

AUG 20 1986

I Karl H. Stanley, Jr, M.D. of Whiteville, North Carolina do hereby surrender my North Carolina license to practice medicine with the understanding that I am authorized to continue the practice of medicine via a temporary medical license issued to me for a 90 day period.

Karl H. Stanley, Jr. ^{MD} Aug. 10, 1986
Karl H. Stanley, Jr.

witness Myrtle Campbell

JACK A. KOONTZ, M.D., PRESIDENT
GREENVILLE, N. C.



CHARLES H. DUCKETT, M.D., SECRETARY
GREENVILLE, N. C.

BRYANT D. PARIS, JR.
EXECUTIVE SECRETARY
SUITE 214, 222 NORTH PERSON ST.
RALEIGH, N. C. 27601
TELEPHONE 633-6321

BOARD OF MEDICAL EXAMINERS
OF THE
STATE OF NORTH CAROLINA

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HAROLD L. GOODWIN, M.D., FAYETTEVILLE
JACK A. KOONTZ, M.D., GREENVILLE
MARTHA KIRKLAND WALSTON, WILSON

This certifies that

KARL HARVEY STANLEY

whose credentials have been examined and found to be satisfactory, is hereby authorized to practice medicine and surgery in the State of North Carolina, under the authority of the State and the regulations of this Board; provided, however, that it is understood that this permission is issued pursuant to the authorization of the Board to the undersigned and in no way obligates the Board of Medical Examiners to continue this authorization to practice medicine beyond the date of November 10, 1986.

This the 10th day of August, 1986.

A handwritten signature in cursive script that reads "Bryant D. Paris, Jr.".

Bryant D. Paris, Jr., Executive Secretary

BOARD OF MEDICAL EXAMINERS OF THE STATE OF NORTH CAROLINA

TEMPORARY PERMIT NUMBER 3487

SEAL

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE
STATE OF NORTH CAROLINA

In Re:)
)
KARL HARVEY STANLEY, M.D.,) CONSENT ORDER
Respondent)

WHEREAS, Karl Harvey Stanley, M.D. ("Respondent") has met with the Board of Medical Examiners of the State of North Carolina ("Board") and voluntarily discussed his self-use and abuse of controlled substances; and

WHEREAS, the Respondent is prepared to comply with certain conditions to enhance his personal well-being and his current medical practice.

NOW, THEREFORE, with the consent of the Respondent, freely given, it is ORDERED that:

1. Respondent shall surrender his license to practice medicine in North Carolina and shall receive a temporary license for a period of ninety days.

2. Respondent shall submit to psychiatric evaluation by a physician designated by the Board and follow-up treatment as the psychiatrist deems necessary.

3. Respondent shall submit to physical evaluation by a physician designated by the Board and any follow-up treatment deemed necessary by the physician.

4. Respondent shall permit the Board to make arrangements for these psychiatric and physical evaluations with Eugene Douglas, M.D. and David Richardson, M.D.

5. Respondent shall refrain from the use of any controlled substances except for those which may be prescribed by another physician or dentist.

6. Respondent shall submit to random drug screens at the Board's request.

7. Respondent shall appear before the Board at its October 1986 meeting.

SO ORDERED.

This the 25th day of September, 1986.


BOARD OF MEDICAL EXAMINERS OF
THE STATE OF NORTH CAROLINA

By: Jack A. Kodntz, M.D.
Jack A. Kodntz, M.D.
President


ATTEST:

Bryant D. Paris, Jr.
Bryant D. Paris, Jr.
Executive Secretary

CONSENTED TO:


Karl Harvey Stanley, M.D.

Subscribed before me this 18th day of September, 1986
by Karl Harvey Stanley, M.D.


Notary Public

My Commission Expires:
My Commission Expires May 1, 1991

579:047/KK.

JACK A. KOONTZ, M.D., PRESIDENT
GREENVILLE, N.C.



CHARLES H. DUCKETT, M.D., SECRETARY
GREENVILLE, N.C.

BOARD OF MEDICAL EXAMINERS
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JACK A. KOONTZ, M.D., GREENVILLE
MARTHA KIRKLAND WALETON, WILSON

This certifies that

KARL HARVEY STANLEY

whose credentials have been examined and found to be satisfactory, is hereby authorized to practice medicine and surgery in the State of North Carolina, under the authority of the State and the regulations of this Board; provided, however, that it is understood that this permission is issued pursuant to the authorization of the Board to the undersigned and in no way obligates the Board of Medical Examiners to continue this authorization to practice medicine beyond the date of December 9, 1986.

This the 15th day of October, 1986.

A handwritten signature in cursive script that reads "Bryant D. Paris, Jr.".

Bryant D. Paris, Jr., Executive Secretary
NORTH CAROLINA BOARD OF MEDICAL EXAMINERS

TEMPORARY PERMIT NUMBER 3487

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GREENVILLE, N.C.



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DURHAM, N.C.

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HECTOR HIMEL HENRY, II, M.D., CONCORD
F. M. SIMMONS PATTERSON, JR., M.D., PINEHURST
MARTHA KIRKI AND WAI STON, WILSON

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This the 31st day of December, 1986.

Bryant D. Paris, Jr., Executive Secretary

BOARD OF MEDICAL EXAMINERS OF THE STATE OF NORTH CAROLINA

TEMPORARY PERMIT NUMBER 3487

SEAL

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GREENVILLE, N.C.



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DURHAM, N.C.

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This the 13th day of June, 1987.

A handwritten signature in cursive script that reads "Bryant D. Paris, Jr.".

Bryant D. Paris, Jr., Executive Secretary

BOARD OF MEDICAL EXAMINERS OF THE STATE OF NORTH CAROLINA

TEMPORARY PERMIT NUMBER 3487

SEAL

KARL H. STANLEY, JR., M.D.

215 W. VIRGIL STREET

P.O. BOX 512

WHITEVILLE, NORTH CAROLINA 28477

Telephone 642 3888

^{KAS}
February 13, 1988

2/13/88

To: The Medical Board of Examiners of
the State of North Carolina

Dear Board Members,

I hereby surrender my North Carolina medical license. I would
like to appear before you at your next meeting.

Yours truly,

Karl H. Stanley, Jr. MD

Karl H. Stanley, Jr., MD



**BOARD OF
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1203 FRONT STREET
RALEIGH, NORTH CAROLINA 27609
TELEPHONE: (919) 828-1212
FAX (919) 828-1295

KARL HARVEY STANLEY, JR.

holder of North Carolina medical license 22182 is hereby reinstated to practice medicine in the State of North Carolina. Certificate of registration will be forthcoming.

**GENERAL INFORMATION RELATING TO THE PRACTICE OF
MEDICINE**

You should direct controlled substance registration questions to the Drug Enforcement Administration (DEA), 75 Spring Street, S.W., Room 740, Atlanta GA 30303, (404) 331-7328, and the NC Controlled Substance Registration Section, Division of Mental Health Developmental Disabilities and Substance Abuse Services, 325 N. Salisbury Street, Room 666, Raleigh, NC 27603, Telephone Number: (919) 715-0652.

Physicians who dispense medication for a fee must register with the NC Board of Pharmacy at P.O. Box H, Carrboro, NC 27510, (919) 942-4454.

Physicians must pay an annual business tax to the NC Department of Revenue, P.O. Box 25000, Raleigh, NC 27640, (919) 733-3673.

Biennial registration of your medical license, with the Board, is due during January 1997. A registration fee is required. Notification of registration will be mailed to you. You are required to keep the Board informed of any address changes.

May 20, 1995


EXECUTIVE DIRECTOR