



Received By:  
JUL 20 2021  
BME Unit

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

AGREED CITATION

Jack C. Morgan, MD  
License # 8911

**WHEREAS**, Respondent is licensed as a medical doctor in the State of Tennessee by the Tennessee Board of Medical Examiners, license number 8911 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 **Two Thousand Three Hundred Fifty Dollars (\$2,350.00)** 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

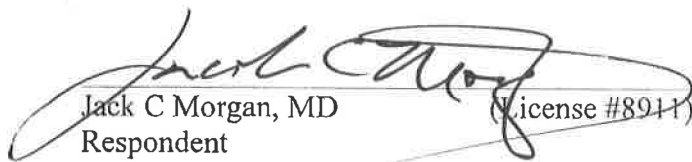
**WHEREAS**, Respondent admits to the failure to obtain twenty-three and one half (23.5) hours of required continuing education credits which includes two (2) hours on the Department’s Chronic Pain Guidelines; and

**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 **ninety (90) 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

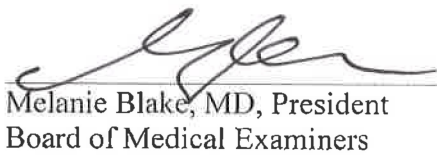
**THEREFORE**, Respondent, by signing below, voluntarily agrees to the terms of this Citation and herewith remits a civil penalty in the amount of **Two Thousand Three Hundred Fifty Dollars (\$2,350.00)**. Respondent further agrees to provide proof to the Board of completion of the amount of continuing education he is lacking within ninety (90) days of ratification of this Citation by the Board and to provide proof of completion of ten (10) penalty hours of continuing education within ninety (90) days 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.

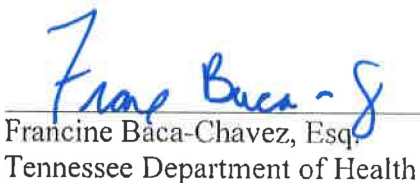
AGREED BY:

  
Jack C Morgan, MD  
Respondent (license #8911)

7/14/21  
Date

  
Melanie Blake, MD, President  
Board of Medical Examiners

9/21/21  
Date

  
Francine Baca-Chavez, Esq.  
Tennessee Department of Health

9/29/21  
Date



STATE OF TENNESSEE  
Health  
Office: Bureau of Licensin  
7/19/2021 3:55 PM

Cashier: WESA1010001  
Batch #: 1351669  
Trans #: 2

Medical Examiners

Cust Name: Jack C Morgan  
Receipt #: 32099589  
HL3353 MD Brd Civil Pen/Disp \$2,350.00  
Payment Total: \$2,350.00

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Transaction Total: \$2,350.00

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Check 21 \$2,350.00

Thank you for your payment,  
Have a nice day!