

Ogden Belt, D.D.S.
6 Stream Valley Garth
Owings Mills, Maryland 21117

Date: 8/8/2014

Maurice Sebastian Miles, D.D.S., President
Board of Dental Examiners
Spring Grove Hospital Center
Benjamin Rush Building
55 Wade Avenue
Baltimore, MD 21228

Dear Dr. Miles and Members of the Board,

Please be advised that effective immediately, I surrender my license to practice dentistry in the State of Maryland, License Number 5887. I understand that I may not practice dentistry or provide dental treatment to any individual, with or without compensation, or otherwise engage in the practice of dentistry as it is defined in the Maryland Dentistry Act (the "Act"), Md. Health Occ. Code Ann. § 4-101, *et seq.* In other words, as of today, I understand that the surrender of my license means that I am in the same position as an unlicensed individual.

I understand that this Letter of Surrender is a **PUBLIC DOCUMENT**.

My decision to surrender my license to practice dentistry in Maryland has been prompted by an investigation of my licensure by the Board. Based on information made available to the Board, it is alleged that I was inappropriately prescribing high doses of controlled dangerous substances in the names of individuals who were not my patients. It is further alleged that I was exchanging CDS prescriptions for cash or illicit drugs. Further investigation revealed that I was prescribing CDS and other medications for myself.

I acknowledge that based on the allegations against me the Office of the Attorney General could prove by a preponderance of the evidence at an administrative hearing that I violated the Maryland Dentistry Act.

I have decided to surrender my license to practice dentistry in order to avoid prosecutorial proceedings related to my violations of the Act. In addition, due to health problems, I have closed my practice and retired from the practice

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of dentistry. I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender for the reasons stated above and to avoid further proceedings and in order to resolve this matter.

I further recognize and agree that by agreeing to this Letter of Surrender that my license will remain surrendered for a period of a **minimum of FIVE YEARS**. In other words, I agree that I have no right to reapply for a license to practice dentistry in the State of Maryland prior to **FIVE YEARS** from the date that this Letter of Surrender is accepted by the Board.

I understand that if I apply for reinstatement, I bear the burden of demonstrating to the Board that I meet the criteria for licensure to practice dentistry under the Act and that I possess good moral character, as required under H.O. § 4-302(b). I understand that when applying for reinstatement, I approach the Board in the same posture as one whose license has been revoked based on the facts contained herein and that my application may be accepted or denied by the Board in its sole discretion.

I understand that by executing this Letter of Surrender I am waiving any right to contest any charges that may have resulted from the Board's investigation in a formal evidentiary hearing at which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf and all other substantive and procedural protections provided by law, including the right to appeal.

I acknowledge that within 10 days of the date of this Letter of Surrender, I shall present to the Board my Maryland dental license, including any renewal certificates and wallet-sized renewal cards.

I understand that the Board will advise the National Practitioner Data Bank, the Healthcare Integrity and Protection Databank, and any other entities to which the Board reports, of this Letter of Surrender, and in response to any inquiry, that I have surrendered my license in lieu of disciplinary action under the Act. I also understand that in the event I would apply for licensure in any form in any other state or jurisdiction, that this Letter of Surrender along with all underlying investigative documents may be released to the requesting governmental or licensing body.

I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason whatsoever. Finally, I wish to make clear that I have had the opportunity to consult with an attorney before signing this Letter of Surrender. I understand both the nature of the Board's actions and this Letter of Surrender fully. I acknowledge that I understand and comprehend the language, meaning and terms and effect of this Letter of Surrender. I acknowledge that I

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am competent to make this decision and I make this decision knowingly and voluntarily.

Sincerely,

A handwritten signature in cursive script that reads "Dr. Ogden Belt". The signature is written in black ink and is positioned to the right of the word "Sincerely,".

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NOTARY

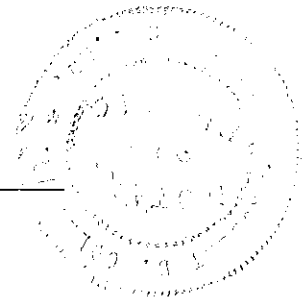
STATE OF MARYLAND
CITY/COUNTY OF BALTIMORE

I HEREBY CERTIFY that on this 8th day of AUGUST, 2014, before me, a Notary Public of the City/County aforesaid, personally appeared Ogden Belt, D.D.S., and declared and affirmed under the penalties of perjury that the signing of this Letter of Surrender was his voluntary act and deed.

AS WITNESS my hand and Notarial seal.



Notary Public



My commission expires: 09/16/2014

ACCEPTANCE

On behalf of the Maryland Board of Dental Examiners, this 11th day of August, 2014, I accept Ogden Belt, D.D.S.'s PUBLIC LETTER OF SURRENDER of his license to practice dentistry in the State of Maryland.



Maurice Sebastian Miles, D.D.S.
President
Board of Dental Examiners

cc: Tracee Orlove Fruman, Assistant Attorney General, Administrative Prosecutor