

1606 / 2000  
civil Pen.



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:  
JUL 20 2021  
BME Unit

AGREED CITATION

Elizabeth W. Hill, MD  
License # 9501

**WHEREAS**, Respondent is licensed as a medical doctor in the State of Tennessee by the Tennessee Board of Medical Examiners license number 9501; and

**WHEREAS**, Respondent has failed to timely renew her license in violation of TENN. CODE ANN. § 63-6-210(a) and TENN. COMP. R. & REGS. 0880-02-.09(1); 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 she has a right to a hearing before the Board of Medical Examiners. At such hearing, Respondent acknowledges that she is aware that she may be represented by counsel if she so chooses. Moreover, Respondent acknowledges and understands that by signing this Agreed Citation and paying a civil penalty of **Two Thousand Dollars (\$2,000.00)** representing a penalty for practicing as a medical doctor in this state on an expired license, Respondent waives her right to a

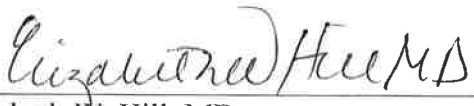
hearing as described herein and provided for in the “Administrative Procedures Act” at TENN. CODE ANN. § 4-5-301 *et seq.*; and

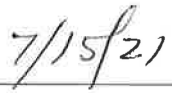
**WHEREAS**, Respondent admits to practicing as a medical doctor in this state on an expired license in violation of TENN. CODE ANN. § 63-6-210(a) and TENN. COMP. R. & REGS. 0880-02-.09(1); and


**WHEREAS**, Respondent acknowledges and understands that if she does not sign this Citation and return it along with a check or money order made out to the Tennessee Board of Medical Examiners for the prescribed amount within **sixty (60) days** of receipt, then the Board is authorized to assess additional civil penalties in the amount of **One Thousand Dollars (\$1,000.00)** for every month of Respondent’s practice as a medical doctor in excess of sixty (60) calendar days from the expiration date of her license, and the Respondent will be referred to the Office of Investigations and Office of General Counsel for formal disciplinary action; 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 Dollars (\$2,000.00)**. Furthermore, 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.

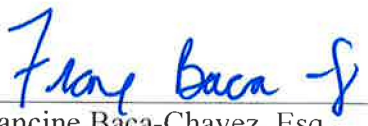
AGREED BY:

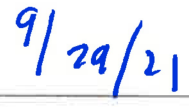
  
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Elizabeth W. Hill, MD  
Respondent (License # 9501)

  
\_\_\_\_\_  
Date

  
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Melanie Blake, MD, President  
Board of Medical Examiners

  
\_\_\_\_\_  
Date

  
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Francine Baca-Chavez, Esq.  
Tennessee Department of Health

  
\_\_\_\_\_  
Date