

**Before the
New Hampshire Board of Medicine
Concord, New Hampshire 03301**

In the Matter of:
Wilson H. Horsley, MD
License No. 8529

VOLUNTARY SURRENDER OF LICENSE

Recognizing that professional misconduct allegations are now pending against me before the New Hampshire Board of Medicine ("Board") concerning the surrender of my license to practice medicine in Massachusetts, I, Wilson H. Horsley, MD, hereby voluntarily surrender my New Hampshire license (#8529) effective immediately.

By voluntarily surrendering my license, I understand that:

1. I relinquish all rights and privileges to practice medicine in the State of New Hampshire effective immediately.
2. I admit that this license surrender has occurred in settlement of pending misconduct allegations currently under investigation.
3. I admit to no violations of RSA 329:17, VI, but recognize that the fact that my voluntary surrender will be distributed by the Board as a disciplinary action. I further understand that this document shall become a permanent part of my file, and will be maintained by the Board as a public document.
4. Should I again seek licensure in the State of New Hampshire, I must meet and shall bear the burden of proving compliance with all of the standards and prerequisites then required by the Board for new applicants, including professional character requirements.


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5. I understand that the pending misconduct allegations shall be resolved in any future licensure application I may submit in New Hampshire. I hereby specifically waive any statute of limitations or laches defense, which might then be available as to these misconduct allegations.
6. I voluntarily submit this surrender of license to the Board and state that no promises or representations have been made to me other than those terms and conditions expressly stated herein.

IN WITNESS WHEREOF, I hereby affix my signature on this 1 day of December, 2016.




Wilson H. Horsley, MD

 1/13/17

Judith Albright, Esq.
Counsel for Dr. Horsley

ACCEPTED BY THE BOARD OF MEDICINE on this 4th day of January, ~~2016~~ 2017. 

Date: 1-11-2017



(Signature)

PENNY TAYLOR

(Print or Type Name)
Authorized Representative of the
New Hampshire Board of Medicine