GEORGE ANDREW W SMITH MD

License Number: ME65478

Data As Of 11/6/2025

Profession Medical Doctor License ME65478 License Status Clear/Active License Expiration Date 1/31/2027 License Original Issue Date 12/17/1993

Address of Record 2315 WEST JACKSON ST PENSACOLA, FL 32505

Yes

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Yes Discipline on File **Public Complaint** Yes

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

| Name | License | Profession | City | State | Case# | Action Taken |
|---------------------------|---------|-------------------|-----------|-------|-----------|----------------------------|
| SMITH, GEORGE ANDREW W | 65478 | MEDICAL DOCTOR | PENSACOLA | FL | 201910001 | OBLIGATION(S) SATISFIED |

Public Complaints

| Name | License | Profession | City | State | Case# | Action Taken |
|---------------------------|---------|-------------------|-----------|-------|-----------|--------------|
| SMITH, GEORGE ANDREW W | 65478 | MEDICAL DOCTOR | PENSACOLA | FL | 201910001 | AC FILED |

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

Discipline Public Records Request

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at: Division of Medical Quality Assurance

Public Records

4052 Bald Cypress Way, Bin C01

Tallahassee, FL 32399-3251

Please include the following:

- 1. Full name and license number of the practitioner;
- 2. Name and address where documents are to be sent; and
- 3. If you require certification of the documents, a \$25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

Supervising Practitioners

| Name | Relationship | Profession | License | Effective Date |
|-----------------------------|--------------------------------------|----------------|---------|----------------|
| NYSTROM. JACQUELYN HARTZLER | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 94368 | 05/16/2023 |

Click on the License Number to view License Details for that Practitioner

Subordinate Practitioners

| Name | Relationship | Profession | License | Effective Date |
|-------------------|---------------------------------|---------------------|---------|----------------|
| BUSBY, MICHAEL D | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9101940 | 6/20/2017 |
| MILLER, DARRELL S | PHARMACIST | PHARMACIST | 29224 | 9/6/2022 |
| SHIPLEY, JARED | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9112971 | 3/18/2020 |

Click on the License Number to view License Details for that Practitioner

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