

State of Rhode Island and Providence Plantations Department of Health  
Board of Medical Licensure & Discipline



**IN THE MATTER OF:**  
**Tyrone Cushing M.D.**  
**License Number MD 05103**  
**Case # C16-758**

**VOLUNTARY AGREEMENT NOT TO PRACTICE MEDICINE**

Tyrone Cushing, M.D. (hereinafter "Respondent") is licensed as a physician in Rhode Island. The Board of Medical Licensure and Discipline (hereinafter the "Board") makes the following:

**FINDINGS OF FACT**

1. Respondent is a licensed physician in Rhode Island and was issued his license on December 1, 1976. His primary specialty is family medicine. His Practice is located in Massachusetts.
2. Respondent does not currently practice in this jurisdiction and has no immediate plans to practice in this jurisdiction.
3. Respondent agrees to enter into this Voluntary Agreement not to practice in this jurisdiction.
4. The Board received a report C16-758 regarding Patient A (alias) regarding care she received while under the care of the Respondent in Massachusetts.

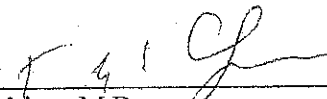
**Based on the foregoing, the parties agree as follows:**

1. Respondent admits to the jurisdiction of the Board.
2. Respondent has agreed to this Voluntary Agreement and understands that it is subject to final approval of the Director, and this Voluntary Agreement is not binding on Respondent until signed by the Director.
3. If approved by the Director, Respondent hereby acknowledges and waives:
  - a. The right to appear personally or by counsel or both before the Board;
  - b. The right to produce witnesses and evidence on his behalf at a hearing;
  - c. The right to cross examine witnesses;
  - d. The right to have subpoenas issued by the Board;
  - e. The right to further procedural steps except for those specifically contained herein;
  - f. Any and all rights of appeal of this Voluntary Agreement; and
  - g. Any objection to the fact that this Voluntary Agreement will be presented to the Board for consideration and review.
  - h. Any objection that this Voluntary Agreement will be reported to the National Practitioner Data Bank, Federation of State Medical Boards as well as posted on the department's public web site.
4. Respondent agrees to pay an administrative fee upon submission of this Voluntary agreement to the Board made payable to the Rhode Island General Treasurer for costs associated with investigating the above-referenced complaint. If respondent seeks to reinstate this license he will take 8 hours of board approved CME or the

equivalent AMA category 1 credits in medical records and treatment of substance abuse. Reinstatement would be without further application as long as conditions of this agreement were met.

5. Failure to comply with this voluntary agreement, when approved by the Director, shall subject Respondent to further disciplinary action.

Signed this 21 day of Nov, 2016.

  
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Tyrone Cushing, M.D.

Ratified by the Board of Medical Licensure and Discipline on the 13<sup>th</sup> day of Dec 2016.

  
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Nicole Alexander-Scott, M.D., M.P.H.

Director  
Rhode Island Department of Health  
3 Capitol Hill, Room 401  
Providence, Rhode Island 02908