

BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD  
STATE OF GEORGIA

IN THE MATTER OF: )

ANDRE DAMIAN WILLIAMS, M.D., )  
Previous License No. 22081, )

Applicant. )

DOCKET NO.

**GEORGIA COMPOSITE  
MEDICAL BOARD**

**JUL 11 2019**

**DOCKET NUMBER:  
20200008**

**PUBLIC CONSENT AGREEMENT FOR REINSTATEMENT**

By agreement of the Georgia Composite Medical Board (“Board”) and Andre Damian Williams, M.D. (“Applicant”), the following disposition of this matter is entered pursuant to O.C.G.A. T. 43, Chs. 1 and 34.

**FINDINGS OF FACT**

1.

Applicant was previously licensed to practice medicine in the State of Georgia. On or about January 5, 2017, Applicant surrendered his license.

2.

On or about September 22, 2014, in the Superior Court of Dekalb County, State of Georgia, Applicant pled guilty to one felony count of Violation of the Georgia Public Assistance Act, Case No: 12CR6359, and was sentenced as a first offender to ten (10) years probation, 250 hours of community service, and to pay restitution in the amount of \$215,003.30.

3.

On or about May 2, 2019, Applicant submitted an application for reinstatement with the Board.

4.

Applicant waives any further findings of fact with respect to this matter.

## **CONCLUSIONS OF LAW**

Reinstatement of Applicant's license to practice medicine in the State of Georgia under O.C.G.A. Ch. 34, T. 43, as amended, is within the sole discretion of the Board. The Applicant's conduct as set forth in the above Findings of Fact constitutes sufficient grounds for the denial of the reinstatement of Applicant's license and/or the imposition of conditions upon Applicant's license to practice medicine as a licensed physician in the State of Georgia, under O.C.G.A. Chapter 34, Title 43. The Applicant hereby waives any further conclusions of law with respect to the above-styled matter.

## **ORDER**

1.

Upon docketing of this Consent Agreement, Applicant's license to practice medicine in the State of Georgia shall be reinstated, with such license being immediately placed on probation to run concurrent to Applicant's criminal probation or until such date Applicant is no longer on criminal probation, so that the probationary status of his license shall be concomitant to his criminal probation, subject to the following terms and conditions:

(a) Applicant shall abide by all State and Federal laws regulating the practice of medicine, the Rules and Regulations of the Board, and the terms of the probation ordered in Case No. 12CR6359. If the Applicant shall fail to abide by any of the terms of this Consent Agreement, his terms of probation, or should Applicant otherwise violate the criminal laws of the State of Georgia or the United States, Applicant's license shall be subject to discipline, including revocation, upon substantiation thereof after notice and hearing, and if revoked, the Board in its discretion may determine that the license should be permanently revoked and not subject to reinstatement.

(b) Applicant shall immediately report any and all arrests and/or convictions to the Board during the term of this Consent Agreement. Applicant shall send all official arrest documents, in the case of an arrest, or official court sentencing documents, in the case of a conviction, to the Board. Such documents shall be mailed to the Georgia Composite Medical Board, 2 Peachtree Street, NW, 6<sup>th</sup> Floor Atlanta, Georgia 30303-3465. Any failure on Applicant's part to notify the Board within ten (10) days of any arrest or conviction may result in revocation, suspension or other disciplinary action on Applicant's medical license in the State of Georgia. Applicant understands and agrees that this probationary requirement has no effect on, nor does it relieve him from complying with, any other laws and rules that require Applicant to report arrests and/or convictions to the Board (see, e.g., O.C.G.A. §§ 16-13-111(a) and 43-1-27).

(c) Upon termination of Applicant's criminal probation, Applicant may petition the Board for termination of the probationary status of his license by certifying under oath before a notary public that Respondent has complied with all conditions of probation as set forth in this Consent Agreement. **Applicant acknowledges that to ensure that the Board terminates the probationary status of Applicant's license, Applicant must petition the Board for such termination. That is, Applicant's failure to petition the Board for termination of the probationary status of Applicant's license may result in the probationary status continuing indefinitely.** Notwithstanding anything to the contrary in this Consent Agreement, the Board may review and evaluate the practice of Applicant prior to lifting the probationary status of his license. It is hereby understood that after this evaluation, the Board may restore all rights and privileges incident to the license of Applicant, but may also extend or modify the terms of probation, if extension or modification is warranted by evidence presented to the Board. Should the Board determine that reasonable cause exists for maintaining Respondent's license on probationary

status, the Board shall notify Applicant of its intent to extend or modify the probationary period, and Applicant may respond to such notice in writing or request an appearance before the Board as in a non-contested case. In any event, this Consent Agreement shall remain in effect pending a final determination by the Board and notification to Applicant that the probationary period has terminated.

2.

Approval of this Consent Agreement by the Board shall in no way be construed as condoning Applicant's previous conduct and shall not be construed as a waiver of any lawful rights possessed by the Board.

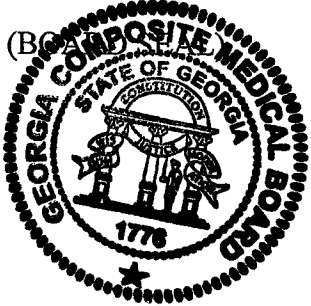
3.

Applicant acknowledges that Applicant has read this Consent Agreement and that he understands its contents. Applicant freely, knowingly and voluntarily enters into this Consent Agreement. Applicant further understands and agrees that a representative of the Department of Law may be present during the presentation of this Consent Agreement and that the Board shall have the authority to review the application file and all relevant evidence in considering this Consent Agreement. Applicant understands that this Consent Agreement will not become effective until accepted and docketed by the Georgia Composite Medical Board. If this Consent Agreement is not approved, it shall not constitute an admission against interest in this proceeding, or prejudice the ability of the Board to adjudicate this matter. Applicant consents to the terms and contained herein.

(signatures on the following page)

Approved this 11<sup>th</sup> day of July, 2019.

**GEORGIA COMPOSITE MEDICAL BOARD**



BY: Gretchen Collins MD  
GRETCHEN COLLINS, M.D.  
Chairperson

ATTEST: Lasharn Hughes  
LASHARN HUGHES  
Executive Director

CONSENTED TO:

Andre Damian Williams  
ANDRE DAMIAN WILLIAMS, M.D.  
Applicant

[As to Applicant's signature:]  
Sworn to and subscribed before me  
This 11<sup>th</sup> day of July, 2019.  
R. Gutierrez Meza  
NOTARY PUBLIC  
My Commission Expires: 9/18/22

**R GUTIERREZ MEZA**  
NOTARY PUBLIC  
DeKalb County  
State of Georgia  
My Comm. Expires Sept. 18, 2022

BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD

GEORGIA COMPOSITE  
MEDICAL BOARD

JAN 05 2017

IN THE MATTER OF: )

ANDRE D. WILLIAMS, MD )  
License No. 22081, )

Respondent. )

Docket No.: DOCKET NUMBER:  
20160055

VOLUNTARY SURRENDER

I, ANDRE D. WILLIAMS, MD, holder of License No. 22081 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 (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.

Pursuant O.C.G.A § 43-34-8, I understand that the Board is seeking revoke my license because of a Medicaid Fraud conviction, a felony.

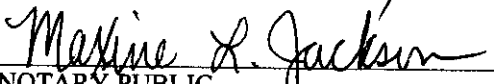
I understand that I have a right to a hearing in this matter and I hereby freely, knowingly and voluntarily waive such right to a hearing. I also understand that should any request for reinstatement be entertained by the Board, the Board shall have access to any investigative file in this matter.

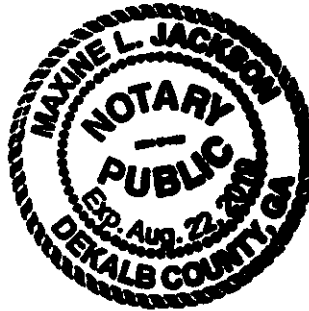
I further understand that upon applying for reinstatement, it shall be incumbent upon me to demonstrate to the satisfaction of the Board that I am able to practice with reasonable skill and safety to patients and that if the Board is not so satisfied, the Board shall not reinstate my license.

This surrender shall become effective immediately upon acceptance thereof by the Board and docketing. 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.

  
\_\_\_\_\_  
ANDRE D. WILLIAMS, MD  
Respondent

As to Respondent, ANDRE D. WILLIAMS, MD  
Sworn to and subscribed before me  
this 4th day of January, 2017.

  
\_\_\_\_\_  
NOTARY PUBLIC  
My commission expires: 08/22/2019

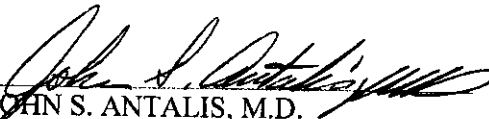


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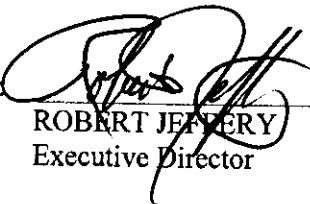
**ACCEPTANCE OF SURRENDER**

The voluntary surrender of License No. 22081 is hereby accepted by the Georgia Composite Medical Board, this 5th day of JANUARY, 2017

**GEORGIA COMPOSITE MEDICAL BOARD**

BY:   
\_\_\_\_\_  
JOHN S. ANTALIS, M.D.  
Chairperson



ATTEST:   
\_\_\_\_\_  
ROBERT JEFFERY  
Executive Director