

STATE OF NORTH CAROLINA
COUNTY OF WAKE

BEFORE THE NORTH CAROLINA
ADDICTIONS SPECIALIST
PROFESSIONAL PRACTICE BOARD
EC CASE NO. 893-25

NORTH CAROLINA ADDICTIONS)
SPECIALIST PROFESSIONAL)
PRACTICE BOARD,)
Petitioner,)
v.)
ANTHONY SIMPSON)
(CADC No. 16161),)
Respondent.)

CONSENT ORDER

THIS MATTER is before a Panel of the Ethics Committee (the “Panel”) of the North Carolina Addictions Specialist Professional Practice Board (the “Board”), pursuant to Chapter 150B, Article 3A of the North Carolina General Statutes; Chapter 90, Article 5C of the North Carolina General Statutes, the North Carolina Substance Use Disorder Professional Practice Act; and Title 21, Chapter 68 of the North Carolina Administrative Code. The Board and Respondent stipulate and agree to the entry of the following Consent Order:

FINDINGS OF FACT

1. Petitioner Board was established by the North Carolina General Assembly to credential and regulate substance use disorder professionals in North Carolina, in accordance with Chapter 90, Article 5C of the North Carolina General Statutes.
2. Respondent currently is a citizen and resident of Richmond County, North Carolina; and is neither a minor nor an incompetent person.
3. On May 14, 2015, Respondent was credentialed before the Board as a Certified Alcohol and Drug Counselor (“CADC”) (CADC No. 16161), which will expire on May 13, 2027, if not renewed.

4. On July 18, 2025, Joel Nettles (“Nettles”) submitted a formal ethics complaint before the Board alleging Respondent suffered a relapse to substance use, suffering impairment. The complaint was designated by the Board as Ethics Complaint (“EC”) Case No. 893-25.
5. Upon investigation into EC Case No. 893-25, the Board determined the following:
 - a. During all times relevant to this matter, Respondent was employed by the North Carolina Department of Adult Correction at the Richmond Correctional Institute as a Substance Abuse Counselor pursuant to Respondent’s CADC.
 - b. On or about June 2025, Respondent suffered a relapse to impairment, including alcohol and drug use, specifically, cocaine. Respondent sought clinical services through the S.H.I.E.L.D. program due to the relapse.
 - c. Nettles, a clinician with the SHIELD program, encouraged Respondent to self-report the relapse to impairment to the Board. Respondent failed to report, resulting in the Nettles filing a formal complaint to the Board.
 - d. On July 21, 2025, Board Staff issued a Request for Response to Respondent in EC 893-25. Respondent did not submit a response within thirty (30) days.
 - e. One August 25, 2025, Board counsel issued a second Request for Response to Respondent.
 - f. One August 26, 2025, Respondent submitted a written response in EC 893-25. Respondent denied substance use, and reported maintained sobriety since November of 2011.
 - g. On September 10, 2025, the Board requested Respondent execute an Authorization and Informed Consent to Release Information and Documentation, in order to

request clinical records from the S.H.I.E.L.D. program to verify Respondent's claim of maintained sobriety.

- h. On September 16, 2025, Respondent returned the executed Informed Consent. The S.H.I.E.L.D. records obtained and reviewed in the course of the Board's investigation in October of 2025 demonstrated that Respondent contacted S.H.I.E.L.D. in July of 2025 for counseling services in relation to a reported relapse to impairment involving cocaine and alcohol. Respondent then admitted to the relapse to impairment, indicated to Board counsel that he left the S.H.I.E.L.D. program on July 25, 2025, and that Respondent was receiving clinical services elsewhere. Respondent did not identify an associated clinician or provider.
- i. On January 21, 2026, Board counsel issued a letter to Respondent requesting information as to Respondent's current clinician and treatment progress. The Board requested Respondent submit to a Release of Information, to allow the Board to contact Respondent's clinician to determine if the clinician was willing to write a statement to the Board regarding whether there is current risk of impairment which may proceed Respondent's ability to render services pursuant to Respondent's CADC. Respondent failed to respond to the request.

CONCLUSIONS OF LAW

6. Respondent is subject to the North Carolina Addictions Specialist Professional Practice Act and the rules promulgated pursuant to that Act. The Board has jurisdiction over Respondent and the subject matter of this proceeding.

7. The acts and omissions of Respondent as described above constitute violations of the following:
- a. N.C. Gen. Stat. § 90-113.44(a)(2), for the use of drugs or alcohol to the extent that professional competency was affected;
 - b. N.C. Gen. Stat. § 90-113.44(a)(2a), for the use of drugs or alcohol to the extent that Respondent suffered impairment;
 - c. N.C. Gen. Stat. § 90-113.44(a)(6), for engaging in any act or practice in violation of any of the provisions of this Article or any of the rules adopted pursuant to it;
 - d. N.C. Gen. Stat. § 90-113.44(a)(7), for an act of malpractice, gross negligence, or incompetence while serving as a substance use disorder professional;
 - e. N.C. Gen. Stat. § 90-113.44(a)(9), for engaging in conduct that could result in harm or injury to the public;
 - f. 21 NCAC 68 .0503(e), for failure to report known unethical conduct to the Board;
 - g. 21 NCAC 68 .0503(i), for failure to recognize the negative impact impairment has on functioning in public and professional performance and failure to report impairment to the Board;
 - h. 21 NCAC 68 .0510(c), for failure to cooperate with the committees of the board and supply requested information;
 - i. 21 NCAC 68 .0601(1)(b), for falsely representing material fact to procure or maintain a credential, whether by word or conduct;
 - j. 21 NCAC 68 .0601(3), for knowingly making misleading, deceptive, false, or fraudulent representations to the Board;

- k. 21 NCAC 68 .0601(6)(c), for the use of drugs to the extent that Respondent suffered impairment; and
- l. 21 NCAC 68 .0601(7)(e) for failing to cooperate with the investigations and proceedings of the Board's ethics committee.

Respondent committed one or more of the violations described above. Pursuant to N.C. Gen. Stat. § 90-113.33(2), the Board has the authority to deny, suspend, or revoke Respondent's licensure, certification, or registration to practice in this State or reprimand or otherwise discipline Respondent's license, certificate, or registration in North Carolina.

BASED upon the foregoing Findings of Fact and Conclusions of Law, and in lieu of further proceedings, Respondent wishes to resolve this matter by consent and agrees that Board staff and counsel may discuss this Consent Order with the Board *ex parte* whether or not the Board accepts this Consent Order as written.

Whereas Respondent acknowledges that he read this entire document and understands it;

Whereas Respondent acknowledges that he enters into this Consent Order freely and voluntarily;

Whereas Respondent acknowledges that he had full and adequate opportunity to confer with legal counsel in connection with this matter;

Whereas Respondent understands that this Consent Order must be presented to the Board for approval; and

Whereas the Board has determined that the public interest is served by resolving this matter as set forth below.

THEREFORE, with the consent of Respondent, it is ORDERED that:

1. Respondent's credential as a CADC (CADC No. 16161) before the Board is hereby SUSPENDED for a period of eighteen (18) months as of the effective date of this Consent Order. The suspension shall be STAYED, and Respondent's CADC conditionally restored, so long as Respondent remains compliant with the following:
 - a. Throughout the above-referenced period of stayed suspension, Respondent shall obtain a Board-approved clinical supervisor, enter into a valid supervision contract before the Board with said clinical supervisor and participate in clinical supervision, at Respondent's own expense.
 - i. No later than ten (10) days from the effective date of this Consent Order, Respondent shall identify for the Board an associated proposed clinical supervisor.
 - ii. Respondent's clinical supervisor must be approved by the Board's Ethics Committee before Respondent may engage in, or resume, supervision or clinical practice.
 - iii. Respondent shall provide a copy of this fully executed Consent Order to his clinical supervisor.
 - b. Throughout the above-referenced period of stayed suspension, Respondent's clinical supervisor shall submit quarterly supervision reports, to be submitted to the Board every three (3) months from the effective date of this Consent Order, regarding Respondent's progress and continued participation in supervision.
 - i. The above-referenced reports must be drafted by Respondent's current clinical supervisor, drafted on the supervisor's official letterhead, and the

- reports must be signed and dated by the supervisor. The reports must be transmitted directly from the supervisor to the Board.
- ii. In the event Respondent terminates supervision with his clinical supervisor before the Board or changes clinical supervisors, Respondent shall cease clinical practice and notify the Board within ten (10) business days as to a new proposed clinical supervisor. All clinical supervisors must be preapproved by the Board's Ethics Committee. Respondent may not resume clinical practice until a new supervisor is approved by the Board.
 - iii. In the event Respondent fails to ensure timely submission of the above-referenced reports, the above-referenced stay of suspension shall be lifted and Respondent's CADC shall be actively suspended by the Board.
- c. Throughout the above-referenced period of stayed suspension, Respondent shall maintain a therapeutic relationship with a licensed clinician, at Respondent's own expense.
- i. No later than ten (10) days from the effective date of this Consent Order, Respondent shall identify his current clinician and provide contact information for the clinician to the Board.
 - ii. Respondent shall meet with the above-referenced licensed clinician at least twice (2x) per month.
- d. Throughout the above-referenced period of stayed suspension, Respondent's clinician shall submit quarterly treatment reports, to be submitted to the Board every three (3) months, documenting Respondent's maintained abstinence and

compliance with treatment recommendations, including confirmation of attendance of the above-referenced clinical sessions with a licensed clinician and the dates upon which the sessions occurred.

- i. The above-referenced reports must be drafted by Respondent's current clinician, drafted on the clinician's official letterhead, and the reports must be signed and dated by the clinician. The reports must be transmitted directly from the clinician to the Board.
 - ii. In the event Respondent terminates clinical services or changes clinicians, Respondent shall notify the Board and identify for the Board a new clinician within ten (10) business days.
 - iii. In the event Respondent fails to ensure timely submission of the above-referenced reports, the above-referenced stay of suspension shall be lifted, and Respondent's CADC shall be actively suspended by the Board.
- e. No later than ten (10) days from the effective date of this Consent Order, Respondent shall register with a local substance use monitoring program, to include random urine testing with a standard ten-drug panel, at Respondent's own expense.
- i. No later than ten (10) days from the effective date of this Consent Order, Respondent shall provide the Board with information as to the substance use monitoring program with which Respondent registers.
 - ii. Throughout the above-referenced period of stayed suspension, Respondent shall participate in the above-referenced substance use monitoring, to include random testing, at Respondent's own expense.

- iii. Respondent agrees that the results of any drug panels and/or random testing will be provided to the Board. Respondent agrees to authorize the release of medical records associated with any such testing to the Board.
 - iv. In the event a random screening indicates the presence of drugs and/or alcohol, Respondent shall submit to a residential-level assessment to determine the need for additional treatment at a higher level of care.
2. In the event Respondent returns to substance use, Respondent shall report impairment to the Board within ten (10) days, and the above-referenced stay of suspension shall be lifted and Respondent's CADC actively suspended.
3. In the event Respondent fails to comply with the terms of this Consent Order, the above-referenced stay of suspension shall be lifted and Respondent's CADC actively suspended.
4. The Board shall retain jurisdiction under Article 3A, Chapter 150B for all administrative hearings held in connection with or pursuant to this Consent Order. If the Board receives evidence that Respondent has violated any term of this Consent Order or any other law or rule enforced by the Board, the Board shall schedule a show cause hearing for a determination of the violations. If the Board determines that a violation has occurred, the Board may impose such disciplinary action as it determines is appropriate and is authorized by law.
5. This Consent Order shall take effect immediately upon its execution by the Board and Respondent and reflect the entire agreement between Respondent and the Board, there being no agreement of any kind, verbal or otherwise, which varies, alters, or modifies this Consent Order.

6. No modification or waiver of any provision of this Consent Order shall be effective unless it is in writing, adopted and approved by the Board, and signed by the parties affected.
7. Both the Board and Respondent participated in the drafting of this Consent Order. Any ambiguities herein shall not be construed against either party in any future civil or administrative proceeding.
8. Each party to this proceeding shall bear their own costs, and the Board shall bear its own costs of investigation.
9. Upon its execution by the Board and Respondent, this Consent Order shall become a public record within the meaning of Chapter 132 of the North Carolina General Statutes and shall be subject to public inspection and dissemination pursuant to the provisions thereof.

CONSENTED TO BY:

ANTHONY SIMPSON (CADC No. 16161)

Anthony Simpson
Respondent Signature

Date: May 15, 2026
Respondent Signature Date

By Order of the North Carolina Addictions Specialist Professional Practice Board, this the

18th day of May, 2026.

By: Kathy Allen MA, LCAS
SAP, ICADC, CSI, LCMHC-A
Kathy Allen, NCASPPB
Ethics Committee Chair