



PUBLIC VERIFICATION / PHYSICIAN PROFILE

PHYSICIAN

NAME: TOMMY ERNEST SWATE MD

DATE: 03/16/2020

**THE INFORMATION IN THIS BOX HAS BEEN VERIFIED
BY THE TEXAS MEDICAL BOARD**

Date of Birth: 1945

License Number: E3781 Full Medical License

Issuance Date: 01/18/1975

Expiration Date of Physician's Registration Permit: 11/30/2015

Registration Status: NOT ACTIVE

Registration Date: 06/11/2014

Disciplinary Status: CANCELLED BY BOARD

Disciplinary Date: 06/11/2014

Licensure Status: NONE

Licensure Date: NONE

Medical School of Graduation:

At the time of licensure, TMB verified the physician's graduation from medical school as follows:
TULANE UNIV SCH OF MED, NEW ORLEANS

Medical School Graduation Year: 1971

TMB Filings, Actions and License Restrictions

The Texas Medical Board has the following board actions against this physician. (This may include any formal complaints filed by TMB, as well as petitions and/or responses related to licensure contested matters, at the State Office of Administrative Hearings.)

View the documents containing action taken by the Board against this individual.

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Action Date: 06/11/2014

Description: ON JUNE 11, 2014, MOTION FOR REHEARING DENIED BY THE BOARD. ORDER DATED MAY 1, 2014, IS EFFECTIVE JUNE 11, 2014.

Action Date: 05/29/2014

Description: ON MAY 29, 2014, A MOTION FOR REHEARING WAS FILED BY DR. SWATE.

Action Date: 05/01/2014

Description: ON MAY 1, 2014, THE BOARD APPROVED A FINAL ORDER REVOKING TOMMY ERNEST SWATE, M.D.'S TEXAS MEDICAL LICENSE. THE BOARD FOUND DR. SWATE FAILED TO MEET THE STANDARD OF CARE IN HIS TREATMENT OF 10 PATIENTS FOR CHRONIC

PAIN; THAT HIS PRESCRIBING OR TREATMENT WAS NONTHERAPEUTIC WITH RESPECT TO FIVE OF THESE PATIENTS; FAILED TO TAKE ACTION IN RESPONSE TO WARNING SIGNS THAT PATIENTS WERE MISUSING OR DIVERTING MEDICATIONS AND THAT HE CONTINUED PRESCRIBING MEDICATIONS TO THESE PATIENTS DESPITE ABNORMAL DRUG SCREENS AND OTHER ABERRANT BEHAVIOR; AND FAILED TO MAINTAIN ADEQUATE MEDICAL RECORDS. THE ACTION WAS BASED ON THE FINDINGS OF AN ADMINISTRATIVE LAW JUDGE AT THE STATE OFFICE OF ADMINISTRATIVE HEARINGS. THIS ORDER RESOLVES A FORMAL COMPLAINT FILED AT THE STATE OFFICE OF ADMINISTRATIVE HEARINGS. DR. SWATE HAS 20 DAYS FROM THE SERVICE OF THE ORDER TO FILE A MOTION FOR REHEARING.

Action Date: 04/30/2013

Description: ON APRIL 30, 2013, A SECOND AMENDED COMPLAINT WAS FILED BY THE BOARD. SOAH DOCKET 503-12-1938.MD

Action Date: 01/04/2013

Description: ON JANUARY 4, 2013, A FIRST AMENDED COMPLAINT WAS FILED BY THE BOARD. SOAH DOCKET 503-12-1938.MD

Action Date: 10/26/2011

Description: ON OCTOBER 26, 2011, A FORMAL COMPLAINT WAS FILED BY THE BOARD.

Action Date: 04/02/2007

Description: STATUS CLEARED 04/02/2007.

Action Date: 12/09/2005

Description: THE BOARD AND DR. SWATE ENTERED INTO AN AGREED ORDER MODIFYING AND EXTENDING THE TERM OF HIS PRIOR ORDER UNDER TERMS AND CONDITIONS AS OUTLINED IN ORDER.

Action Date: 06/03/2005

Description: ORDER ENTERED DENYING REQUEST FOR TERMINATION OF ORDER.

Action Date: 03/02/1996

Description: 3-2-96: AGREED ORDER ENTERED SUSPENDING HIS LICENSE, HOWEVER, THE SUSPENSION WAS STAYED AND HE WAS PLACED ON PROBATION FOR 10 YEARS UNDER VARIOUS TERMS AND CONDITIONS. ACTION DUE TO UNPROFESSIONAL OR DISHONORABLE CONDUCT, DISCIPLINARY ACTION TAKEN BY ANOTHER STATE, AND PROFESSIONAL FAILURE TO PRACTICE MEDICINE IN ACCEPTABLE MANNER.

Action Date: 01/24/1992

Description: LICENSE SUSPENDED, SUSPENSION STAYED, AND PLACED ON PROBATION FOR FIVE YEARS DUE TO PROFESSIONAL FAILURE TO PRACTICE MEDICINE IN AN ACCEPTABLE MANNER CONSISTENT WITH PUBLIC HEALTH AND WELFARE AND REPEATED OR RECURRING MERITORIOUS HEALTH-CARE LIABILITY CLAIMS. LICENSEE SHALL REFRAIN FROM PERFORMING ABORTIONS OF ANY TYPE. ORDER EFFECTIVE 1-24-92.

Investigations by TMB of Medical Malpractice

Section 164.201 of the Act requires that: the board review information relating to a physician against whom three or more malpractice claims have been reported within a five year period. Based on these reviews, the following investigations were conducted with the listed resolutions.

Action Taken: ACTION TAKEN-SEE TMB ACTIONS & LICENSE RESTRICTIONS SECTION

Date: 01/24/1992

Status History

Status history contains entries for any updates to the individual's registration, licensure or disciplinary status types (beginning with 1/1/78, when the board's records were first automated). Entries are in reverse chronological order; new entries of each type supersede the previous entry of that same type. These records do not display status type. Should you have any questions, please contact our Customer Information Center at 512-305-7030 or verificic@tmb.state.tx.us

Status Code: CB **Effective Date:** 06/11/2014
Description: CANCELLED BY BOARD

Status Code: NA **Effective Date:** 06/11/2014
Description: NOT ACTIVE

Status Code: FB **Effective Date:** 04/30/2013
Description: COMPLAINT FILED

Status Code: FB **Effective Date:** 01/04/2013
Description: COMPLAINT FILED

Status Code: FB **Effective Date:** 10/26/2011
Description: COMPLAINT FILED

Status Code: CL **Effective Date:** 04/02/2007
Description: SEE PREVIOUS ORDER

Status Code: RB **Effective Date:** 01/24/1992
Description: UNDER BOARD ORDER

Status Code: AC **Effective Date:** 01/01/1978
Description: ACTIVE

**THE INFORMATION IN THIS BOX WAS REPORTED BY THE LICENSEE AND
HAS NOT BEEN VERIFIED BY THE TEXAS MEDICAL BOARD**

Gender: MALE

***Ethnicity:** WHITE

Race: WHITE

* We are in the process of transitioning from the current ethnic origin values to federal standards for race and Hispanic origin. The transition period will allow time for individuals to submit updated race and Hispanic origin data to the TMB.

Place of Birth: CALIFORNIA

Current Primary Practice Address:

779 NORMANDY

SUITE 112

HOUSTON , TX 77018

Years of Active Practice in the U.S. or Canada:

The physician reports that he/she has actively practiced medicine in the United States or Canada for **26** year(s).

Years of Active Practice in Texas:

The physician reports that, of the above years he/she has actively practiced in the State of Texas for **26** year(s).

Specialty Board Certification

The physician reports that he/she holds the following specialty certifications issued by a board that is a member of the American Board of Medical Specialties or the Bureau of Osteopathic Specialists:

NONE

Primary Specialty

The physician reports his/her primary practice is in the area of ADDICTIVE DISEASES.

Secondary Specialty

The physician reports his/her secondary practice is in the area of PAIN & SPINE.

Name, Location and Graduation Date of All Medical Schools Attended

Name: TULANE

Location: LA/USA

Graduation Date: 1971

Graduate Medical Education In The United States Or Canada

Program Name: OSCHNER

Location: ,

Begin Date: 1971

Type: FELLOWSHIP

End Date: 1975

Specialty: OB

Hospital Privileges

The physician reports that he/she has hospital privileges in the following in the State of Texas:

NONE

Utilization Review

The physician did not report whether he/she provides utilization review.

NONE REPORTED

Patient Services

Accessibility: The physician reports that the patient service area **is** accessible to persons with disabilities as defined by federal law.

Language Translation Services: The physician did not report whether he/she provided any language translation services for patients.

Medicaid Participant: The physician reports that he/she **does not** participate in the Medicaid program.

Awards, Honors, Publications and Academic Appointments

Optional Information

The physician may optionally report descriptions of up to five such honors and has reported the following:

NONE

Malpractice Information

Section 154.006(b)(16) of the Act requires that: a physician profile display a description of any medical malpractice claim against the physician, not including a description of any offers by the physician to settle the claim, for which the physician was found liable, a jury awarded monetary damages to the claimant, and the award has been determined to be final and not subject to further appeal. The physician has the following reportable claims.

Description: NONE

Criminal History

Self-Reported Criminal Offenses: The physician is required to report a description of (1) "any conviction for an offense constituting a felony, a Class A or Class B misdemeanor, or a Class C misdemeanor involving moral turpitude" and (2) "any charges reported to the board to which the physician has pleaded no contest, for which the physician is the subject of deferred adjudication or pretrial diversion, or in which sufficient facts of guilt were found and the matter was continued by a court of competent jurisdiction."

The physician has reported the following:

Description: NONE

Criminal history information is also obtained by TMB from the Texas Department of Public Safety. Resulting action, if any, will be reported under the TMB Action and Non-Disciplinary Restrictions section above.

Disciplinary Actions By Other State Medical Boards

The physician has reported the following:

Description: NONE

Physician Assistant Supervision

To obtain
primary

source verifications, click name

Description: NONE

Advanced Practice Nurse Delegation

To obtain primary source verifications, click name

Description: NONE

Summary of all License/Permit Types

Issue Date:
01/18/1975

Type:
[LICENSED PHYSICIAN](#)

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Please contact Pre-Licensure, Registration and Consumer Services at (512) 305-7030 for assistance.