IN THE MATTER OF:  

Respondent

VOLUNTARY CEASE AND DESIST ORDER

Respondent, who resides at / who operates his / her business at

4919 Flat Shoals Road

currently does not possess a license to practice as a (an):

Georgia Board of Dentistry

in the State of Georgia, pursuant to the Official Code of Georgia annotated (O.C.G.A.), Title 43, Chapter 1, as amended. Potential violations of this part of O.C.G.A. have been called to Respondent's attention. Respondent has consented to this order and agrees to voluntarily cease and desist from any act or practice that requires licensure under Title 43, Chapter 1, O.C.G.A., as amended, until such time as Respondent becomes properly licensed by the Board.

Respondent freely, knowingly and voluntarily waives the right to a hearing in this matter.

Respondent understands that, should Respondent apply for licensure with the Board, the Board has access to this Order and the entire investigative file in this matter.

This order is effective upon approval by: Georgia Board of Dentistry

and docketing with the Division Director, Professional Licensing Boards. The Order shall remain in effect until such time as Respondent is properly licensed with the Board, or until further order. Respondent understands this order is a public record and evidence of the final disposition of any proceedings presently before the Board.

Any violation of this Cease and Desist Order shall subject Respondent to a fine of ($500.00) for each transaction constituting a violation thereof, pursuant to O.C.G.A. § 43-1-20.1.
CONSENTED TO:

[Signature]

SIGNATURE OF RESPONDENT

4919 Flat Shoals PKWY #21
Decatur, GA 30034

Sworn to and subscribed before me, this __________ day of __________, 20__.

[Signature]

NOTARY PUBLIC
My commission expires: __________________________

APPROVED BY: __________________________

CHAIRPERSON

ATTESTED TO: __________________________

MOLLIE L. FLEEMAN
DIVISION DIRECTOR