



1606 / 087-6250

STATE OF TENNESSEE
DEPARTMENT OF HEALTH
BUREAU OF HEALTH LICENSURE AND REGULATION
DIVISION OF HEALTH RELATED BOARDS
665 Mainstream Drive, Floor 2
Nashville, TN 37243

TENNESSEE BOARD OF MEDICAL EXAMINERS

Received By:
DEC 12 2019
BME Unit

AGREED CITATION

Kris D. Houser, MD
License # 23836

WHEREAS, Respondent is licensed as a medical doctor in the State of Tennessee by the Tennessee Board of Medical Examiners, license number 23836; and

WHEREAS, Respondent has failed to properly maintain sufficient continuing education credits in violation of TENN. CODE ANN. § 63-6-233 and TENN. COMP. R. & REGS. 0880-02-.19(1)(a); and

WHEREAS, Respondent admits that this violation occurred and does not wish for this matter to be further prosecuted by the State of Tennessee; and

WHEREAS, Respondent acknowledges that he has a right to a hearing before the Tennessee Board of Medical Examiners. At such hearing, Respondent acknowledges that he is aware that he may be represented by counsel if he so chooses. Moreover, Respondent acknowledges and is fully aware that no civil penalty may be assessed against him and no formal action may be taken against his license without being provided the opportunity for a hearing before the Board of Medical Examiners. Respondent acknowledges and understands that by signing this Agreed Citation and paying a civil

penalty of **Six Hundred Fifty Dollars (\$650.00)** representing a penalty of one hundred dollars (\$100.00) per delinquent credit hour, and providing proof of completion of the required number of continuing education credits, the Respondent waives his right to a hearing as described herein and provided for in the “Administrative Procedures Act” at TENN. CODE ANN. § 4-5-301 *et seq.*; and

WHEREAS, Respondent admits to the failure to obtain six and a half (6.5) hours of required continuing education credits; to include two (2) hours of prescribing practices with instruction on the Department’s “Chronic Pain Guidelines”; and

WHEREAS, Respondent acknowledges and understands that if he does not sign this Citation and return it along with a check or money order made out to the State of Tennessee for the prescribed amount within **sixty (60) days** of receipt, then a formal contested case proceeding could be initiated in which the Tennessee Board of Medical Examiners is authorized to assess civil penalties of up to one thousand dollars (\$1,000.00) for each violation of applicable law and the Board could refuse to renew the Respondent’s license or the Respondent’s license could be suspended or revoked; and

THEREFORE, Respondent, by signing below, voluntarily agrees to the terms of this Citation and herewith remits a civil penalty in the amount of **Six Hundred Fifty Dollars (\$650.00)**. Respondent further agrees to provide proof to the Board of completion of the amount of continuing education he is lacking within one hundred and eighty (180) days of ratification of this Citation by the Board and to provide proof of completion of ten (10) penalty hours of continuing education within two (2) years of receipt of this Citation. Respondent executes this Citation for the sole purpose of avoiding further administrative proceedings with respect to this violation. Respondent

hereby expressly waives all further procedural steps and expressly waives all rights to seek judicial review of or to challenge or contest the validity of this Citation. Respondent acknowledges that this Citation is subject to Board approval and agrees that consideration of this Citation shall not prejudice the Board in any future proceeding should the Board not approve this Citation. Respondent further acknowledges and understands that this citation will be reported on the Department of Health's Disciplinary Action Report and appear on the Department of Health's Website.

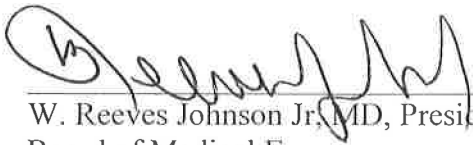
AGREED BY:



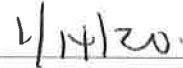
Kris D. Houser, MD (License #23836)



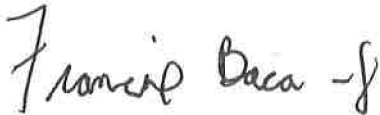
Date



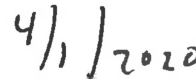
W. Reeves Johnson Jr., MD, President
Board of Medical Examiners



Date



FRANCINE BACA-CHAVEZ, Esq.
Tennessee Department of Health



Date