

Licensee Information

Timothy James Hall - MD

License #: 28203 **License Status:** Active **Public Action:** No
Issue Date: 08/11/1984 **Renewal Date:** 02/28/2027

Active Supervisees

| Name | Type | Status | Approved |
|-----------------------------------|---------------------|--------|------------|
| Aikens, Ashley Nicole | Physician Assistant | Active | 06/24/2022 |
| Auvil, Shelby Lee | Physician Assistant | Active | 10/20/2025 |
| Bosquez, Daniela Renae | Physician Assistant | Active | 06/19/2025 |
| Deaver, Cole Houston | Physician Assistant | Active | 09/25/2024 |
| Duke, Chelsea Marie | Physician Assistant | Active | 05/10/2025 |
| Fowler, Anna | Physician Assistant | Active | 11/12/2025 |
| Haffeman, Carly Ann | Physician Assistant | Active | 10/02/2023 |
| Hallock, Anna Lillian | Physician Assistant | Active | 10/15/2024 |
| Handler, Megan Hailey | Physician Assistant | Active | 03/24/2026 |
| Harris, Todd Deandre Keon | Physician Assistant | Active | 05/17/2023 |
| Hassinger, Christopher Todd | Nurse Practitioner | Active | 08/28/2023 |
| Henshaw, Mamie Rene | Physician Assistant | Active | 07/23/2024 |
| Hopper, Aidan Nelson | Physician Assistant | Active | 06/26/2023 |
| Kurtz, Andrea Marie | Nurse Practitioner | Active | 05/22/2015 |
| Lesuer, Hayley Hasty | Physician Assistant | Active | 01/13/2021 |
| Lord, Matthew Stuart | Physician Assistant | Active | 05/09/2023 |
| Maddox, Karolyne Nichole | Physician Assistant | Active | 09/09/2025 |
| Marsico, Erica Carole | Physician Assistant | Active | 08/24/2021 |
| Ramirez Castellanos, Elliot Kevin | Physician Assistant | Active | 04/16/2025 |
| Rubello , Rosemarie Lynn | Physician Assistant | Active | 08/11/2025 |
| Sheckley, Zachary Robert | Physician Assistant | Active | 12/05/2022 |
| Theodros, Aregash | Physician Assistant | Active | 05/29/2024 |
| Watkins, Mai Tuyet | Physician Assistant | Active | 04/18/2016 |
| Weekes, Clifford Madison | Physician Assistant | Active | 03/31/2026 |
| Whitley, Kerri Kilburn | Nurse Practitioner | Active | 09/07/2016 |

| | | | |
|-------------------------|---------------------|--------|------------|
| Wilson, Travis Bryan | Physician Assistant | Active | 07/24/2021 |
| Zimmer, Hannah Victoria | Physician Assistant | Active | 09/04/2025 |

North Carolina Hospital Admitting Privileges

| Location |
|--|
| Atrium Health Mercy |
| Atrium Health SouthPark Emergency Department |
| Carolinas Medical Center |
| Carolinas Medical Center Mercy/Pineville |
| Carolinas Medical Center- NE |
| Carolinas Medical Center University |
| Carolinas Medical Center-Lincoln |

Out of State Active/Inactive Licenses

| State |
|----------------|
| South Carolina |

Out of Country Active/Inactive Licenses

| Country |
|---------------|
| None Reported |

Address

Atrium Health University City ED
8800 N. Tryon Street
Charlotte, NC 28262
704-863-6700

Information

Days patients are seen at this practice:

all

Participates in Medicare:

Yes

Practice philosophy:

Emergency Medicine Wound Care

Accepting new Medicare patients:

Yes

Non-English languages in which office is able to provide clinical services (e.g. Hindi, Spanish):

spanish

Participates in Medicaid:

Yes

Non-English languages in which practitioner is able to provide clinical services (e.g. Hindi, Spanish):

Accepting new Medicaid patients:

Yes

Uses electronic medical records:

Medical School

| School | Graduation |
|--------|------------|
| Unc-Ch | 1983 |

Post Graduate Training

"Last Year" does not necessarily mean that the licensee completed his/her training program. (In NC, a physician can be licensed without completing such a program.)

| Institution | Specialty | State, Country | Training Program | Last Year |
|------------------------------------|--------------------|----------------|------------------|-----------|
| Charlotte Memorial Hospital (CMC) | Emergency Medicine | NC, US | Residency | 1986 |
| Charlotte Memorial Hospital (CMC) | Emergency Medicine | NC, US | Internship | 1984 |

Current Board Certification and Year of Certification/Recertification

Physicians should not list non-ABMS or non-BOA specialty boards unless the board meets the criteria set forth in the NC Medical Board's Advertising and Publicity Position Statement.

| Primary/Subspecialty | Year |
|----------------------|------|
| Emergency Medicine | 2017 |

Area of Practice

| Area Of Practice | Primary |
|--------------------|---------|
| Emergency Medicine | Yes |
| Wound Care | |

Current Membership in Medical Professional Organizations

| Membership |
|--|
| American College of Emergency Physicians |
| Mecklenburg County Medical Society |
| NC Medical Society |

Honors & Awards

| Honor/Award | Given By | Date |
|---------------|----------|------|
| None Reported | | |

Public Service

| Name of Clinic | Service Description | Date |
|----------------|---------------------|------|
| None Reported | | |

Current Academic Appointments

| Title | Institution | City, State, Country |
|---------------|-------------|----------------------|
| None Reported | | |

Publications

| Title |
|---------------|
| None Reported |

Section 1: Adverse Actions

North Carolina Medical Board Public Actions

| Date | Description | Link |
|---------------|-------------|------|
| None Reported | | |

Other Regulatory Board or Agency Public Actions

| Date | Name of Board/Agency | Action Taken | Link |
|---------------|----------------------|--------------|------|
| None Reported | | | |

Health Care Institution Suspensions and Revocations

| Date | Health Care Institution | Action Taken |
|---------------|-------------------------|--------------|
| None Reported | | |

Section 2: Administrative Actions

Actions listed in this section are considered non-disciplinary by the Board. In situations where administrative actions are taken, the licensee may not have met certain statutory requirements or may have failed to follow correct administrative procedures.

North Carolina Medical Board Reentry Agreement

| Date | Description | Link |
|---------------|-------------|------|
| None Reported | | |

North Carolina Special Purpose Licensing Agreement

| Date | Description | Link |
|---------------|-------------|------|
| None Reported | | |

Malpractice Information

| Incident Date | Payment Date | Area of Practice | City, State, Country | Response |
|---------------|--------------|------------------|----------------------|----------|
| None Reported | | | | |

Misdemeanor/DUI/DWI Conviction Information

| Conviction Date | Conviction | Jurisdiction | Sentence |
|-----------------|------------|--------------|----------|
| None Reported | | | |

Felony Conviction Information

| Conviction Date | Conviction | Jurisdiction | Sentence |
|-----------------|------------|--------------|----------|
| None Reported | | | |