

IN THE MATTER OF	*	BEFORE THE MARYLAND STATE
GABRIELA ROMO, LCPC	*	BOARD OF PROFESSIONAL
Respondent	*	COUNSELORS AND THERAPISTS
License Number: LC6800	*	Case Number: 2020-100

* * * * *

CONSENT ORDER

On August 11, 2020, the Maryland State Board of Professional Counselors and Therapists (the “Board”) issued an “Order for Summary Suspension” which notified **GABRIELA ROMO, LCPC** (the “Respondent”) License Number: LC6800, that the Board had summarily suspended her LCPC license, pursuant to Md. Code Ann., State Gov’t § 10-226(c) (2014 Repl. Vol. & 2019 Supp.) and Md. Code Regs. (“COMAR”) 10.58.04.10, concluding that there is substantial likelihood that the Respondent poses a risk of harm to the public health, safety, or welfare. The Order for Summary Suspension also informed the Respondent that the Respondent had the opportunity to appear before the Board for a post-deprivation show cause hearing if the Respondent requested a show cause hearing within thirty days.

On August 11, 2020, the Board also issued the Respondent a “Notice of Intent to Revoke Licensure” which charged the Respondent with violating various provisions of the Maryland Professional Counselors and Therapists Act (the “Act”), codified at Md. Code Ann., Health Occ. §§ 17-101 *et seq.* (2014 Repl. Vol. and 2019 Supp.).

Specifically, the Board charged the Respondent with violating the following provisions of the Act:

§ 17-101. Definitions.

....

- (c)(2) "Appraisal" does not include instruments which require specialized psychological training for administration and interpretation unless the licensed counselor or therapist has completed the training required under § 17-310 of this title.

....

- (v) "Practice clinical professional counseling" means to engage professionally and for compensation in counseling and appraisal activities by providing 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.

§ 17-301. Required licensing by Board.

- (a) Except as otherwise provided in subsection (b) of this section, an individual may not practice, attempt to practice, or offer to practice clinical alcohol and drug counseling, clinical marriage and family therapy, clinical professional art therapy, or clinical professional counseling in the State unless licensed by the Board.

§ 17-509. Denial, probation, suspension or revocation of trainee status, license, or certificate.

Subject to the hearing provisions of § 17-511 of this subtitle, the Board, on the affirmative vote of a majority of its members then serving, may deny trainee status, a license, or a certificate to any applicant, place any trainee, licensee, or certificate holder on probation, reprimand any trainee, licensee, or certificate holder, or suspend, rescind, or revoke the status of any trainee, a license of any licensee, or a certificate of any certificate holder if the applicant, trainee, licensee, or certificate holder:

- (6) Willfully makes or files a false report or record in the practice of counseling or therapy;

- (7) Makes a willful misrepresentation while counseling or providing therapy;
- (8) Violates the code of ethics adopted by the Board;
- (9) Knowingly violates any provision of this title;
- (13) Violates any rule or regulation adopted by the Board;
- (16) Commits an act of immoral or unprofessional conduct in the practice of clinical or nonclinical counseling or therapy[.]

Pursuant to Health Occ. § 17-509(8) and (13), shown above, the Board also charged the Respondent with violating the following provisions of Md. Code Regs. (“COMAR”):

COMAR 10.58.03.03

A. A counselor shall:

- (1) Practice only within the boundaries of a counselor's competence, based on education, training, supervised experience, and professional credentials;

COMAR 10.58.03.04

A. A counselor shall:

.....

- (2) Take credit only for professional work actually performed;

.....

- (7) Maintain accurate records;
- (11) Be familiar with and adhere to this chapter;

.....

B. A counselor may not:

....

- (2) Participate in dishonest, fraudulent, or deceitful activity in the capacity of a counselor;

COMAR 10.58.03.07

A. Advertising.

....

- (3) A counselor may not place advertisements or make public statements that:

- (a) Contain false, fraudulent, misleading, deceptive, or unfair statements or information;

....

- (d) Misrepresent, either directly or by implication, a counselor's professional qualifications such as education, experience, or areas of competence;

....

- (f) Contain representations or implications that in reasonable probability can be expected to cause an ordinary prudent person to misunderstand or be deceived;

COMAR 10.58.11.03

....

B. Education and Training.

- (1) A licensee may engage in advanced assessment^[1] activities as defined in this chapter

¹ Pursuant to COMAR 10.58.11.02(B)(1), "Advanced assessment" means to use instruments that require specialized psychological training for administration and interpretation."

if the licensee has obtained a doctoral or master's degree in counseling or a related field that includes a minimum of nine graduate courses of at least 3 semester hours or 5 quarter credit hours in each of the following courses listed in § B(2)--(10) of this regulation.

....

- C. Supervision. In order to engage in advanced assessment activities as defined in this chapter, a licensee shall also complete 500 hours of supervised, direct, client-related, advanced assessment testing that is fulfilled in not less than 2 years and after the award of the master's degree, of which a minimum of 100 hours shall include face-to-face supervision by a supervisor who is proficient in the use of advanced assessment tests.

- E. Complaint. In the event the Board receives a complaint regarding a licensee's engagement in the practice of advanced assessment or the use of instruments that require specialized psychological training for administration and interpretation, a licensee shall demonstrate compliance with the education, supervision, and examination requirements set forth in this chapter.

On or about September 18, 2020, after requesting a hearing on the Order for Summary Suspension and the Notice of Intent to Revoke Licensure, the Respondent, represented by counsel, and the Administrative Prosecutor, attended a post-deprivation show cause hearing. The Respondent, her counsel, the Administrative Prosecutor, and representatives of the Board also attended a Case Resolution Conference ("CRC"). As a result of negotiations at the CRC, the parties agreed to the following Consent Order consisting of Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

The Board makes the following Findings of Fact:

I. BACKGROUND

1. At all times relevant, the Respondent was authorized to practice clinical professional counseling in the State of Maryland. The Respondent was originally certified to practice as an LCPC in the State of Maryland on December 11, 2015, under License Number LC6800.² The Respondent's license is scheduled to expire on July 31, 2021.

II. COMPLAINT

2. On or about May 6, 2020, the Board received a complaint filed by the Department of Homeland Security's U.S. Citizenship and Immigration Services ("USCIS") alleging that the Respondent falsely represented herself as a "Clinical Psychologist" on federal forms and on her website. The complaint further alleged that USCIS "has identified over a dozen [Form N-648, Medical Certification for Disability Exceptions ("N-648")³] that [the Respondent] is signing as a 'Clinical Psychologist.'" The complaint attached three N-648s as examples of the federal immigration forms completed by the Respondent.

3. After receiving the complaint, the Board initiated an investigation of the Respondent under Case Number 2020-100.

² On December 20, 2018, the Respondent also received Board approval to practice as a supervisor for licensed graduate professional counselors.

³ Form N-648 titled "Medical Certification for Disability Exceptions" is used for an applicant applying for U.S. citizenship that needs to request an exception to the English and civics testing requirements for naturalization because of physical or developmental disability or mental impairment.

III. BOARD INVESTIGATION

4. As part of its investigation, the Board obtained N-648s and other types of psychological evaluation reports completed by the Respondent. The Board also interviewed the Respondent.

5. At all times relevant, the Respondent owned and operated her own independent practice in Montgomery County, Maryland (the "Practice"). According to the website for the Practice, the services offered include clinical supervision, immigration assessments, and psychological therapy.

6. A review of the Practice's website revealed the Respondent refers to herself as "La Psicóloga de la Comunidad Hispana," which translates as "The Psychologist of the Hispanic Community."⁴ The Respondent's website also states that she offers "Migration Assessments" consisting of a "psychological evaluation for your immigration case of U-visa, T visa, cancellation of deportation, forgiveness (hardship waiver), VAWA and asylum."⁵

7. A review of three N-648s completed by the Respondent and subsequently submitted to USCIS revealed:

- a. The N-648 specifically instructed that "Only medical doctors, doctors of osteopathy, or clinical psychologists licensed to practice

⁴ This translation was provided by Google translation. The Respondent also confirmed this translation during her interview with the Board's investigator. *See infra* ¶ 12(h).

⁵ The version of the Respondent's website that is not translated by Google states that the Respondent offers "Evaluaciones para Migración" and states: "Hacemos la evaluación psicológica para tu caso migratorio de visa-U, visa T, cancelación de deportación, perdón (hardship waiver), VAWA y asilo."

in the United States . . . are authorized to certify the form.”
 (emphasis added)

- b. Each N-648 contained a “Medical Professional Information” section, as exhibited below in Figure A, where the Respondent *specifically* indicated that she was currently licensed as a “Clinical Psychologist” in the United States.

Figure A:⁶

Part 2. MEDICAL PROFESSIONAL INFORMATION				
Type or print clearly in black ink. If you need more space to complete an answer, use a separate sheet of paper. Type or print the applicant's name and Alien Registration Number (A-Number), at the top of each sheet of paper and indicate the part and number of the item to which the answer refers. You must sign and date each continuation sheet. You must answer and complete each question since USCIS will not accept an incomplete Form N-648. You may, but are not required to, attach to this completed form supportive medical diagnostic reports or records regarding the applicant.				
NOTE: Only medical doctors, doctors of osteopathy, or clinical psychologists licensed to practice in the United States (including the U.S. territories of Guam, Puerto Rico, and the Virgin Islands) are authorized to certify the form. While staff of the medical practice associated with the medical professional certifying the form may assist in its completion, the medical professional is responsible for the accuracy of the form's content.				
Last Name Romo	First Name Gabriela		Middle Name	
Business Address (Street Number and Name) REDACTED	City REDACTED	State or Province MD	Zip Code or Postal Code REDACTED	Telephone Number
License Number LC6800	Licensing State MD	E-Mail Address (if any) REDACTED		

1. Currently licensed as a (Check all that apply): Medical Doctor Doctor of Osteopathy Clinical Psychologist

- c. At the end of each N-648, the Respondent signed and certified under the penalties of perjury that the information she provided on these forms is true and correct.

8. A review of the N-648 for Client 1 also revealed:

- a. The Respondent signed and dated the N-648 on January 4, 2018.

⁶ In order to maintain confidentiality the sections for the Respondent’s business address, city, zip code, and e-mail address have been redacted.

- b. The Respondent listed Client 1's clinical diagnosis as persistent depressive disorder (Dysthymia), mild intellectual disability (intellectual developmental disorder), seizures, and rule out autism spectrum disorder.
 - c. The Respondent reported that she is not the medical professional regularly treating Client 1 for the clinical diagnoses. The line for an explanation as to why the Respondent was certifying the form instead of Client 1's regularly treating medical professional was left blank.
 - d. The Respondent listed the clinical methods she employed for her diagnoses as: "Beck Depression Inventory, second version (BDI-II)," "general practitioner assessment cognition (GPCOG),"⁷ and a "mental health status exam."
9. A review of the N-648 for Client 2 also revealed:
- a. The Respondent signed and dated the N-648 on June 18, 2018.
 - b. The Respondent listed Client 2's clinical diagnosis as mild neurocognitive disorder without behavioral disturbances.
 - c. She reported that she is not the medical professional regularly treating Client 2 for the clinical diagnosis. For an explanation as to why the Respondent was certifying the form instead of Client 2's

⁷ "The General Practitioner assessment of Cognition (GPCOG) is a screening tool for cognitive impairment. It has been designed for general practitioners, primary care physicians, and family doctors." gpcog.com.au

regularly treating medical professional, the Respondent listed “Client’s doctor was unable to fill out this form.”

- d. The Respondent listed the clinical methods she employed for her diagnoses as: a clinical assessment of Client 2, “[i]nterview to knowledgeable informant (son) about [Client 2’s] functioning,” “Mini-Cog,” “general practitioner assessment cognition (GPCOG),” “Memory Impairment Screen,” and “Diagnostic and Statistical Manual of Mental Disorders, version five.”

10. A review of the N-648 for Client 3 also revealed:

- a. The Respondent signed and dated the N-648 on May 13, 2019.
- b. The Respondent listed Client 3’s clinical diagnosis as unspecified major neurocognitive disorder.
- c. She reported that she is not the medical professional regularly treating Client 3 for the clinical diagnosis. For an explanation as to why the Respondent was certifying the form instead of Client 3’s regularly treating medical professional, the Respondent listed “Patient goes to El Salvador every year, where she sees her primary physician. Her physician is not familiar with the format, does not speak English, and does not have the capacity to fill out this form.”
- d. The Respondent listed the clinical methods she employed for her diagnoses as: a clinical assessment of Client 3, “[i]nterview to knowledgeable informant (daughter) about the patient’s

functioning,” “Mini-Cog,” “general practitioner assessment cognition (GPCOG),” “Memory Impairment Screen,” and “Diagnostic and Statistical Manual of Mental Disorders, version five.”

11. The Respondent also submitted reports to USCIS for seven additional patients, all of which the Respondent labeled as “Psychological Evaluation.” A review of these seven “psychological evaluations” revealed the following:

- a. The “Psychological Evaluation” for Client 4 is dated October 23, 2019, and reveals that as part of her evaluation, the Respondent listed the procedures performed as a clinical interview with Client 4, a “Generalized Anxiety Disorder 7-items (GAD-7) scale,” and a “Mental Health Evaluation based on Diagnostic Manual and Statistics for Mental Disorders, Version V (DSM-V).” The report concludes by diagnosing Client 4 with: Generalized Anxiety Disorder, Unspecified Trauma-and Stressor-Related Disorder, a history of childhood neglect, and problems related to the spouse’s immigration situation.
- b. The “Psychological Evaluation” for Client 5 is dated April 9, 2016, and reveals that as part of her evaluation, the Respondent listed the procedures performed as a clinical interview with Client 5, a “Beck Anxiety Inventory-II (BAI-II),” and a “Mental Health Evaluation based on Diagnostic Manual and Statistics for Mental Disorders,

Version V (DSM-V).” The report concludes by diagnosing Client 5 with: General Anxiety Disorder and problems related to the spouse’s immigration situation.

- c. The “Psychological Evaluation” for Client 6 is dated May 9, 2019, and reveals that as part of her evaluation, the Respondent listed the procedures performed as a clinical interview with Client 6, a “Generalized Anxiety Disorder 7-items (GAD-7) scale,” “[m]edical records of [Client 6’s spouse],” and a “Mental Health Evaluation based on Diagnostic Manual and Statistics for Mental Disorders, Version V (DSM-V).” The report concludes by diagnosing Client 6 with: Separation Anxiety Disorder, Adjustment Disorder with mixed anxiety and depressed mood, other history of psychological trauma, and problems related to the spouse’s immigration circumstances.
- d. The “Psychological Evaluation” for Client 7 is dated July 4, 2018, and reveals that as part of her evaluation, the Respondent listed the procedures performed as a clinical interview with Client 7, a “Mood Disorder Questionnaire (MDQ),” “Bipolar Spectrum Diagnostic Scale (BSDS),” and a “Mental Health Evaluation based on Diagnostic Manual and Statistics for Mental Disorders, Version V (DSM-V).” The report concludes by diagnosing Client 7 with: Bipolar II Disorder, history of self-harm, other history of psychological trauma, history of childhood sexual abuse, history of

childhood physical abuse, history of childhood neglect, history of spouse or partner physical violence, history of spouse or partner psychological violence, and problems related to the spouse's immigration situation.

- e. The "Psychological Evaluation" for Client 8 is dated October 1, 2018, and reveals that as part of her evaluation, the Respondent listed the procedures performed as a clinical interview with Client 8, a "Beck Depression Inventory, second version (BDI-II)," "Beck Anxiety Inventory, second version (BAI-II)," and a "Mental Health Evaluation based on Diagnostic Manual and Statistics for Mental Disorders, Version V (DSM-V)." The report concludes by diagnosing Client 8 with: persistent depressive disorder with intermittent major depressive episodes, panic disorder, and problems related to the spouse's immigration situation.
- f. The "Psychological Evaluation" for Client 9 is dated November 10, 2017, and reveals that as part of her evaluation, the Respondent listed the procedures performed as a clinical interview with Client 9, a "Beck Depression Inventory, second version (BDI-II)," "PTSD Checklist for DSM-5 (PCL-5 with Criterion A)," and a "Mental Health Evaluation based on Diagnostic Manual and Statistics for Mental Disorders, Version V (DSM-V)." The report concludes by diagnosing Client 9 with: posttraumatic stress disorder, adjustment

disorder mixed anxiety and depressed mood, history of childhood neglect, history of childhood physical abuse, history of childhood psychological abuse, history of spouse physical violence, history of spouse psychological violence, history of spouse sexual violence, and problems related to the spouse's immigration situation.

- g. The "Psychological Evaluation" for Client 10 is dated December 19, 2017, and reveals that as part of her evaluation, the Respondent listed the procedures performed as a clinical interview with Client 10, a "Beck Depression Inventory, second version (BDI-II)," "Beck Anxiety Inventory, second version (BAI-II)," and a "Mental Health Evaluation based on Diagnostic Manual and Statistics for Mental Disorders, Version V (DSM-V)." The report concludes by diagnosing Client 10 with: moderate recurrent Major Depressive Disorder, situational phobia, panic disorder, and problems related to the spouse's immigration situation.

12. On June 15, 2020, the Board's investigator interviewed the Respondent under oath, at which time, the Respondent stated the following:

- a. She admitted that as part of her Practice she has completed "hundreds" of psychological evaluations for immigration cases over "the past four or three years" and has also completed a few N-648 forms for "a couple of years."

- b. When asked specifically about the N-648 forms she has completed, she admitted that she checked the box as a “Clinical Psychologist” and admitted that she does not meet the criteria of persons listed on the form as authorized to certify the form. She explained that she checked the box as a “Clinical Psychologist” “because it’s the closest term that I could find.”
- c. She admitted that she is an LCPC in Maryland, but is not licensed in any other profession, is not a clinical psychologist, and is not licensed in any other state, jurisdiction, or country.
- d. Her educational background includes: a bachelor’s degree in communications, a master’s degree in developmental studies, a postgraduate certificate in psychodynamic counseling, and a master’s degree in mental health counseling.
- e. She further admitted that she believes psychological evaluations are within the scope of practice of an LCPC.
- f. She stated that typically, when a client comes to see her at the Practice for a psychological evaluation for an immigration case, she does a clinical interview with the client and administers tests, some of which include the Beck Depression Inventory Second Version, PTSD Checklist with Criteria A, Generalized Anxiety Disorder Scale 7, and Beck Anxiety Disorder Second Version. Afterwards she writes a “report” based on the “psychological evaluations” she does.

- g. She further clarified that she does not send documents directly to USCIS, but rather she sends the reports to the client's immigration lawyer or directly to the client, and then the client and/or the lawyer decides whether they want to submit her documents to USCIS.
- h. When asked to translate the official website for the Practice she said it says "La Psicóloga de la Comunidad Hispana," which is "like the psychologist of the -- or, like the mental -- the counselor of the Hispanic community, expert on migration and trauma. . . . It's psychotherapy treatment, basically. . . . And then it says I do psychological evaluations for your immigration case, U visa, T visa, cancellation of removal, hardship waiver, VAWA, and asylum."
- i. When specifically asked to translate "psicóloga" she stated that "it could be psychotherapy, psychologist, [or] mental health counselor." She further stated that "consejero" translates to "counselor" which "is more like a person who gives advice." She explained that her clients use an umbrella term for different mental health professions and that the use of "psicóloga" is a "cultural thing." The profession of an LCPC "is more just like the broad term of a psychologist."

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes as a matter of law that the Respondent's conduct as described above constitutes violations of the Act and a

basis on which to discipline the Respondent's license to practice as a Licensed Clinical Professional Counselor. Specifically:

The Respondent's conduct, as set forth above, including but not limited to, fraudulently misrepresenting herself as a "Clinical Psychologist" on N-648 Forms, constitutes: willfully making or filing a false report or record in the practice of counseling or therapy in violation of Health Occ. § 17-509(6); making a willful misrepresentation while counseling or providing therapy in violation of Health Occ. § 17-509(7); violating the code of ethics adopted by the Board, *i.e.* COMAR 10.58.03.04(A)(7), (A)(11), and (B)(2) in violation of Health Occ. § 17-509(8); knowingly violating any provision of this title in violation of Health Occ. § 17-509(9); violating any rule or regulation adopted by the Board *i.e.* COMAR 10.58.03.04(A)(7), (A)(11), and (B)(2) in violation of Health Occ. § 17-509(13); and committing an act of immoral or unprofessional conduct in the practice of clinical or nonclinical counseling or therapy in violation of Health Occ. § 17-509(16).

The Respondent's conduct, as set forth above, including but not limited to, falsely representing, as well as, practicing outside the scope of an LCPC by offering, representing in reports provided to clients and to USCIS, or advertising, that she conducts advanced assessments and/or psychological evaluations without the requisite qualifications and/or only including client interviews and self-report tests in the reports she was purporting to be "psychological evaluations" constitutes: willfully making or filing a false report or record in the practice of counseling or therapy in violation of Health Occ. § 17-509(6); making a willful misrepresentation while counseling or

providing therapy in violation of Health Occ. § 17-509(7); violating the code of ethics adopted by the Board, *i.e.* COMAR 10.58.03.03(A)(1), COMAR 10.58.03.04(A)(2), (A)(7), (A)(11), and (B)(2), COMAR 10.58.03.07(A)(3)(a), (A)(3)(d) and (A)(3)(f) in violation of Health Occ. §17-509(8); knowingly violating any provision of this title in violation of Health Occ. § 17-509(9); violating any rule or regulation adopted by the Board *i.e.* Health Occ. § 17-101(c)(2) and (v), Health Occ. § 17-301(a), COMAR 10.58.03.03(A)(1), COMAR 10.58.03.04(A)(2), (A)(7), (A)(11), and (B)(2), COMAR 10.58.03.07(A)(3)(a), (A)(3)(d) and (A)(3)(f), COMAR 10.58.11.03(B)(1), (C), (E) in violation of Health Occ. § 17-509(13); and committing an act of immoral or unprofessional conduct in the practice of clinical or nonclinical counseling or therapy in violation of Health Occ. § 17-509(16).

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, it is this 16th day of October, 2020, by a majority of the quorum of the Board considering this case hereby:

ORDERED that the Respondent's license to practice as a Licensed Clinical Professional Counselor is hereby **SUSPENDED** for **ONE (1) YEAR** with **NINE (9) MONTHS STAYED**; and it is further

ORDERED that the suspension shall begin on the date the Board signs the Consent Order; and it is further

ORDERED that the Respondent shall not apply for early termination of suspension; and it is further

ORDERED that after the minimum period of suspension, and if the Respondent has fully and satisfactorily complied with all terms and conditions for the suspension, the Respondent may submit a written petition to the Board for termination of the suspension. After determination that the Respondent has complied with this Consent Order, and if there are no complaints of a similar nature, the Board may administratively terminate the Respondent's suspension through an order of the Board; and it is further

ORDERED that the Respondent shall pay a **FINE** in the amount of one thousand and five hundred dollars (**\$1,500**) by certified check or money order to the Maryland Board of Professional Counselors and Therapists; and it is further

ORDERED that upon termination of the suspension, the Respondent is placed on **PROBATION** for a minimum period of **THREE (3) YEARS**, and continuing until the Respondent has successfully completed the following probationary conditions:

1. The Respondent shall work with a certified healthcare translator to review, develop and update any and all pre-existing client forms, documentation, and advertising materials the Respondent currently uses or that the Respondent plans to use in her practice, including but not limited to, the Respondent's website and any materials provided to clients and/or prospective clients;
2. The Respondent shall enroll in and successfully complete an ethics course, approved in advance by the Board;

3. No part of the training or education that the Respondent receives in order to comply with the Consent Order may be applied to her continuing education credits required for certification/licensure;
4. The Respondent shall obtain a Board approved supervisor at her own expense.;
5. Prior to signing a supervision agreement with any Board-approved supervisor, the Respondent shall present a complete copy of the Consent Order to the prospective supervisor;
6. The Respondent shall authorize the Board to provide the Supervisor with this Consent Order and all of the relevant documents in the investigative file, including the Investigative Report and its attachments;
7. The Supervisor shall review any and all client forms, documentation, and advertising materials the Respondent developed with the certified translator, including but not limited to the advertising materials the Respondent currently uses or plans to use in her practice, the Respondent's website, and any materials provided to clients and/or prospective clients;
8. The Supervisor shall submit **written reports** to the Board **every six (6) months** for the entire duration of the probation period detailing the supervision provided and evaluating the Respondent's practice and the Respondent's advertising materials;
9. The Respondent shall have sole responsibility for ensuring that the Supervisor submits the required reports to the Board in a timely manner;

10. A negative report from the Supervisor or any failure to comply with the Supervisor's recommendations shall be deemed a violation of probation or of this Consent Order;
11. In the event that the Respondent's supervisor discontinues supervising the Respondent's practice for any reason during the probationary period, the Respondent shall immediately notify the Board. The Respondent shall be solely responsible for submitting a request for a Board-approved replacement;
12. The Respondent shall, at all times, comply with the Act and all applicable laws, statutes and regulations;
13. The Respondent shall at all times cooperate with the Board, any of its agents or employees, and with the Board-assigned investigator, in the monitoring, supervision, and investigation of the Respondent's compliance with the terms and conditions of the Consent Order;
14. After a minimum of three (3) years of probation, the Respondent may submit a written petition to the Board for termination of the probation. After consideration of the petition, the probation may be terminated through an order of the Board. The Board at its discretion may grant termination if the Respondent has fully and satisfactorily complied with all the terms and conditions of the Consent Order, there are no pending investigations or complaints against the Respondent, the Supervisor

recommends termination of probation, and the Board deems termination of probation appropriate;


15. If the Respondent fails to make any such petition, then the probationary period status may continue indefinitely, subject to the conditions set forth in this Order;
16. If the Board determines that the terms or conditions of this Order have not been successfully completed, the Board may modify the terms and conditions of Respondent's probation, upon notice to the Respondent;
17. If the Respondent allegedly fails to comply with any term or condition of the Consent Order, the Respondent shall be given notice and an opportunity for a hearing. If, in its sole discretion, the Board determines that there is a genuine dispute as to a material fact, the hearing shall be an evidentiary hearing before the Board. If there is no genuine dispute as to a material fact, the Respondent shall be given a show cause hearing before the Board;
18. After the appropriate hearing, if the Board determines that the Respondent has failed to comply with any term or condition of the Consent Order, the Board may reprimand the Respondent, place the Respondent on probation with appropriate terms and conditions, or suspend or revoke the Respondent's license to practice as a clinical professional counselor in Maryland. The Board may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine upon the Respondent; and it is further

ORDERED that the Respondent shall be responsible for all costs incurred under the terms and conditions of the Consent Order; and it is further

ORDERED that the effective date of this Order is the date that it is signed by the Board; and it is further

ORDERED that this Consent Order is a Final Order and as such is a **PUBLIC RECORD** pursuant to Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.* (2014).

October 16, 2020
Date



Jeffrey M. Galecki, MS, LCADC, LCPC
Board Chair
Maryland State Board of Professional
Counselors and Therapists

CONSENT

I, Gabriela Romo, LCPC, License Number: LC6800, by affixing my signature hereto, acknowledge that:

1. I am represented by counsel, Cory Silkman, Esquire, and I have consulted with counsel in this matter. I have knowingly and voluntarily agreed to enter into this Consent Order. By this Consent and for the purpose of resolving the issues raised by the Board, I agree and accept to be bound by the foregoing Consent Order and its conditions.
2. I am aware that I am entitled to a formal evidentiary hearing, pursuant to Md. Code Ann., Health Occ. § 17-511 (2014 Repl. Vol. and 2019 Supp.) and Md. Code Ann., State Gov't, §§ 10-201 *et seq.* (2014 Repl. Vol. and 2019 Supp.).
3. I acknowledge the validity and enforceability of this Consent Order as if entered into after the conclusion of a formal evidentiary hearing in 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 as provided by law. I am waiving those procedural and substantive protections.
4. I voluntarily enter into and agree to abide by the terms and conditions set forth herein as a resolution of the Order for Summary Suspension and the Notice of Intent to Revoke Licensure against me. I waive any right to contest the Findings of Fact and Conclusions of Law, and I waive my right to a full evidentiary hearing, as set forth above, and any right to appeal this Consent

Order or any adverse ruling of the Board that might have followed any such hearing.

5. I acknowledge that by failing to abide by the conditions set forth in this Consent Order, I may be subject to further disciplinary actions.
6. I sign this Consent Order voluntarily, without reservation, and I fully understand and comprehend the language, meaning and terms of this Consent Order.

09/30/2020
Date



Gabriela Romo, LCPC

NOTARY

STATE OF Maryland

CITY/COUNTY OF Montgomery

I HEREBY CERTIFY that on this 30 day of September, 2020, before me, a Notary Public of the State and City/County aforesaid, personally appeared Gabriela Romo, LCPC, License Number: LC6800, and gave oath in due form of law that the foregoing Consent Order was her voluntary act and deed.

AS WITNESS, my hand and Notary Seal.

DK

Notary Public

My Commission Expires: May 1, 2023

