

**BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD
STATE OF GEORGIA**

IN THE MATTER OF:

**JASON NOAH STAMPER, DO,
License No. 57253,
Respondent.**

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* **Docket No.**
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GEORGIA COMPOSITE
MEDICAL BOARD

DEC 20 2024

DOCKET NUMBER:
20250033

VOLUNTARY SURRENDER

I, JASON NOAH STAMPER, DO, holder of License No. 57253 to practice as a physician 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 as a physician 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 as a physician 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 a public record entered pursuant to O.C.G.A. §43-34-

8(b)(1) 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 4th day of December, 2024.

Jason Noah Stamper, DO

JASON NOAH STAMPER, DO

Respondent

Kenneth Houston, Correctional Counselor
WITNESS

WITNESS INFORMATION

Full Name: *Houston, Kenneth*

Date of Birth: [REDACTED]

Relationship to Respondent:
Correctional Counselor

Phone Number: [REDACTED]

Email: [REDACTED]

ACCEPTANCE OF SURRENDER

The voluntary surrender of License No. 57253 is hereby accepted by the Georgia Composite Medical Board, this 20th day of December, 2024.

GEORGIA COMPOSITE MEDICAL BOARD

(BOARD SEAL)



BY: *S. Gangasani*

SREENIVASULU GANGASANI, MD
Chairperson

ATTEST: *J. S. Jones*

JASON S. JONES
Executive Director