

TEXAS MEDICAL BOARD



PUBLIC VERIFICATION / PHYSICIAN PROFILE

PHYSICIAN

NAME: WILLIAM LEE COWDEN MD

DATE: 11/02/2018

**THE INFORMATION IN THIS BOX HAS BEEN VERIFIED
BY THE TEXAS MEDICAL BOARD**

Date of Birth: 1952

License Number: F1483 Full Medical License

Issuance Date: 08/27/1978

Expiration Date of Physician's Registration Permit: 11/30/2007

Registration Status: CANCELLED BY
REQUEST

Registration Date: 12/02/2008

Disciplinary Status: SEE PREVIOUS ORDER

Disciplinary Date: 03/31/2005

Licensure Status: NONE

Licensure Date: NONE

Mailing Address

1990 N ALMA SCHOOL RD #326

CHANDLER , AZ 85224

Medical School of Graduation:

At the time of licensure, TMB verified the physician's graduation from medical school as follows:
UNIV OF TX MEDICAL SCHOOL AT HOUSTON, HOUSTON, TX

Medical School Graduation Year: 1978

TMB Filings, Actions and License Restrictions

The Texas Medical Board has the following board actions against this physician. (This may include any formal complaints filed by TMB, as well as petitions and/or responses related to licensure contested matters, at the State Office of Administrative Hearings.)

View the documents containing action taken by the Board against this individual.

[View Board Actions](#) [Get Adobe Reader](#)

Action Date: 04/07/2005

Description: STATUS CLEARED 04/07/2005

Action Date: 02/08/2002

Description: AN AGREED ORDER WAS ENTERED ON 2-8-02 SUSPENDING THE PHYSICIAN'S LICENSE; HOWEVER, THE SUSPENSION WAS STAYED AND PHYSICIAN WAS PLACED ON PROBATION FOR THREE YEARS UNDER CERTAIN TERMS AND CONDITIONS. ACTION DUE TO VIOLATION OF A BOARD RULE.

Action Date: 01/06/1997

Description: 1-6-97: AGREED ORDER EXPIRED AND LICENSE IS FREE AND CLEAR OF ANY PREVIOUS RESTRICTIONS.

Action Date: 01/06/1995

Description: 1-6-95: AGREED ORDER ENTERED RESTRICTING LICENSE FOR 2 YRS. UNDER CERTAIN TERMS AND CONDITIONS. ACTION DUE TO PRESCRIBING OR ADMINISTERING A DRUG OR TREATMENT THAT IS NONTHERAPEUTIC IN NATURE OR NONTHERAPEUTIC IN THE MANNER THE DRUG OR TREATMENT IS ADMINISTERED OR PRESCRIBED AND FAILURE TO PRACTICE MEDICINE IN AN ACCEPTABLE MANNER CONSISTENT WITH PUBLIC HEALTH AND WELFARE.

Investigations by TMB of Medical Malpractice

Section 164.201 of the Act requires that: the board review information relating to a physician against whom three or more malpractice claims have been reported within a five year period. Based on these reviews, the following investigations were conducted with the listed resolutions.

NONE

Status History

Status history contains entries for any updates to the individual's registration, licensure or disciplinary status types (beginning with 1/1/78, when the board's records were first automated). Entries are in reverse chronological order; new entries of each type supersede the previous entry of that same type. These records do not display status type. Should you have any questions, please contact our Customer Information Center at 512-305-7030 or verificic@tmb.state.tx.us

Status Code: CR

Effective Date: 12/02/2008

Description: CANCELLED BY REQUEST

Status Code: IA

Effective Date: 11/12/2008

Description: INACTIVE-PRELIM TO BECOMING CN/CR

Status Code: DQ

Effective Date: 12/30/2007

Description: DELINQUENT-NON PAYMENT

Status Code: CL

Effective Date: 03/31/2005

Description: SEE PREVIOUS ORDER

Status Code: RB
Description: UNDER BOARD ORDER

Effective Date: 02/08/2002

Status Code: CL
Description: SEE PREVIOUS ORDER

Effective Date: 01/06/1997

Status Code: RB
Description: UNDER BOARD ORDER

Effective Date: 01/06/1995

Status Code: AC
Description: ACTIVE

Effective Date: 01/01/1978

**THE INFORMATION IN THIS BOX WAS REPORTED BY THE LICENSEE AND
HAS NOT BEEN VERIFIED BY THE TEXAS MEDICAL BOARD**

Gender: MALE

Current Primary Practice Address:
NOT GIVEN

Years of Active Practice in the U.S. or Canada:

The physician reports that he/she has actively practiced medicine in the United States or Canada for **27** year(s).

Years of Active Practice in Texas:

The physician reports that, of the above years he/she has actively practiced in the State of Texas for **18** year(s).

Specialty Board Certification

The physician reports that he/she holds the following specialty certifications issued by a board that is a member of the American Board of Medical Specialties or the Bureau of Osteopathic Specialists:

Specialty Certification: CARDIOVASCULAR DISEASE

Date: 11/20/1985

Issuing Board: ABMS-INTERNAL MEDICINE

Specialty Certification: INTERNAL MEDICINE

Date: 09/12/1984

Issuing Board: ABMS-INTERNAL MEDICINE

Primary Specialty

The physician reports his/her primary practice is in the area of CARDIOVASCULAR DISEASES.

Secondary Specialty

The physician reports his/her secondary practice is in the area of INTERNAL MEDICINE.

Name, Location and Graduation Date of All Medical Schools Attended

Name: UNIV OF TEXAS AT HOUSTON

Location: HOUSTON/TX/USA

Graduation Date: 06/1978

Graduate Medical Education In The United States Or Canada

Program Name: ST.LOUIS U.HOSP.GROUP

Location: ST.LOUIS,MO

Begin Date: 07/1978

Type: INTERNSHIP

End Date: 06/1979

Specialty: INT.MED.

Program Name: ST.LOUIS U.HOSP.GROUP

Location: ST.LOUIS, MO

Begin Date: 07/1979

Type: RESIDENCY

End Date: 06/1981

Specialty: INT.MED.

Program Name: ST.LOUIS U.HOSP.GROUP

Location: ST.LOUIS,MO.

Begin Date: 07/1981

Type: FELLOWSHIP

End Date: 06/1984

Specialty: CARD. & CRIT.CARE

Hospital Privileges

The physician reports that he/she has hospital privileges in the following in the State of Texas:

Hospital: NONE

Location: NONE

Utilization Review

The physician did not report whether he/she provides utilization review.

NONE REPORTED

Patient Services

Accessibility: The physician reports that the patient service area **is** accessible to persons with disabilities as defined by federal law.

Language Translation Services: The physician did not report whether he/she provided any language translation services for patients.

Medicaid Participant: The physician reports that he/she **does not** participate in the Medicaid program.

Awards, Honors, Publications and Academic Appointments

Optional Information

The physician may optionally report descriptions of up to five such honors and has reported the following:

Description: CO-AUTHOR-ALTERNATIVE MEDICINE DEFINITIVE GUIDE TO CANCER

Description: CO-AUTHOR-CANCER DIAGNOSIS-WHAT TO DO NEXT

Description: CO-AUTHOR-ALTERNATIVE MEDICINE DEFINITIVE GUIDE-LONGEVITY

Malpractice Information

Section 154.006(b)(16) of the Act requires that: a physician profile display a description of any medical malpractice claim against the physician, not including a description of any offers by the physician to settle the claim, for which the physician was found liable, a jury awarded monetary damages to the claimant, and the award has been determined to be final and not subject to further appeal. The physician has the following reportable claims.

Description: NONE

Criminal History

Self-Reported Criminal Offenses: The physician is required to report a description of (1) "any conviction for an offense constituting a felony, a Class A or Class B misdemeanor, or a Class C misdemeanor involving moral turpitude" and (2) "any charges reported to the board to which the physician has pleaded no contest, for which the physician is the subject of deferred adjudication or pretrial diversion, or in which sufficient facts of guilt were found and the matter was continued by a court of competent jurisdiction."

The physician has reported the following:

Description: NONE

Criminal history information is also obtained by TMB from the Texas Department of Public Safety. Resulting action, if any, will be reported under the TMB Action and Non-Disciplinary Restrictions section above.

Disciplinary Actions By Other State Medical Boards

The physician has reported the following:

Description: NONE

Physician Assistant Supervision

To obtain primary source verifications, click name

Description: NONE

Advanced Practice Nurse Delegation

To obtain primary source verifications, click name

Description: NONE

Summary of all License/Permit Types

Issue Date:
08/27/1978

Type:
[LICENSED PHYSICIAN](#)

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Please contact Pre-Licensure, Registration and Consumer Services at (512) 305-7030 for assistance.