COMMONWEALTH OF MASSACHUSETTS BOARD OF REGISTRATION IN MEDICINE

Middlesex, ss.	Adjudicatory Case No. 2016-04
In the Matter of	
Wilson Horsley, M.D.	Order))
	, at a duly convened meeting of the Board of "), the Board considered the statement of the above-

Registration in Medicine (the "Board"), the Board considered the statement of the abovenamed physician setting forth the terms of resignation attached hereto and pursuant to 243 CMR 1.05(5)(a), during the pendency of an investigation by the Board.

Having determined that the resignation is in conformity with the requirements of 243 CMR 1.05(5)(a), the Board voted to accept the resignation.

The Respondent shall provide a complete copy of this Resignation and Order within (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which he practices medicine; any in-or out-of-state health maintenance organization with whom he has privileges or any other kind of association; any state agency, in- or out-of-state, with which he has a provider contract; any in- or out-of-state medical employer, whether or not he practices medicine there; and the state licensing boards of all states in which he has any kind of license to practice medicine, and the Drug Enforcement Administration Boston Diversion Group and the DPH Drug Control Program. The Respondent shall also provide this notification to any such designated entities with which he becomes associated for the duration of this Resignation and Order. The Respondent is further directed to certify to the Board within ten (10) days that he has complied with this directive.

Date: November 17, 2016

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Candace Lapidus Sloane, M.D. Board Chair

	COMMC	ONWEALTH OF MASSACHUSETTS
Middlesex, ss		Board of Registration in Medicine
		Adjudicatory No. 2016-047
WILS	Matter of SON H. HORSLEY, M.D. tration No. 47761))))
		RESIGNATION
I, Wil	son H. Horsley, M.D., being	duly sworn, depose and state:
1.	I desire to resign my licens pursuant to the terms of 24	se to practice medicine in the Commonwealth of Massachusetts 3 CMR 1.05(5)(a).
2.	My resignation is tendered	voluntarily.
3.	I realize that this resignation is a final act that deprives me of all privileges of registration and is not subject to reconsideration or judicial review.	
4.	I will resign any other licer and I will make no attempt	nses contemporaneously with my resignation in Massachusetts, to seek licensure elsewhere.
5.	I understand that my resign data reporting agency, purs	nation is a disciplinary action that is reportable to any national suant to G.L. c. 112, §2.
Signe	d under the penalties of perju	Wilson H. Horsley, M.D.
the for	regoing resignation in my pro	pefore me the above-named will am Hors, M.D. who signed esence and acknowledged said resignation to be his free act
Dated	:11/15/2016	Clantona Passa. Notary Public My Commission Expires:

CLARISSA PESA

Notary Public

COMMONWEALTH OF MASSACHUSETTS

My Commission Expires

November 2, 2018