

Asya N. Peebles, 04367

Vanessa Hughes, COTA/L
Chairperson, Maryland Board of Occupational Therapy Practice
Spring Grove Hospital Center,
Bland Bryant Building, 4th Floor,
Baltimore, MD 21228

DEC - 2 - 2016

RE: Surrender of License to Practice as an Occupational Therapist
License Number 04367

Dear Ms. Hughes:

I agree to voluntarily surrender my license to practice as an occupational therapist ("OT") in the State of Maryland, license number 04367, to the Maryland Board of Occupational Therapy Practice (the "Board"). I understand that I may not engage in OT practice, with or without compensation, as it is defined in the Maryland Occupational Therapy Practice Act (the "Act"), Md. Code Ann., Health Occ. ("H.O.") § 10-101 *et seq.* and the Board's regulations, COMAR 10.46.01 *et seq.* In other words, as of the effective date of this Letter of Surrender, I understand that I am in the same position as an individual who is not licensed to practice as an occupational therapist. I understand that this Letter of Surrender shall become a **PUBLIC** document and shall become effective on the date of the Board's acceptance of this Letter of Surrender. I agree that this letter may be released or published by the Board as a final decision and order under the Public Information Act, Md. Code Ann., General Provisions §§ 4-101 *et seq.*

On or about December 18, 2015, the Board received a complaint alleging that I billed for OT services that were not actually provided. Specifically, the complaint alleged that I falsely documented provision of occupational therapy services from September 2015 through October 2015; Visitor and staff sign-in logs indicate that I was in the building two times, but billed for services six times. According to the complaint, as a result of these discrepancies, I resigned from my position as the itinerant OT for Prince George's County Public Schools. I understand that attached to the complaint were documents supporting these allegations and, as such, I understand that the Board believes it has sufficient information to charge my OT license with a violation of the Act, specifically H.O. § 10-315(10) ("Willfully makes or files a false report or record in the practice of occupational therapy or limited occupational therapy"). I understand that, if this matter proceeded to an evidentiary hearing before the Board, there likely is sufficient evidence to find and conclude as a matter of law that I violated H.O. § 10-315(10) and I understand that the Board could sanction my license accordingly. Thus, it is my desire to surrender my license to practice as an OT at this time.



LETTER OF SURRENDER


Asya N. Peebles, 04367

In executing this agreement to surrender my license to practice as an OT to the Board, I agree that I will not apply for reinstatement for a period of **TWO (2) YEARS** following the date of the Board's acceptance of this Letter of Surrender. I also agree that if, after a period of **TWO (2) YEARS**, I decide to apply for reinstatement as an OT in Maryland, I will approach the Board in the same posture as an unlicensed individual whose license has been revoked. In considering my application for reinstatement, the Board may review my entire Board file, including any information the Board receives after execution of this letter. I understand that it will be my burden, as an applicant for reinstatement, to demonstrate that I meet all of the Board's requirements for reinstatement of my license at the time I submit a reinstatement application. I understand that if the Board reinstates my license, it will be reinstated through the Board's disciplinary process and that my license will only be reinstated by the Board's issuance of a public order of reinstatement and that the Board may, in its discretion, place my reinstated license on probation subject to terms and conditions.

I wish to make it clear that I have voluntarily, knowingly, and freely chosen to submit this Letter of Surrender. I understand that, by executing this Letter of Surrender, I am waiving the right, now and in the future to any evidentiary hearing at which I would have the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf, to contest the facts summarized in the second paragraph of this Letter of Surrender and at which I would have the right to all other substantive and procedural protections provided by law, including the right to appeal.

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. Finally, I wish to make clear that I have had an opportunity to discuss this matter with legal counsel and I willingly, knowingly and voluntarily sign this letter of surrender.

Sincerely,



Asya N. Peebles

11/14/16

Date

LETTER OF SURRENDER

Asya N. Peebles, 04367

ACCEPTANCE

ON BEHALF OF THE MARYLAND BOARD OF OCCUPATIONAL THERAPY

PRACTICE, on this ~~14th~~ ^{20th} day of ~~November~~ ^{January}, 2016; I accept Asya N. Peebles's

public Letter of Surrender of her license to practice as an occupational therapist in the State of Maryland.

1/20/17
Date

Vanessa Hughes, COTA/OTA
Vanessa Hughes, Chairperson
Maryland Board of Occupational
Therapy Practice

NOTRIZATION

I HEREBY CERTIFY that on this 14 day of November 2016, before me, Notary Public of the State and City/County aforesaid, **Asya N. Peebles** personally appeared, and made oath in due form of law that signing the foregoing Letter of Surrender was the voluntary act and deed of **Asya N. Peebles**.

AS WITNESSETH my hand and notarial seal.

SEAL



Hilda Z. Marfizo
Notary Public

My Commission Expires: 12/02/2019