

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION  
BEFORE THE STATE BOARD OF MEDICAL EXAMINERS**

In the Matter of:

**KIMBERLY PRICE HAWKES, M.D.,**  
Medical License # MMD. 27022 (Active)

OIE # 2021-532

Respondent.

**AGREEMENT OF VOLUNTARY SURRENDER  
(TEMPORARY)**

I, KIMBERLY PRICE HAWKES, have been informed that I am under investigation for alleged violations of South Carolina laws. I have been further informed that I have the right to temporarily VOLUNTARILY SURRENDER my license to practice medicine under Section 40- 1 -150 and 40-47-150 of the 1976 Code of Laws of South Carolina, as amended; that I do hereby VOLUNTARILY SURRENDER my license to practice medicine and ask the South Carolina Board of Medical Examiners to accept said VOLUNTARY SURRENDER. I understand that the temporary voluntary surrender of my license may not be considered as an admission of guilt by the Board, panel, or court or other entity; that the Board may bring charges against me after proper notice; that I have a right to a hearing; that I have a right to be represented by legal counsel; and that this Agreement is subject to public disclosure.

I understand that this voluntary surrender temporarily invalidates my license to practice medicine and, effective immediately, I may not be employed as a physician and that I may not practice or represent that I am currently licensed to practice as a physician in this State until the board takes final action in any and all pending disciplinary matters.

**FURTHER**, that I make this Agreement freely and voluntarily and not under duress, restraint or compulsion.

  
\_\_\_\_\_  
**KIMBERLY PRICE HAWKES, M.D.**  
LICENSEE

7/19/22  
\_\_\_\_\_  
Date

Receipt Acknowledged:

  
\_\_\_\_\_  
BOARD ADMINISTRATOR

7/22/22  
\_\_\_\_\_  
Date