

THOMAS R. SHIPLEY
LETTER OF SURRENDER



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

4201 Patterson Avenue • Baltimore, Maryland 21215-2299

Parris N. Glendening, Governor - Georges C. Benjamin, M.D., Secretary

Board of Professional Counselors and Therapists

January 25, 2001

Mr. Thomas R. Shipley
24354 Bridgetown Road
Goldsboro, Maryland 21636

Dear Mr. Shipley:

RE: Surrender of Professional Counselors License
License Number: LCO541

Your letter to surrender your license to practice professional counseling in the State of Maryland was accepted by the Board of Professional Counselors and Therapists and signed by the Chairperson on Friday, January 19, 2001. Enclosed for your records is your copy of the Letter of Surrender.

Very truly yours,

Aileen Taylor
Executive Director

cc: Sherrai V. Hamm, Assistant Attorney General
George S. Lantzas, Esquire
Ellen Kuhn, Board Counsel



DEPARTMENT OF HEALTH AND MENTAL HYGIENE
STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS
4201 PATTERSON AVENUE • BALTIMORE, MARYLAND 21215-2299 • Area Code 410 • 764-4732

TTY FOR DEAF: Baltimore Area 383-7555
D.C. Metro Area 565-0451

State Board of Examiners of Professional Counselors and Therapists
Department of Health and Mental Hygiene
4201 Patterson Avenue,
Baltimore, Maryland 21215-2299

Re: Surrender of Professional Counselors License
Thomas R. Shipley, LCPC
License Number: LC0541

Dear Members of the Board of Examiners of Professional Counselors and Therapists:

To resolve the Board's pending investigation of my recent behavior and in lieu of incurring disciplinary action under the Maryland Professional Counselors and Therapists Act, Md. Code Ann., Health Occupations, §17-101 et seq., please be advised that I have decided to surrender my license to practice professional counseling in the State of Maryland. I understand that in so doing, I can no longer treat patients or practice professional counseling as set forth in the Annotated Code of Maryland, Health Occupations Article, Section 17-101 (n). In other words, as of the date I sign this Letter of Surrender, I understand that this 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. I understand that this Letter of Surrender will be sent to the federal Health Care Integrity and Protection Data Bank and to other state professional counselors and therapists licensing boards and I also understand that this Letter of Surrender may be released or published by the Board to the same extent as a final public order which could result from disciplinary action, pursuant to Md. State Gov't. Code Ann. §10-611 et seq. (1999 Repl. Vol.).

I have decided to surrender my license to avoid charges by the Board for acts committed by me in violation of the Maryland Professional Counselors and Therapists Act, Health Occupations Article, Section 17-313(6) (Is convicted of or pleads guilty or nolo contendere to a felony or a crime involving moral turpitude, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside). (See attached charges and the accompanying exhibits attached hereto and incorporated herein). While I do not admit to violating these provisions, I acknowledge that the Board possesses

sufficient evidence to find me in violation of these provisions. By virtue of this Letter of Surrender, I waive any right to contest charges that I have violated these provisions of the Act. I acknowledge that the Board has the right to revoke my license based upon the acts allegedly committed by me. 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 any right to contest these findings 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 to all other substantive and procedural protections provided by law, including the right to appeal.**

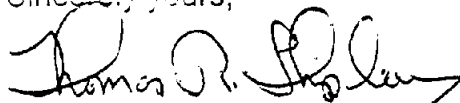
I further recognize and agree that by agreeing to this Letter of Surrender that my license will remain surrendered indefinitely for a period of no less than three (3) years from the date this Letter of Surrender is accepted by the Board. At the end of three (3) years, I understand and agree that I may petition the Board for reinstatement of my license, which petition may be accepted or denied by the Board at its sole discretion. I further understand and agree that the Board may set forth any prerequisite conditions for the reinstatement of my license and/or may set forth any probationary conditions on my license upon reinstatement. I further understand and agree that I carry the burden of proof to show that I am worthy of reinstatement.

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 given an opportunity to consult with an attorney of my choosing before signing this Letter of Surrender. I understand 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 make this decision knowingly and voluntarily.

I acknowledge that I have surrendered to the State Board of Examiners of Professional Counselors and Therapists the following items regarding License Number LC0541:

1. My wall certificate; and/or
2. My display license; and
3. My pocket license.

Sincerely yours,



Thomas R. Shipley, LCPC

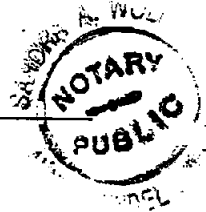
VERIFICATION

STATE OF Maryland
CITY/COUNTY OF Anne Arundel

I HEREBY CERTIFY that on this 9th day of January, 2001,
before me, a Notary Public of the State of and City/County aforesaid, personally
appeared Thomas R. Shipley, and declared and affirmed under the penalties of
perjury that signing the foregoing Letter of Surrender was his voluntary act and deed.

Danda A. Wolfe
Notary Public

My Commission Expires: 3/01/02



ON BEHALF OF THE STATE BOARD OF EXAMINERS OF PROFESSIONAL
COUNSELORS AND THERPISTS, on this 19th day of January,
2001, I accept Thomas R. Shipley's surrender of his license to practice professional
counseling in the State of Maryland.

Sharon E. Cheston
Sharon E. Cheston, Ed.D., LCPC
Chairperson
State Board of Examiners of Professional Counselors and Therapists

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LICENSURE, REGISTRATION, OR CERTIFICATION RENEWAL
THE MARYLAND STATE BOARD OF
EXAMINERS OF PROFESSIONAL COUNSELORS

THOMAS ARTHUR SHIPLEY

LICENSED CLINICAL PROFESSIONAL COUNSELOR
in accordance with the Health Occupations Article of the Annotated Code of Maryland

LIC. REG. CERT. NO. 180541
EXPIRATION DATE 12/31/2000

James C. Shipley
SIGNATURE OF BEARER
Walter L. Adams
SECRETARY D.H.M.H.

State of Maryland

The Board of Examiners of Professional Counselors



Certifies that

THOMAS R. SHIPLEY

has met all the requirements of the Maryland law and is hereby duly qualified to practice as a

Certified Professional Counselor

The law exists for the protection of the people of Maryland and it provides that the holder of this certificate shall continue his/her professional development and shall practice in accordance with the Maryland Professional Counselors Act.



Certificate No. 000288

Given under our hand and seal this 8th day of November, 1990

Solna Schenck

Chair

George Lussen, Ph.D.

Vice Chair