

Licensee Information

Laura Michelle Williams - PA-C

License #: 0010-05754 **License Status:** Active **Public Action:** No
Issue Date: 05/22/2015 **Renewal Date:** 07/18/2026

Licensee Photograph



Active Supervisor

| Name | Type | Status | Approved |
|--------------------------------|------|--------|------------|
| Byrd, Christopher Sothoron, MD | MD | Active | 09/03/2015 |

North Carolina Hospital Admitting Privileges

| Location |
|---------------|
| None Reported |

Out of State Active/Inactive Licenses

| State |
|----------|
| Colorado |
| Maryland |

Out of Country Active/Inactive Licenses

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

Address

UNC Family Medicine & Pediatrics at Holly Springs
 781 Avent Ferry Rd, Ste 310
 Holly Springs, NC 27540
 919-552-8911

Information

Days patients are seen at this practice:

Participates in Medicare:

Monday- Friday

Yes

Practice philosophy:

I treat each patient as if they were my family member, taking in to consideration risk versus benefit of each treatment recommendation that I make. I strive to empower my patients to take control of their health.

Accepting new Medicare patients:

Yes

Participates in Medicaid:

Accepting new Medicaid patients:

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

Uses electronic medical records:

Yes

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

PA School

| School | Graduation |
|--|------------|
| Towson University - CCBC Essex Physician Assistant Program | 1999 |

Area of Practice

| Area Of Practice | Primary |
|---------------------------------------|---------|
| Adolescent & Young Adult Medicine | |
| Adolescent Medicine | |
| Family Medicine | |
| Family Medicine - Adolescent Medicine | |
| Family Medicine - Geriatric Medicine | |
| Family Practice | Yes |
| General Practice | |
| General Preventive Medicine | |
| Gynecology | |
| Internal Medicine | |

Current Membership in Medical Professional Organizations

| Membership |
|---------------|
| None Reported |

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

This section indicates whether a regulatory authority other than NCMB has taken public action against the licensee. Out-of-state medical board actions are posted on this website indefinitely. Actions by regulatory agencies such as Medicare, Medicaid, the U.S. Drug Enforcement Administration, the U.S. Food and Drug Administration, etc., are posted for a period of seven years, from the date of the action.

| Date | Name of Board/Agency | Action Taken | Link |
|------------|------------------------------|--------------|----------------------|
| 11/19/2013 | Maryland Board of Physicians | \$500 fine | View |

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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