



# State of Delaware

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## Licensee Information

**Full Name:** George Shepard, Jr

## License Information

<b>License No:</b>	C1-0004752	<b>Profession:</b>	Medical Practice	<b>License Type:</b>	Physician M.D.
<b>License Status:</b>	Revocation	<b>Issue Date:</b>	5/7/1996	<b>Expiration Date:</b>	3/31/2011

## Address Information

This information is from the address supplied by the licensee. For most license types, licensees may choose a residence, business or other mailing address.

**City:** Seaford **State:** DE **Zipcode:** 19973 **Country:** United States

## Discipline Information

<b>Profession:</b>	Medical Practice	<b>Disciplinary Action:</b>	Temporary Suspension	<b>Start:</b>	9/28/2010	<b>End:</b>	
<b>License Number:</b>	C1-0004752						

<b>Profession:</b>	Medical Practice	<b>Disciplinary Action:</b>	Revocation	<b>Start:</b>	11/5/2013	<b>End:</b>	11/5/2013
<b>License Number:</b>	C1-0004752						

## Public Documents

If disciplinary information appears above but no documents are listed below, the Division of Professional Regulation has not yet added the documents to the webpage. To request the documents, submit a *Request for Public Records* form.

[Consent Agreement 2013](#)