

BOARD OF PROFESSIONAL
COUNSELORS & THERAPISTS
2011 JUN 28 P 2: 26
RECEIVED

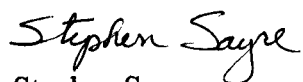
June 27, 2011

Lisa Jackson-Cherry, Ph.D., L.C.P.C., Chair
Board of Professional Counselors and Therapists
4201 Patterson Avenue
Baltimore, Maryland 21215

Dear Ms. Jackson-Cherry:

Enclosed are the two copies of my letter of surrender, signed and notarized.

Yours sincerely,


Stephen Sayre

Stephen Sayre, L.C.P.C.
706 Ronelle Street Apt. 20
St. Peter, MN 56082

BOARD OF PROFESSIONAL
COUNSELORS & THERAPISTS

Date: June 27, 2011

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Lisa Jackson-Cherry, Ph.D., L.C.P.C., Chair
Board of Professional Counselors and Therapists
4201 Patterson Avenue
Baltimore, Maryland 21215

Re: Surrender of License as a
Licensed Clinical Professional Counselor ("L.C.P.C.")
License Number: LC2335
Case Number: 2009-26

Dear Dr. Jackson-Cherry and Members of the Board:

Please be advised that I have decided to **SURRENDER** my license to practice as a licensed clinical professional counselor ("L.C.P.C.") in the State of Maryland, License Number LC2335. I understand that upon surrender of my license, I shall not practice licensed clinical professional counseling, or otherwise engage in the practice of licensed clinical professional counseling, as it is defined in the Maryland Professional Counselors and Therapists Act (the "Act"), Md. Health Occ. Code Ann. ("H.O.") §§ 17-101(l) (2009 & Supp. 2010) and other applicable laws. In other words, as of the effective date of this Letter of Surrender, I understand that the surrender of my license means that I am in the same position as an unlicensed individual.

I understand that the effective date of this Letter of Surrender is the date of the Board's acceptance and that upon the Board's acceptance this Letter of Surrender becomes a **FINAL ORDER** of the Board.

My decision to surrender my license to practice licensed clinical professional counseling in Maryland has been prompted by an investigation of my license and subsequent charges filed by the Board concerning allegations of the following:

1. I engaged in a prohibited **sexual** and **dual** relationship with a female client during the course of an established client-counselor relationship;
2. I fostered a mutual dependency between client and counselor, failing to recognize that I was exploiting the professional relationship for my own personal advantage;

3. I was aware that the client had a complex medical and psychiatric history which included:
 - a. a significant head trauma;
 - b. verbal and physical abuse leading to post traumatic stress disorder;
 - c. sexual abuse and exploitation;
 - d. a diagnosis of bipolar disorder;
 - e. clinical depression;
 - f. three (3) prior suicide attempts; and
 - g. drug and alcohol abuse/addiction.

4. Despite this awareness, I:
 - a. entered into a social and sexual relationship with the client;
 - b. allowed the client to stay at my home;
 - c. provided her transportation;
 - d. posted bail for her release from incarceration;
 - e. visited her while she was incarcerated;
 - f. paid for several meals which included alcohol;
 - g. gave the client gifts; and
 - h. paid for the client to enter into a substance abuse rehabilitation program.

I understand and admit my decision making was unethical and exemplified poor judgment and that my conduct is in violation of the following provisions of the Act, H.O. § 17-509(8) (violates the code of ethics adopted by the Board); (9) (knowingly violates any provision of this title); (11) (is professionally . . . incompetent); (13) (violates any rule or regulation adopted by the Board); (16) (commits an act of unprofessional conduct in the practice of clinical or nonclinical counseling or therapy).

I further understand and admit that my conduct is in violation of the following provisions of the Board's Code of Ethics, Code Md. Regs. ("COMAR") tit.10 §58.03.03 (professional competence); and tit.10§ 58.03.09 (prohibiting sexual relationships, sexual behavior, sexual exploitation and therapeutic deception)

I have decided to surrender my license to practice professional counseling in Maryland to avoid the prosecution of disciplinary charges. I acknowledge that if the Board were to proceed with an evidentiary hearing in this matter, the State would be able to prove the foregoing violations of the Act by a preponderance of the evidence. I acknowledge for all purposes relevant to clinical professional

counseling, that the allegations of fact contained in the Charges against me, will be treated as proven.

I wish to state clearly that I have voluntarily, knowingly, and freely chosen to submit this Letter of Surrender, have co-operated with the Board in its investigation of the allegations against me, and complied with the Board's requests. I understand that, by executing this Letter of Surrender, I am waiving the right to contest the allegations of fact in a formal evidentiary hearing at which I would have the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf and to all other substantive and procedural protections provided by law, including the right to appeal.

As I have indicated to the Board, I am presently residing in the State of Minnesota and do not hold a license to practice as a L.C.P.C. in Minnesota. I hereby affirm, that I have terminated the practice of licensed clinical professional counseling in the State of Maryland and at the present time, have no present or future intention of returning to the State of Maryland to practice as a L.C.P.C. I also affirm that during the period of surrender: (1) I will not practice, attempt to practice, or offer to practice licensed clinical professional counseling; (2) I will not otherwise engage professionally with clients by personally providing therapeutic services involving the application of counseling principles and methods in the diagnosis, prevention, treatment, and amelioration of psychological problems and emotional or mental conditions of individuals or groups; and (3) I will not provide supervision to or consult with any mental health professionals with respect to the clients' diagnoses and treatment. I acknowledge that on or before the effective date of this Letter of Surrender, if I have not already done so, I shall present to the Board my certification as a licensed clinical professional counselor, including any renewal certificates and wallet-sized cards.

I acknowledge that this Letter of Surrender is a **PUBLIC DOCUMENT** and that the Board will release this Letter of Surrender to any appropriate entity, including but not limited to the National Practitioner Data Bank ("NPDB"), regulating licensed clinical professional counselors, and in response to any inquiry, may inform that entity that I have voluntarily surrendered my license in lieu of further disciplinary action under the Act. I also understand that in the event that I would apply for licensure in any form in any other state or jurisdiction, that this Letter of Surrender may be released or published by the Board to the same extent as a final order pursuant to Md. State Gov't. Code Ann. §10-611 *et seq.* (2009 Repl. Vol & 2010 Supp.), and that this Letter of Surrender would be considered disciplinary action by the Board.

I affirm that as a condition of the Board's acceptance of this Letter of Surrender, I agree not to apply for or in any way seek reinstatement of my license, in Maryland, for at least **FIVE (5) YEARS** from the date of the acceptance of this Letter of Surrender by the Board. I further understand if at a future date subsequent to the five year period aforementioned, I file a written application for reinstatement, I will approach the Board in the same position as an individual whose license had been previously revoked by the Board, and that the Board will review my case and determine my fitness to have my license reinstated. In addition, I understand that the surrender of my license means that I am not eligible, for a minimum of five (5) years, to apply for licensure in any of the categories set out in the Professional Counselors and Therapists Act, or for certification as a licensed clinical professional counselor. Md. Health Occ. Code Ann. §§ 17-101 *et seq.*

I understand that the Board can deny such application based solely on the investigative facts underlying my violations of the Act as enumerated in this Letter of Surrender. I further understand and agree that the Board has sole discretion to accept or deny my petition for reinstatement of my license, and that the Board shall set forth prerequisite conditions for reinstatement. I also understand that that the Board may set probationary terms and conditions that shall apply to my receiving a reinstated license as a licensed clinical professional counselor. In addition, I understand that I bear the burden of demonstrating to the Board that I am competent to practice licensed clinical professional counseling safely and possess good moral character as specified in the Act, and determined by the Board.

I hereby further affirm that I currently have no clients for whom I provide mental health services, either as a L.C.P.C. or in any other capacity. I further affirm that I, at no time, maintained a private practice as a L.C.P.C. or in any other capacity as a mental health professional. Any and all clients' medical records kept in the ordinary course of my practice are in the possession and/or control of the mental health facility(s) that employed my services. The maintenance and storage of those records to ensure the preservation of the records' confidentiality, are the responsibility of the facility (s) and to the best of my knowledge, are being maintained in accordance with Md. Health Gen. Code Ann. § 4-403 (2009 Repl. Vol and 2010 Supp.).

I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason whatsoever. I understand the nature and effect of both the Board's actions and this Letter of Surrender fully. I acknowledge that I understand the language, meaning, terms, and effect of this Letter of Surrender.

I acknowledge that I had the opportunity to consult with an attorney before signing this Letter of Surrender and I make this decision knowingly and voluntarily and without any duress.

Sincerely,

Stephen Sayre

Stephen Sayre, L.C.P.C.

Read and approved:

Kathy Mancusi

Kathy Mancusi, Esquire
Attorney for Stephen Sayre, L.C.P.C.

NOTARY

STATE OF MN
CITY/COUNTY OF NICOLLET

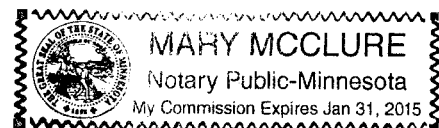
I HEREBY CERTIFY that on this 27th day of JUNE, 2011, before me, Mary McClure, a Notary Public of the State and City/County aforesaid, personally appeared Stephen Sayre and declared and affirmed under the penalties of perjury that signing the foregoing Letter of Surrender was his voluntary act and deed.

AS WITNESS my hand and notarial seal.

Mary McClure

Notary Public

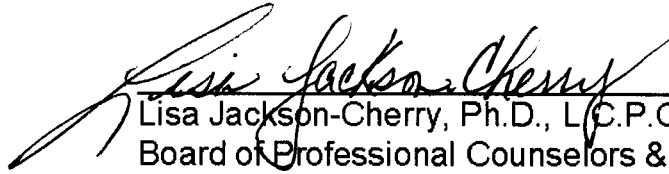
My Commission Expires: 1.31.15



ACCEPTANCE

**ON BEHALF OF THE BOARD OF PROFESSIONAL COUNSELORS
AND THERAPISTS**, on this 5th day of July, 2011, I accept
Stephen Sayre's public Letter of Surrender of his license to practice clinical
alcohol and drug counseling in the State of Maryland.

7/5/2011
Date



Lisa Jackson-Cherry, Ph.D., L.C.P.C., Chair
Board of Professional Counselors & Therapists