

RHODE ISLAND BOARD OF LICENSURE FOR PHYSICIAN ASSISTANTS

IN THE MATTER OF:

Brandon J. Wilson

License No. PA01268

VOLUNTARY AGREEMENT NOT TO PRACTICE
AS A PHYSICIAN ASSISTANT

1. Consistent with my request for inactive status as of June 30, 2023, I agree to cease any practice as a Physician Assistant in the State of Rhode Island effective immediately.
2. This Agreement will remain in full force and effect until the Rhode Island Board of Licensure for Physician Assistants ("Board") determines that this Agreement should be modified or terminated; or until the Board takes any other action with respect to my license to practice as a Physician Assistant; or until the Board takes any action against my license to practice as a Physician Assistant.
3. I am entering this Agreement voluntarily.
4. I understand that this Agreement is a public document.
5. I understand that this action is non-disciplinary but may be reported by the Board to the appropriate federal data banks and national reporting organizations, including the National Practitioner Data Bank.
6. I understand that by voluntarily agreeing not to practice as a Physician Assistant in the State of Rhode Island pursuant to this Agreement I do not waive my right to contest any subsequent allegations brought against me by the Board or any person and my signature to this Agreement does not constitute any admissions of wrongdoing on my part.
7. I agree to provide a copy of this Agreement, within one week of notification of the Board's ratification of this Agreement, by first class mail, or by hand delivery to the following designated entities: any in-state or out-of-state hospital, nursing home, clinic, other licensed

BW

facility, or municipal, state, or federal facility at which I currently practice as a physician assistant;; any state agency, in-state or out-of-state, with which I have a provider contract;; and the state licensing boards of all states in which I have any type of license to practice as a physician assistant. I will certify to the Board within seven (7) days thereafter that I have complied with this directive. The Board expressly reserves the authority to independently notify, at any time, any of the entities designated above or any other affected entity, of any action it has taken.

8. This Agreement represents the entire agreement between the parties at this time.

Brandon J. Wilson
Brandon J. Wilson

27 JAN 2024
Date

Accepted by the Board of Licensure for Physician Assistants for the State of Rhode Island this 9th day of April 2024.

[Signature]
Board Chair or Designee

Ratified by a vote of the Board of Licensure for Physician Assistants for the State of Rhode Island this 9th day of April 2024.

[Signature]
Board Chair or Member
Acting Director, RIDSH