

March 2020 Public Board Actions List

Georgia Composite Medical Board
Attn: **Ms. Latisha Bias**, Public Records Unit
2 Peachtree Street, N.W., 6th Floor
Atlanta, Georgia 30303-3465
PH: (404) 657-3194
FX: (404) 463-2539
Email: latisha.bias@dch.ga.gov

The Board issued **two** public orders in **March 2020**. To view each Board order, click on the licensee's name below.

1. **Kelvin Wesley Gorrell, MD**
57978
Physician
Order of Completion

2. **James Heaton, MD**
31257
Physician
Voluntary Surrender

BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD
STATE OF GEORGIA

GEORGIA COMPOSITE
MEDICAL BOARD

IN THE MATTER OF:

KELVIN WESLEY GORRELL, M.D.
License No.: 57978

Respondent.

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MAR 12 2020
DOCKET NO.: _____ DOCKET NUMBER:
20200127

ORDER OF COMPLETION

1.

WHEREAS, the Georgia Composite Medical Board ("Board") entered a Public Consent Order ("Order") in the above-styled matter on February 3, 2011, Docket No. 20110031.

2.

WHEREAS, under the Order, certain sanctions, terms and conditions were placed on Respondent's license to practice medicine.

3.

WHEREAS, the Board acknowledges that Respondent has complied with all the terms and conditions of the Order.

4.

NOW THEREFORE, BE IT FURTHER RESOLVED, the Board hereby lifts the sanctions placed upon Respondent's license to practice medicine and issues this Order of Completion.

This the 12th day of March, 2020.

GEORGIA COMPOSITE MEDICAL BOARD

BY: _____

GRETCHEN COLLINS, M.D.
Chairperson

ATTEST: _____

LASHARN HUGHES
Executive Director



BEFORE THE COMPOSITE MEDICAL BOARD

STATE OF GEORGIA

**GEORGIA COMPOSITE
MEDICAL BOARD**

IN THE MATTER OF:

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**JAMES HEATON, M.D.,
License No. 31257,**

DOCKET NO.: _____

MAR 06 2020

**DOCKET NUMBER:
2020 0126**

Respondent.

VOLUNTARY SURRENDER

I, JAMES HEATON, M.D., holder of License No. 31257 in the State of Georgia, pursuant to O.C.G.A. Ch. 34, T. 43, as amended, hereby freely, knowingly and voluntarily surrender said license to the Georgia Composite Medical Board (hereinafter "Board"). I hereby acknowledge that this surrender shall have the same effect as revocation of my license, and I knowingly forfeit and relinquish all right, title and privilege of practicing medicine in the State of Georgia, unless and until such time as my license may be reinstated, in the sole discretion of the Board.

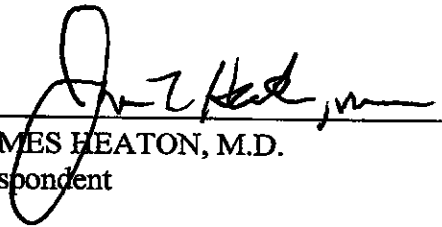
I understand that I have a right to a hearing in this matter, and I hereby freely, knowingly and voluntarily waive such right to a hearing. I also understand that should any request for reinstatement be entertained by the Board, the Board shall have access to any investigative file in this matter. I further understand that upon applying for reinstatement, it shall be incumbent upon me to demonstrate to the satisfaction of the Board that I am able to practice medicine with reasonable skill and safety to patients, and that if the Board is not satisfied, the Board shall not reinstate my license.

This surrender shall become effective upon acceptance and docketing by the Board. I understand that this document will be considered to be a public record and that this action shall be considered to be and may be disseminated as a final order of the Board.

[SIGNATURES ON FOLLOWING PAGE]

[As to Respondent's Signature:]

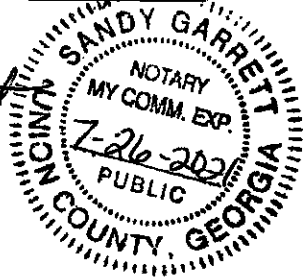
Sworn to and subscribed
this 7 day of February, 2020.



JAMES HEATON, M.D.
Respondent




NOTARY PUBLIC
My commission expires:



ACCEPTANCE OF SURRENDER

The voluntary surrender of License No. 31257 is hereby accepted by the Georgia
Composite Medical Board, this 5th day of March, 2020

GEORGIA COMPOSITE MEDICAL BOARD

BY: 

GRETCHEN COLLINS, M.D.
Chairperson

ATTEST: 

LASHARN HUGHES
Executive Director

