# February 2017 Public Board Actions List

Georgia Composite Medical Board

Attn: Ms. Latisha Bias, Public Records Unit

2 Peachtree Street, N.W., 36th Floor

Atlanta, Georgia 30303-3465

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Email: latisha.bias@dch.ga.gov

The Board issued **one** public order in February 2017. To view each Board order, click on the licensee's name below.

## 1. Robert Earl Windsor, MD

#31857 Physician Voluntary Surrender

### BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD

#### STATE OF GEORGIA

IN THE MATTER OF:

\* GEORGIA COMPOSITE MEDICAL BOARD

\* FEB 02 2017

License No. 031857, \* DOCKET NUMBER:

Respondent. \*

#### **VOLUNTARY SURRENDER**

I, ROBERT EARL WINDSOR, holder of License No. 031857 to practice medicine 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. I hereby acknowledge that this surrender shall be considered to be and have the same effect as a 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 acknowledge that I have read and understand the contents of this Voluntary Surrender. I understand that I have a right to a hearing in this matter, and I hereby freely, knowingly and voluntarily waive such right. I also understand that should the Board entertain any request for reinstatement, the Board shall have access to any investigative or medical information regarding me. 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 the Board may investigate my conduct since the time of the surrender of my license. I understand and agree that any reinstatement of my license to practice medicine is a matter in the sole discretion of the Board and that the Board may deny any such reinstatement without identifying a reason for said denial.

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 evidencing disciplinary

action, and that this action shall be considered to be and may be disseminated as a final order of the Board.

[As to Respondent's signature:] Sworn to and subscribed before me This 2rd day of February, 2017.

ROBERT EARL WINDSOR, M.D.

Respondent

NOTARY PUBLIC
My commission expires: 01/31/2020

### **ACCEPTANCE OF SURRENDER**

The voluntary surrender of License No. 031857 is hereby accepted by the Georgia

Composite Medical Board, this 2" day of FEBRUAR

### GEORGIA COMPOSITE MEDICAL BOARD

BY:

JOHN ANTALIS, M.D. Chairperson

ATTEST:

Executive Director