

## Licensee Information

### Healy West Lawson - MD

**License #:** 39967      **License Status:** Active      **Public Action:** No  
**Issue Date:** 01/26/1991      **Renewal Date:** 03/23/2027

#### Active Supervisees

Name	Type	Status	Approved
Fellows, Jeffrey Grayson	Physician Assistant	Active	03/08/2024
Flood, Kristin Ilene	Physician Assistant	Active	09/18/2017
Hartley, Krysta	Physician Assistant	Active	03/10/2023
Laszlo, Renee E.	Physician Assistant	Active	09/12/2017
Noonan, Karyl Anne	Physician Assistant	Active	05/05/2020
Potter, Margaret Faye	Physician Assistant	Active	10/12/2017
Schweitzer, Shannon Diehl	Physician Assistant	Active	02/06/2020
Stiller, Kristin Ayers	Physician Assistant	Active	01/10/2018
Tiu, Tricia	Physician Assistant	Active	05/23/2020

#### North Carolina Hospital Admitting Privileges

Location
WakeMed
WakeMed Cary Hospital

#### Out of State Active/Inactive Licenses

State
Virginia

#### Out of Country Active/Inactive Licenses

Country
None Reported

#### Address

Carolina Rehab & Surgical Assoc.  
 3000 New Bern Ave  
 Raleigh, NC 27610  
 919-350-8779

## Information

### Days patients are seen at this practice:

Daily

### Participates in Medicare:

Yes

### Practice philosophy:

I am a Fellow in Palliative Care and Hospice Medicine at UNC for the 7/2015 through 6/2016 academic year.

### Accepting new Medicare patients:

Yes

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

None

### Uses electronic medical records:

Yes

## Medical School

School	Graduation
Med College Virginia	1985

## 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
University of North Carolina School of Medicine	Other - Fellowship, Palliative Care and Hospital Medicine	NC, US	Fellowship	2016
Riverside Regional Medical Center	Family Medicine	VA, US	Residency	1990
Riverside Regional Medical Center	Other - Transitional internship	VA, US	Internship	1986

## Current Board Certification and Year of Certification/Recertification

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

Primary/Subspecialty	Year
Family Medicine	1997

## Area of Practice

Area Of Practice	Primary
Family Medicine	Yes
Family Medicine - Geriatric Medicine	
Family Medicine - Hospice and Palliative Medicine	

## Current Membership in Medical Professional Organizations

Membership
Wake County Medical Society

## Honors & Awards

Honor/Award	Given By	Date
None Reported		

### Public Service

Name of Clinic	Service Description	Date
Wake Health Services, Inc	Board Member, Chair of Healthcare Operations	1/2009 through present

### Current Academic Appointments

Title	Institution	City, State, Country
Fellow, Palliative Care and Hospice Medicine	UNC Health	United States of America

### 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			

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