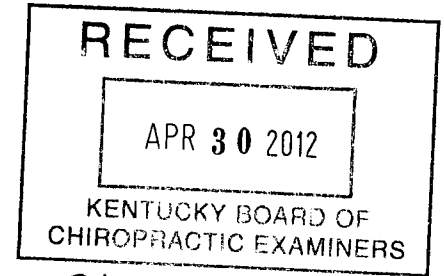


**COMMONWEALTH OF KENTUCKY  
KENTUCKY BOARD OF CHIROPRACTIC EXAMINERS**

**IN RE:           CHIROPRACTIC LICENSE # 4955  
                  HELD BY Kyle M. Wellington, D.C.**

Kyle M. Wellington, D.C.  
8740 Park Laureate Drive, #102  
Louisville, KY 40220



*P.A.# 100.-CHK# 603*

**AGREED ORDER**

***Parties***

**WHEREAS**, the parties to the Agreed Order herein are the Kentucky Board of Chiropractic Examiners, hereinafter referred to as the "Board," and Kyle M. Wellington D.C., hereinafter referred to as the "Respondent."

***Jurisdiction***

**WHEREAS**, the Board has jurisdiction over this matter pursuant to KRS Chapter 312 and the related administrative regulations.

***History***

**WHEREAS**, the Respondent failed to provide notice of a change in address and a change in name and address of the facility where the Respondent practices as required by KRS 312.145(4) and KRS 312.150(1)(j); and

**WHEREAS**, the parties mutually desire to settle the issue in an expeditious manner, without the need for a formal hearing.

***Terms of Agreement***

**THEREFORE, it is hereby agreed** between the undersigned parties that

this matter shall be settled and resolved upon the following terms:

1) The Respondent shall carefully review the Agreed Order herein and enters into this Agreed Order knowingly, willingly and voluntarily and after having reviewed the due process rights afforded to the respondent under KRS Chapter 312 and the accompanying regulations;

2) The Respondent, Kyle M. Wellington, D.C., accepts the reprimand of the Board for the above-stated violations. The Respondent agrees to act more diligently in the future to insure he complies with KRS Chapter 312 and the accompanying administrative regulations;

3) The Respondent, Kyle M. Wellington, D.C., shall pay a fine to the Board in the amount of five hundred dollars (\$500.00). The first payment of one hundred dollars (\$100) shall be forwarded to the Board with the signed Agreed Order. The remaining four hundred dollars (\$400) shall be probated for one year from the date of this Order as signified by the date of the Board President's signature. The Respondent shall pay the remaining four hundred dollars (\$400) of the fine if and only if he violates KRS 312 within the one year probationary period. Said fine shall be made payable to the "Kentucky Board of Chiropractic Examiners."

4) The original, executed Agreed Order and fine must be received in the office of the Board, *postmarked no later than **April 27, 2012.***

5) The Respondent acknowledges that he is ineligible for participation in any chiropractic preceptorship program for two (2) years pursuant to 201 KAR 21:085, Section 2(7); and

6) The Respondent, Kyle M. Wellington, D.C., agrees that the failure to comply with any of the terms and conditions of this Agreed Order may result in the Board setting the matter for an administrative hearing in accord with KRS Chapter 13B.

***Voluntary Waiver of Rights***

The Respondent, Kyle M. Wellington, D.C., has had the opportunity at all times to seek advice from competent counsel of choice. No coercion has been exerted upon the Respondent, nor have any promises been made other than those reflected in this Agreed Order.


***Publication of Settlement Agreement***

The Respondent acknowledges that, once adopted by the Board, this Agreed Order may be considered a public document, available for inspection at any time by any member of the public under the Kentucky Open Records Act, and may be reportable under federal law. This Agreed Order may at any time be published on the Board's website, [www.kbce.ky.gov](http://www.kbce.ky.gov).

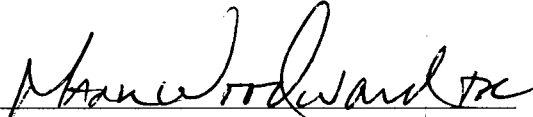
***Complete Agreement***

This Settlement Agreement consists of four (4) pages and embodies the entire agreement between the Kentucky Board of Chiropractic Examiners and Kyle M. Wellington, D.C.. It may not be altered, amended or modified without the express written consent of both parties.

***Have Seen, Understood and Approved:***

  
\_\_\_\_\_  
Kyle M. Wellington, D.C.  
License No. 4955  
Respondent

4-24-12  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
MARK WOODWARD, D.C.  
President  
Kentucky Board of Chiropractic  
Examiners

05-01-12  
\_\_\_\_\_  
Date


**Certificate of Service**

I hereby certify that a true and correct copy of the foregoing **Agreed Order** was mailed via U.S. mail, postage pre-paid to the following this 4<sup>th</sup> day of May, 2012:

Kyle M. Wellington, D.C.  
~~701 N Mulberry Street~~ 8740 Park Laureate Dr. #102  
~~Elizabethtown, KY 42701~~ Louisville, KY 40220  
Respondent

HON. MICHAEL WEST  
Office of the Attorney General  
700 Capitol Ave., Ste. 118  
Frankfort KY 40601  
Board Counsel

And the original shall be maintained by the Board

  
\_\_\_\_\_  
Karalee P. Oldenkamp, D.C.  
Board Administrator  
Kentucky Board of Chiropractic Examiners