



Texas Medical Board

Healthcare Provider Verification / Profile

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Physician License

NAME: KORY LEE GILL, DO

LICENSE: M8674

INFORMATION CURRENT AS OF: 12/18/2025

CURRENT STATUS: SUSPENDED, ACTIVE

[Click here for detailed information on what each section below contains.](#)

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

Verified Information

Year of Birth: 1978

License Number: M8674 Physician License

Issuance Date: 02/08/2008

Expiration Date: 02/28/2026

Current Status: SUSPENDED, ACTIVE as of 03/29/2024

Disciplinary Restrictions: SUSPENDED BY BOARD as of 05/20/2022

Non-Disciplinary Restrictions: NONE

Specialties:

School of Graduation:

KANSAS CITY UNIV OF MED AND BIO, COLL OF OSTEO MED, KANSAS CITY, MO 2005

Electronic RX Waiver Expiration Date: 02/17/2023



Current Board Action

Action Date: 05/20/2022

Description: ON MAY 20, 2022, A DISCIPLINARY PANEL OF THE TEXAS MEDICAL BOARD TEMPORARILY SUSPENDED, WITHOUT NOTICE, THE TEXAS MEDICAL LICENSE OF KORY LEE GILL, D.O., AFTER DETERMINING HIS CONTINUATION IN THE PRACTICE OF MEDICINE POSES A CONTINUING THREAT TO PUBLIC WELFARE. THE SUSPENSION WAS EFFECTIVE IMMEDIATELY. THE BOARD PANEL FOUND THAT ON MAY 4, 2022, DR. GILL WAS ARRESTED BY THE BRAZOS COUNTY SHERIFF'S OFFICE RELATED TO TWO CHARGES OF SEXUAL ASSAULT INVOLVING TWO PATIENTS. A TEMPORARY SUSPENSION HEARING WITH NOTICE WILL BE HELD AS SOON AS

PRACTICABLE WITH 10 DAYS' NOTICE TO DR. GILL, UNLESS THE HEARING IS SPECIFICALLY WAIVED BY DR. GILL. THE TEMPORARY SUSPENSION REMAINS IN PLACE UNTIL THE BOARD TAKES FURTHER ACTION.



[5/20/2022](#)

[Complete Board Action History](#)

— **Medical Malpractice Investigations**

Based on these reviews, the following investigations were conducted with the listed resolutions:

NONE

THE INFORMATION IN THESE SECTIONS WAS REPORTED BY THE LICENSEE AND MAY HAVE NOT BEEN VERIFIED BY THE TEXAS MEDICAL BOARD

Self Reported Information

Gender: MALE

Race: WHITE

Current Primary Practice Address:

3121 UNIVERSITY DR E. STE 100
BRYAN, TX 77802

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

12 year(s)

Years of Active Practice in Texas:

12 year(s)

— **Specialty Board Certification**

Specialty certifications issued by the American Board of Medical Specialties or the Bureau of Osteopathic Specialists:

Specialty Certification: AMERICAN BOARD OF FAMILY MEDICINE/SPORTS MEDICINE

Date: 2009

— **Specialties**

Primary Specialty: FAMILY PRACTICE

Secondary Specialty: SPORTS MEDICINE (FAMILY PRACTICE)

 **Education**

Name, Location and Graduation Date of All Medical Schools Attended

Name: KCUMB-COM

Location: KANSAS CITY, MO

Graduation Date: 05/2005

Graduate Medical Education In The United States Or Canada

Program Name: BRAZOS FAMILY MEDICINE

Location: BRYAN, TX

Begin Date: 06/2005

End Date: 06/2006

Type: INTERNSHIP

Specialty: FP

Program Name: BRAZOS FAMILY MEDICINE

Location: BRYAN, TX

Begin Date: 06/2006

End Date: 06/2008

Type: RESIDENCY

Specialty: FP

Program Name: JOHN PETER SMITH

Location: FT.WORTH, TX

Begin Date: 07/2008

End Date: 06/2009

Type: FELLOWSHIP

Specialty: SPORTS MEDICINE

 **Hospital Privileges**

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

Hospital: ST.JOSEPH HOSPITAL

Location: BRYAN

Hospital: THE PHYSICIANS CENTRE

Location: COLLEGE STATION

— **Utilization Review**

The physician reports that he/she **does not** provide utilization review services for a group health plan provided by an insurance company. (This does not include utilization review provided in relation to workers compensation claims.)

— **Patient Services**

Medicaid Participant: The physician reports that he/she **does** participate in the Medicaid program.

Practice Address:

3121 UNIVERSITY DR E. STE 100
BRYAN, TX 77802

Accessibility: The physician reports that the patient service area **is** accessible to persons with disabilities.

Language Translation Services: The physician reports that the following language translation services are provided for patients: SPANISH

— **Awards, Honors, Publications**

Optional Information:

NONE

— **Malpractice Information**

The physician has the following reportable claims.
NONE

— **Criminal History**

Self-Reported Criminal Offenses:
NONE

— **Non-TMB Disciplinary Actions**

The physician reported the following:
NONE

— **Physician Assistant Supervision**

[To obtain physician assistant \(PA\) information, click name](#)

NONE

 **Advanced Practice Nurse Delegation**

To obtain advanced practice registered nurse (APRN) information, click name

NONE

 **Summary of all Licenses**

Issue Date: 02/08/2008

Type: [M8674 Physician License](#)

Issue Date: 06/27/2005

Type: [BP10022055 Physician-in-Training Permit](#)