

Christina M. Cain, D.R.T.
320 Apple Drupe Way
Holly Springs, NC 27540

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Case Number: 2016-129
Certificate Number: 16982
Letter of Surrender
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This letter is based on my failure to comply with the terms of the Consent Agreement. I have not complied with the Board's service terms of this agreement. The order at issue is attached to this letter as exhibit one.

Date: Dec. 5 2017

Tony W. Torain, J.D., Executive Director
Maryland State Board Dental of Examiners
55 Wade Avenue/Tulip Drive
Catonsville, Maryland 21228

RECEIVED
DEC 11 2017
BOARD OF DENTAL EXAMINERS

RE: Surrender of D.R.T. Certificate
Certificate Number: 16982
Case Number: 2016-129

Dear Mr. Torain and Members of the Board:

Please be advised that I have decided to **SURRENDER** my certificate to practice dental radiation technology in the State of Maryland, Certificate Number 16982, effective immediately. I understand that upon surrender of my certificate, I may not practice dental radiation technology, with or without supervision and/or compensation, as it is defined in the Maryland Dental Practice Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ.") § 4-101 *et seq.* (2014 Repl. Vol.).

In addition, I will refrain from identifying myself as a practitioner of dental radiation technology; I will remove all signs or similar advertisements that indicate authority to practice dental radiation technology; and I will not use letterhead or business cards indicating authority to practice dental radiation technology.

As of the effective date of this Letter of Surrender, I understand that the surrender of my certificate means that I am in the same position as an unlicensed individual in the State of Maryland. I understand that this Letter of Surrender is a **PUBLIC** document and the Board of Dental Examiners' (the "Board's") acceptance becomes a **FINAL ORDER** of the Board.

My decision to surrender my certificate to practice dental radiation technology in the State of Maryland has been prompted by an investigation of my license by the Board and the Office of the Attorney General that would have resulted in charges that I violated Health Occ. § 4-505 and COMAR 10.44.19.11(A)(12)(fails to comply with a board order).

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This letter is based on my failure to comply with the terms of the Consent Agreement. I have not complied with pro bono service term of this agreement. The order at issue is attached to this letter as exhibit one.

I have decided to surrender my certificate to practice dental radiation technology in the State of Maryland to resolve this matter and to avoid prosecution of charges against me by the Board. I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender. I acknowledge that the Office of the Attorney General has legally sufficient evidence to prove by a preponderance of the evidence at an administrative hearing that I violated the Act under Health Occ. § 4-505 and COMAR 10.44.19.11(A)(12).

I understand that by executing this Letter of Surrender I am waiving any right to contest the charges 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 on or before the effective date of this Letter of Surrender, I shall present to the Board my Maryland dental radiation certificate, including any renewal certificates and wallet-sized renewal cards.

I understand that the Board will advise the National Practitioner's Data Bank, and the Health Care Integrity Data Bank, and any other required entities of this Letter of Surrender, and in response to any inquiry, will advise that I have surrendered my certificate in lieu of disciplinary action under the Act as a resolution of the matters pending against me. 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, and all underlying documents, may be released or published by the Board to the same extent as a Final Order that would result from disciplinary action pursuant to Md. Code Ann., Gen. Prov. § 4-101 *et seq.* (2014). Finally, I understand that this Letter of Surrender is considered a disciplinary action by the Board.

I further recognize and agree that by submitting this Letter of Surrender my certificate will remain surrendered for **FIVE (5) YEARS**.

I understand that after five years, if I apply for reinstatement or a new Maryland certificate, I bear the burden of demonstrating to the Board that I am professionally and mentally competent to practice dental radiation technology under the Act and that I

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possess good moral character, as required under the Dental Practice Act. I understand that when applying for reinstatement or new license, 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 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 been advised of my right to be represented by the attorney of my choice throughout proceedings before the Board, including the right to consult with an attorney prior to signing this Letter of Surrender. I have knowingly, willfully and intelligently waived my right to be represented by an attorney before signing this letter surrendering my certificate to practice dental radiation technology in Maryland. 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, terms and effect of this Letter of Surrender. I make this decision knowingly and voluntarily.

Sincerely,



Christina M. Cain, D.R.T.

NOTARY SEAL

STATE OF NORTH CAROLINA

CITY/COUNTY: Wake

I HEREBY CERTIFY that on this 5th day of December 2017, before me, a Notary Public of the State and City/County aforesaid personally appeared Christina M. Cain, and declared and affirmed under the penalties of perjury that signing the foregoing Letter of Surrender was her voluntary act and deed.

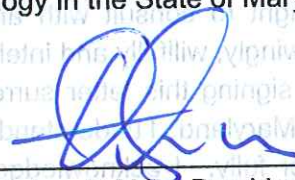


Jordan Crain
Notary Public

I understand and possess good moral character, as required under the Dental Practice Act. I understand that when applying for reinstatement or new license, I approach the Board in the same posture as one whose license has been surrendered. I am not aware of any facts contained herein and that my application may be accepted or denied by the Board in its sole discretion.

ACCEPTANCE

On behalf of the Maryland Board of Dental Examiners, on this 2 day of December, 2017, I accept Christina M. Cain's **PUBLIC SURRENDER** of her license to practice dental radiation technology in the State of Maryland.



Arthur C. Jee, D.M.D., President
Board of Dental Examiners


Christina M. Cain, D.R.T.

NOTARY SEAL

STATE OF NORTH CAROLINA

CITY/COUNTY: Wayne

I HEREBY CERTIFY that on this 2 day of December, 2017, before me, a Notary Public of the State and City/County aforesaid personally appeared Christina M. Cain, and declared and affirmed under the penalties of perjury that signing the foregoing letter of surrender was her voluntary act and deed.


Notary Public

