

Licensee Information

Jason Lee Clemons - MD

License #: 2024-01178 License Status: Active Public Action: No
 Issue Date: 05/18/2024 Renewal Date: 08/22/2026

Active Supervisees

| Name | Type | Status | Approved |
|---|---------------------|--------|------------|
| Depasquale, Lucas Lee | Physician Assistant | Active | 12/03/2024 |
| Ellis, Shandee Lashea | Nurse Practitioner | Active | 12/18/2024 |
| Hamrick, Marie Scheller | Nurse Practitioner | Active | 01/15/2025 |
| Little, Marcy | Nurse Practitioner | Active | 09/24/2024 |
| Proctor, Powell Russ | Nurse Practitioner | Active | 01/09/2025 |

North Carolina Hospital Admitting Privileges

Location

None Reported

Out of State Active/Inactive Licenses

State

Alabama

Out of Country Active/Inactive Licenses

Country

None Reported

Address

Fast Pace Health
 1635 College Ave
 Spindale, NC 28160
 828-330-9190

Information

Days patients are seen at this practice:

Practice philosophy:

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

Participates in Medicare:

Accepting new Medicare patients:

Participates in Medicaid:

Accepting new Medicaid patients:

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

Uses electronic medical records:

Medical School

| School | Graduation |
|--|------------|
| University of Alabama School of Medicine Birmingham [Birmingham, AL] | 2013 |

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 |
|--|-----------------|----------------|------------------|-----------|
| Tuscaloosa Family Medicine Residency Program | Family Medicine | AL, US | Residency | 2016 |

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 |
|----------------------|------|
| Family Medicine | 2016 |

Area of Practice

| Area Of Practice | Primary |
|------------------|---------|
| Family Medicine | Yes |

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

| 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 | | | |

