANYTIME.ORG/HLRS

Lic./Cert. No: MD0000011323 Lic./Cert. Status: ACTIVE

Expiration Date: 01/31/2002

File ID: 00012619

NPI/UPIN#:

Transaction No: 000082386

WESLEY F ADAMS JR MD
2901 W. STATE ST.
BRISTOL TN 37620-1718

Social Sec. No:

|||||00012619|||||000082386|||||

Birth Date: 01/11/1948

Home Phone: () 989-3691

Work Phone: () 968-2182

Name and/or Mailing Address Change

E-mail:

Specialty:

Gyn

Activity Status: AS NOT REPORTED

- 1 Full Time 3 Not Working
 2 Part Time

Work Address:

NR 99999

Work Address Change

I certify that the statements given in this application are true and correct and that I have complied with all renewal requirements and, if applicable, satisfied all continuing education and competency requirements for the two (2) previous calendar years as set forth in the Tennessee Code Annotated and the Official Compilation Rules and Regulations of the State of Tennessee regulating the practice of my profession.

M.F. Adams Jr M.D.
SIGNATURE

12/17/01
DATE

STATE REGULATORY FEE \$ 10.00

RENEWAL 150.00
TOTAL \$ 160.00

CAREFULLY READ ALL QUESTIONS

Circle YES if the following applies to you:

I have been convicted of a crime and I have not previously notified the Board in writing of that action. YES

My license has been disciplined in another state and I have not previously notified the Board in writing of that action. YES

I am currently in poor physical and / or mental health. YES

IF YOU HAVE ANSWERED YES TO ANY OF THE STATEMENTS PRINTED ABOVE, ATTACH AN EXPLANATION.

If you have been licensed in other states in the past two years, list those states. _____

Emergency Phone:

Emergency Fax:

423 968 2182

423 968 7589

INSTRUCTIONS

Read all instructions before completing this renewal application.

1. Carefully check all the information printed on this form and neatly print any corrections in the shaded spaces provided.
2. Carefully read all questions on this application form. Circle yes only if the statement(s) applies to you. Do not write NO beside the statement if it does not apply to you.
3. Sign and Date the application and return it in the enclosed self-addressed envelope. DO NOT SEPARATE any part of this form.

If you do not sign and date the application, it WILL be returned to you. Failure to sign and date this application will cause a delay in issuing your renewal certificate.

4. Make your check or money order payable to the Department Of Health. DO NOT SEND CASH.
5. To insure processing by the expiration date, complete the application and submit with check or money order upon receipt of this application.
6. Pursuant to T.C.A. Section 63-1-108, it is the licensee's responsibility to keep the Board apprised of any change of address within thirty days of the change.

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of this document has been served upon all interested parties, or their counsel, by delivering same to their offices or by placing a true and correct copy of same in the United States mail, postage prepaid.

This 31st day of May, 1995

BY: Amanda H. Currell
Assistant General Counsel
Tenn. Dept. of Health

STATE OF TENNESSEE
DEPARTMENT OF HEALTH

IN THE MATTER OF:)	BEFORE THE BOARD OF
)	MEDICAL EXAMINERS
)	
WESLEY F. ADAMS, M.D.)	DOCKET NO. 17.18-45-0130A
RESPONDENT)	
BRISTOL, TENNESSEE)	
LICENSE NO. 011323)	

NOTICE OF CHARGES

The Division of Health Related Boards, Department of Health,
would show:

I. JURISDICTION AND NOTICE OF RIGHTS

1. The Tennessee Board of Medical Examiners (hereinafter referred to as the "Board") is responsible for the regulation and supervision of the practice of medicine in the State of Tennessee. T.C.A., Section 63-6-101 et seq.
2. The Respondent has been issued a license to practice medicine in the State of Tennessee.

3. Tennessee Code Annotated, Section 63-6-214 grants the Board the power and duty to suspend or revoke or otherwise discipline a licensee who has violated the provisions of Title 63, Chapter 6 of the Tennessee Code Annotated.

The Board is further empowered to assess a civil penalty not in excess of one thousand (\$1,000.00) dollars for each separate violation of the provisions of Title 63, Chapter 6 (The Tennessee Medical Practice Act). T.C.A. 63-1-134.

4. A Respondent in a disciplinary action is entitled to be represented by legal counsel, to personally appear before the Board, to present witnesses, have subpoenas issued and receive thirty (30) days notice of the charges before being required to appear for a hearing. A Respondent who cannot afford legal counsel may be eligible for free or low-cost counsel. T.C.A. 63-6-216.
5. Proceedings for disciplinary action against a license holder are conducted in accordance with the Tennessee Uniform Administrative Procedures Act, Title 4, Chapter 5, of the Tennessee Code Annotated. T.C.A. 63-6-216.

II. FACTS

1. Respondent is a licensed Tennessee physician with Bristol OB/GYN Associates in Bristol, Tennessee.
2. A thirty-four year old female patient was informed by her physician (not Respondent) that she was pregnant in October, 1991. On October 25, 1991, the patient went to Respondent's office for the purpose of obtaining an abortion.
3. Respondent performed a suction D & C on the patient and told her that "everything was taken care of."
4. Approximately two days later, the patient noted leaking.
5. On November 2, 1991, while out of state, the patient began experiencing back and abdominal pain and was seen in an emergency room. At that time, she was determined to be pregnant and in the third trimester.
6. An ultrasound taken on admission revealed a 30.8 week infant with severe oligohydramnios.

7. The patient delivered vaginally a 1690 gram infant with a hematoma of the umbilical cord near the baby's abdomen involving six centimeters of the cord which was approximately two to three centimeters at its widest point.
8. The fetus was viable on October 27, 1991, when Respondent attempted to abort the fetus.
9. Respondent attempted to abort the patient's fetus in violation of T.C.A. §39-15-201 in that:
 - a. Respondent attempted to procure a miscarriage during viability of the fetus;
 - b. Respondent did not certify in writing that in his best medical judgment, after proper examination, review of history, and such consultation as may be required that the attempt to procure a miscarriage was necessary to preserve the life or health of the mother;
 - c. Respondent did not file a copy of said certificate with the district attorney general of the judicial district wherein the attempt to procure a miscarriage was to be performed.
10. Respondent's attempt to procure a miscarriage on this patient on October 27, 1991, constituted a substantial breach of the standard of care for a physician.

III. CAUSE OF ACTION

The facts as alleged in section II. of this Notice of Charges are sufficient to establish violation by the Respondent of the following provisions of the Tennessee Medical Practice Act, (T.C.A. 63-6-101 et seq.) for which disciplinary action before and by the Board of Medical Examiners is authorized:

1. Unprofessional, dishonorable, or unethical conduct. T.C.A. 63-6-214(b)(1);

2. Violation or attempted violation, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of T.C.A. 63-6-101 et seq., or any lawful order of the Board issued pursuant thereto, or any criminal statute of the State of Tennessee. T.C.A. 63-6-214(b)(2);

3. Making false statements or representations, being guilty of fraud or deceit in obtaining admission to practice, or being guilty of fraud or deceit in the practice of medicine. T.C.A. 63-6-214(b)(3);

4. Gross malpractice, or a pattern of continued or repeated malpractice, ignorance, negligence or incompetence in the course of medical practice. T.C.A. 63-6-214(b)(4);
5. Violation of the laws governing abortion. T.C.A. 63-6-214(b)(6).

IV. CIVIL PENALTY ASSESSMENT

1. Based upon the facts and causes of action in this Notice of Charges the Division proposes the assessment of the following number, types and amounts of civil penalties pursuant to T.C.A. §63-1-134 and Rule 0880-2-.12(2):

Five Type A civil penalties in the amount of one thousand dollars (\$1,000.00) each for a total of five thousand dollars (\$5,000.00) for each of the five willful and knowing violations of the Medical Practice Act to the extent that there was or was likely to be an imminent, substantial threat to the health, safety and welfare of an individual patient or the public.

V. NOTICE AND PETITION FOR RELIEF

Premises considered, the Division hereby:

1. Issues to the Respondent a copy of this Notice of Charges.
2. Gives notice that if the Respondent does not enter an appearance and defend, a default judgment may be entered.
3. Gives notice that this matter will be presented to the Board at 9:00 a.m. (or as soon thereafter as Board business will allow) at the Board Hearing Room, 287 Plus Park Boulevard, Nashville, Tennessee on November 8, 1994.
4. Petitions that at the hearing of this cause, the Board determine whether the Respondent is guilty of violating the provisions of T.C.A. 63-6-101 et seq; and the Board further determine whether Respondent's license should be suspended, revoked or otherwise disciplined.

Respectfully submitted this the 3rd day of August
19 94.

Amanda G. Crowell

Amanda G. Crowell (#015413)
Assistant General Counsel
Tennessee Dept. of Health
11th Floor, Tennessee Tower
312 Eighth Avenue North
Nashville, TN 37247-0120
(615) 741-1611

CERTIFICATE OF SERVICE

The undersigned hereby certifies that a true and correct copy of this document has been served upon all interested parties, or their counsel, by delivering same to their offices or by placing a true and correct copy of same in the United States mail, postage prepaid.

This 3rd day of August, 19 94.
Amanda G. Crowell
Assistant General Counsel
Tenn. Dept. of Health