STATE OF ALABAMA  

MONTGOMERY COUNTY  

VOLUNTARY SURRENDER

I, WILLIE JAMES CHESTER, JR., D.O., do voluntarily surrender my certificate of qualification and license to practice medicine or osteopathy in the State of Alabama, identified by license number DO.138, under the provisions of Ala. Code § 34-24-361(g). I acknowledge that this action is taken by me while under investigation by the Alabama State Board of Medical Examiners for alleged violations of Ala. Code § 34-24-360:

a. Unprofessional Conduct, a violation of Ala. Code § 34-24-360(2);

b. Distribution by prescribing a controlled substance for other than a legitimate medical purpose, a violation of Ala. Code § 34-24-360(8);

and

c. Failure to comply with any rule of the Board of Medical Examiners or Medical Licensure Commission, a violation of Ala. Code § 34-24-360(23).

I acknowledge that I sign this document willingly, that I execute it as my free and voluntary act for the purposes herein expressed, and that I am of sound mind and under no constraint or undue influence.

I further acknowledge that this voluntary surrender constitutes a public record of the Alabama State Board of Medical Examiners and will be reported by the Board to the National Practitioner Data Bank (NPDB) and to the Federation of State Medical Boards. This voluntary surrender may be released by the Alabama State Board of Medical Examiners to any person or entity requesting information
concerning the licensure status in Alabama of the physician named herein.

EXECUTED this 28th day of February, 2018.

WILLIE JAMES CHESTER, JR., D.O.

(Print) James M. Williams
Witness/Attorney for Dr. Chester

(Sign) Jan M. Lull
Witness/Attorney for Dr. Chester
STATE OF ALABAMA )
) MONTGOMERY COUNTY )

VOLUNTARY SURRENDER OF ALABAMA CONTROLLED SUBSTANCES CERTIFICATE

After being fully advised of my rights, and understanding that I am not required to surrender my controlled substances privileges, I freely execute this document and choose to take the actions described herein.

I, WILLIE JAMES CHESTER, JR., D.O., surrender any authority under my Alabama Controlled Substances Certificate, ACSC number ACSC.138, to order, manufacture, distribute, possess, dispense, administer or prescribe Schedule II, IIN, III, IIIN, IV and/or V controlled substances. I acknowledge that this action is taken by me while under investigation by the Alabama Board of Medical Examiners relating to my prescribing of controlled substances.

I understand and acknowledge I will have no authority to order, dispense, distribute, administer or prescribe controlled substances in the state of Alabama.

I acknowledge that I sign this document willingly and that I execute it as my free and voluntary act for the purposes herein expressed, and that I am of sound mind and under no constraint or undue influence. I further acknowledge that this voluntary surrender constitutes a public record of the Alabama State Board of Medical Examiners and will be reported by the Board to the National Practitioner Data Bank (NPDB) and to the Federation of State Medical Boards. This voluntary surrender may be released by the Alabama State Board of Medical Examiners to any person or entity requesting information concerning the licensure status in Alabama of the physician named herein.

EXECUTED this 28th day of February, 2018.

WILLIE JAMES CHESTER, JR., D.O.

(Print) James M. Williard
Witness/Attorney for Dr. Chester

(Sign) [Signature]
Witness/Attorney for Dr. Chester