

**STATE OF TENNESSEE  
DEPARTMENT OF HEALTH**

<b>IN THE MATTER OF:</b>	)	<b>BEFORE THE TENNESSEE BOARD</b>
	)	<b>OF PHYSICIAN ASSISTANTS</b>
<b>DERECK G. CAMPBELL, P.A.</b>	)	
<b>RESPONDENT</b>	)	<b>CASE NO. 2024011681</b>
	)	
<b>ELIZABETHTON, TENNESSEE</b>	)	
<b>TENNESSEE LICENSE NO. 2271</b>	)	

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**CONSENT ORDER**

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Comes now the Division of Health Related Boards of the Tennessee Department of Health (the "Division"), by and through the Office of General Counsel, and Respondent, Dereck G. Campbell, P.A., ("Respondent"), who would respectfully move the Tennessee Board of Physician Assistants ("Board") for approval of this Consent Order affecting Respondent's license to practice as a physician assistant in the State of Tennessee.

The Board is responsible for the regulation and supervision of physician assistants licensed to practice in the State of Tennessee. See Tennessee Physician Assistants Act, Tenn. Code Ann. § 63-19-101, *et seq.* The Board is granted full power and authority to oversee and regulate physician assistants under the rules of the Board of Physician Assistants and the statutes and policies that governed physician assistants and orthopedic physician assistants before the formation of the Board. See Tenn. Code Ann. § 63-19-103(e)(3). It is the policy of the Board to require strict compliance with the laws of this State, and to apply the laws so as to preserve the quality of medical care provided in Tennessee. It is the duty and responsibility of the Board to enforce the Tennessee Physician Assistants Act in such a manner as to promote and protect public health, safety, and welfare in every practicable way, including disciplining physician assistants who violate the provisions of Tenn. Code Ann. § 63-19-101, *et seq.* or the Rules and Regulations

promulgated by the Board or Committee and recorded in the *Official Compilation Rules and Regulations of the State of Tennessee* ("Tenn. Comp. R. & Regs.").

Respondent, Dereck G. Campbell, P.A., by his signature to this Consent Order, waives the right to a contested case hearing and any and all rights to judicial review in this matter. Respondent agrees that presentation to and consideration of this Consent Order by the Board for ratification and all matters divulged during that process shall not constitute unfair disclosure such that the Board, or any of its members shall be prejudiced to the extent that requires their disqualification from hearing this matter should this Order not be ratified. Likewise, all matters, admissions, and statements disclosed or exchanged during the attempted ratification process shall not be used against Respondent in any subsequent proceeding unless independently entered into evidence or introduced as admissions.

Respondent 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 Consent Order. Respondent understands that by signing this Consent Order, Respondent is allowing the Board to issue its order without further process. Respondent acknowledges that this is a formal disciplinary action and will be reported to the National Practitioner Data Bank and/ or a similar agency. In the event that the Board rejects this Consent Order for any reason, it will be of no force or effect for either party.

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## **I. STIPULATIONS OF FACT**

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1. Respondent has been at all times pertinent hereto licensed by the Board, and by the Board of Medical Examiners' Committee on Physician Assistants (the "Committee"), as a physician assistant ("P.A.") in Tennessee, having been granted license number 2271 by the Committee on February 20, 2013, which expires on January 31, 2025.

2. On March 14, 2024, Respondent self-reported to the Office of Investigations that he was impaired at his place of employment, Watauga Surgical Group (WSG), part of Appalachian Regional Medical Center (ARMC), located in Boone, North Carolina (NC).
3. Respondent also reported on March 14, 2024 that he was seeking treatment with the NC Physicians Health Program.
4. While Respondent was on duty working as a PA at WSG, Multiple employees and patients witnessed and complained that Respondent was impaired, noting the redness of his eyes, shakiness in his hands, and slurred speech.
5. Respondent took a blood alcohol screen which showed a blood alcohol level of 209mg/dL (blood alcohol content 0.209%).
6. Respondent was then told not come back to work and placed on Family and Medical Leave Act (FMLA).
7. Respondent is currently working with the NCPHP and has a case worker for the Tennessee Medical Foundation (TMF), who is given weekly updates from the NCPHP.
8. Respondent completed his ninety (90) day program at the Fellowship Hall inpatient treatment in Greensboro, NC on July 16, 2024.
9. Respondent's North Carolina Physician Assistant license is currently inactive and has not worked in Tennessee as a Physician's Assistant since 2017.

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## **II. GROUNDS FOR DISCIPLINE**

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The facts stipulated to in the Stipulations of Fact are sufficient to establish that grounds for discipline of Respondent's physician assistant license exist. Specifically, Respondent has violated

the following statutes, which are part of the Tennessee Physician Assistants Act, (Tenn. Code Ann. § 63-19-101, *et seq.*), and rules (Tenn. Comp. R. & Regs. Chapter 1130-01, the current location of the General Rules Governing the Practice of a Physician Assistant) for which disciplinary action before and by the Board is authorized:

10. The facts stipulated in paragraphs 1 through 6, *supra*, constitute a violation of Tenn. Code Ann. § 63-19-110(b)(3):

The commission of unprofessional or unethical conduct.

11. The facts stipulated in paragraphs 1 through 6, *supra*, constitute a violation of Tenn. Code Ann. § 63-19-110(b)(4):

An addiction to the use of alcohol, narcotics, or other drugs.

12. The facts stipulated in paragraphs 1 through 6, *supra*, constitute a violation of Tenn. Comp. R. & Regs. Rule 1130-01-.15(1)(a):

Unprofessional, dishonorable, or unethical conduct.

13. The facts stipulated in paragraphs 1 through 6, *supra*, constitute a violation of Tenn. Comp. R. & Regs. Rule 1130-01-.15(1)(e):

Habitual intoxication or personal misuse of any drugs or the use of intoxicating liquors, narcotics, controlled substances, or other drugs or stimulants in such manner as to adversely affect the person's ability to practice as a physician assistant.

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### III. POLICY STATEMENT

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The Tennessee Board of Physician Assistants take this action in order to protect the health, safety, and welfare of people in the State of Tennessee by ensuring that physician assistants follow all legal and ethical requirements.

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#### IV. ORDER

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**NOW THEREFORE**, Respondent, for the purpose of avoiding further administrative action with respect to this cause, agrees to the following:

14. The Tennessee physician assistant license of Dereck Campbell, P.A., license number 2271, is hereby placed on **PROBATION**, and thus encumbered, effective the date of entry of this Consent Order by the Board for a period of no less than **three (3) years**, with the express condition that he must maintain 100% compliance with any and all requirements of his North Carolina PHP monitoring agreement, and that the North Carolina PHP and/or the Tennessee Medical Foundation send quarterly statements to the Board's disciplinary coordinator showing that Respondent is in compliance with his North Carolina PHP monitoring agreement.
  - a. Any violation of Respondent's North Carolina PHP monitoring agreement will be a violation of this Board Order and will result in additional disciplinary action, not limited to revocation of Respondent's license.
  - b. After the three (3) years of probation has been completed, and Respondent has fully complied with his North Carolina PHP monitoring agreement, Respondent may file a petition for order of compliance with the Board to petition to take his license off of probation and into an unencumbered status. .
15. Respondent must pay, pursuant to Tenn. Code Ann. § 63-19-104(a)(7) and Rule 0880-03-.15(2)(g), the actual and reasonable costs of prosecuting this case to the extent allowed by law, including all costs assessed against the Board by the Division's Bureau of Investigations in connection with the prosecution of this matter. These costs will be

established by an Assessment of Costs prepared and filed by counsel for the Division. The maximum amount for the assessment of costs shall be Five Thousand Dollars (\$5,000.00).

16. Respondent understands that this is a formal disciplinary action and will be reported to the National Practitioner Data Bank (N.P.D.B.) and/or similar agency.

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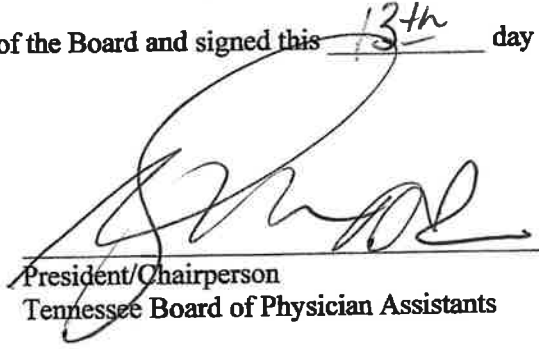
#### IV. NOTICE

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17. Any and all civil penalties and costs shall be paid in full within ninety (90) days from the issuance of the Assessment of Costs. Payment shall be made by **certified check, cashier's check, or money order** payable to the State of Tennessee by mail. Payment by personal or business check will not be accepted. All disciplinary terms submitted, including continuing education, civil penalties, and/or cost payments, must include Respondent's name, Dereck Campbell, P.A., Case No. 2024011681, on the instrument. All payments can be mailed or delivered to:


**Office of General Counsel  
Attn: Disciplinary Coordinator  
Tennessee Department of Health  
665 Mainstream Drive, Second Floor  
Nashville, Tennessee 37243**

This **CONSENT ORDER** was approved by a majority of a quorum of the Tennessee Board of Physician Assistants at a public meeting of the Board and signed this 13<sup>th</sup> day of September, 2024.




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President/Chairperson  
Tennessee Board of Physician Assistants

**APPROVED FOR ENTRY:**

  
\_\_\_\_\_  
**Dereck G. Campbell, P.A.**  
License No. 2271  
*Respondent*  
212 Big Sandy Road  
Elizabethton, Tennessee 37643  
Email: [dereckgcampbell@yahoo.com](mailto:dereckgcampbell@yahoo.com)

9-3-24  
**Date**

  
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**Regan Cothron (BPR #018974)**  
Associate General Counsel  
Office of General Counsel  
Tennessee Department of Health  
665 Mainstream Drive, 2<sup>nd</sup> Floor  
Nashville, Tennessee 37243  
Office: (615) 741-1611  
Fax: (615) 532-3386 or (615) 532-7749  
Email: [Regan.Cothron@dhs.gov](mailto:Regan.Cothron@dhs.gov)

9-4-24  
**Date**




**CERTIFICATE OF SERVICE**

The undersigned hereby certifies a true and correct copy of this document has been served upon Respondent by delivering same in the United States Mail, Certified Number **9589 0710 5270 0707 9373 92** return receipt requested, and United States First Class Postage Pre-Paid Mail, with sufficient postage thereon to reach its destination and via email to:

Dereck G. Campbell, P.A.  
212 Big Sandy Road  
Elizabethton, Tennessee 37643  
Email: [dereckgcampbell@yahoo.com](mailto:dereckgcampbell@yahoo.com)

This 13 day of September, 2024.

  
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Regan L. Cothron  
Associate General Counsel  
Tennessee Department of Health