

**VOLUNTARY SURRENDER  
ELLA K. HAMBRIC, O.T.A.**

Wanda R. Banks, M.A., OTR/L, Chair  
Maryland State Board of Occupational Therapy Practice  
Spring Grove Hospital Center  
Tuerk Building, 2<sup>nd</sup> Floor  
55 Wade Avenue  
Baltimore, Maryland 21228

Re: **Ella K. Hambric, O.T.A., A02073**  
**Voluntary Surrender of Occupational Therapy Assistant License**

Dear Ms. Banks,

I agree to voluntarily surrender my license to practice as an occupational therapy assistant ("OTA"), License Number A02073, in the State of Maryland. By voluntarily surrendering my Maryland OTA license, I understand that I may not engage in the practice as an OTA, with or without compensation, as defined in the Maryland Occupational Therapy Practice Act ("the Act"), Md. Code Ann., Health Occ. §§ 10-101 *et seq.* (2014 Repl. Vol. & 2018 Supp.) and the Board's regulations, Code of Maryland Regulations ("COMAR") 10.46.01 *et seq.*

My practice was brought to the attention of the Maryland Board of Occupational Therapy Practice ("the Board") as follows:

On May 18, 2018, the Board received a complaint from the Office of the State's Attorney's for Carroll County, Maryland regarding incidents related to my practice as an OTA. In 2018, a few months after I had finished providing occupational therapy to a patient ("Patient") in her home, I began making social visits to the Patient at her home. On or about April 10, 2018, a camera set up in the Patient's kitchen recorded me entering the Patient's kitchen, removing medications from the Patient's medication container, and placing the medication in my pockets. I admitted to the police and to the Board's Investigator that I had been taking the Patient's oxycodone tablets each time I visited the Patient. On or about September 12, 2018, in a Maryland Circuit Court, I pleaded Not Guilty with Agreed Statement of Facts to Obtaining Property of a Vulnerable Adult, and received a disposition of Probation Before Judgment. I admitted to the Board's Investigator that I had a history of substance abuse but was currently undergoing treatment.

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Voluntary Surrender of Occupational Therapy Assistant License

On August 13, 2019, the Board issued a Notice of Charges and CRC (the "Charges"), charging my OTA license with violations under Health Occ. § 10-315 (3) "Commits any act of gross negligence, incompetence, or misconduct in the practice of occupational therapy"; (4) "Knowingly violates any provision of this title"; (5) "Violates any rule or regulation of the Board, including any code of ethics adopted by the Board"; (9) "Is...disciplined by a court or any state or country for an act that would be grounds for disciplinary action"; and, COMAR 10.46.02.01 (A) "The licensee shall... (3) Show respect for the client's rights...; and (C) The licensee may not: (1) Engage in cruel, inhumane, or degrading practice in the treatment of the client."

In lieu of proceeding to an evidentiary hearing, I agree to voluntarily surrender my OTA license in order to work on my sobriety and pursue other fields of employment. I agree that the Board has enough evidence to prove by a preponderance of the evidence the above violations cited in the Charges issued on August 13, 2019, and may sanction my OTA license accordingly, pursuant to Health Occ. § 10-315 and COMAR 10.46.07. I understand that, by executing this Voluntary 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, and to contest the facts summarized in this Voluntary 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 agree not to apply for reinstatement before **FIVE YEARS** following the date the Board accepts this Voluntary Surrender and that if I decide to apply for reinstatement as an OTA in Maryland, I will approach the Board in the same posture as one whose OTA has been revoked. In considering my application for reinstatement of my OTA license, the Board may review my entire Board file, including any information the Board receives after the execution of this Voluntary Surrender. I also understand that in considering any future application for reinstatement of my OTA license, the Board may require me to undergo medical, psychological, and/or psychiatric evaluations, and drug and alcohol testing to determine my fitness to have my OTA license reinstated. It will be my burden, as an applicant for reinstatement, to demonstrate that I meet the Board's requirement for licensure. I understand that if the Board reinstates my OTA 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 understand that this Voluntary Surrender shall become a **PUBLIC RECORD** and shall become effective on the date of the Board's acceptance of the Voluntary Surrender. I agree that this Voluntary Surrender may be released or published by the Board as a final decision and order, under the Public Information Act, Md. Code Ann., Gen. Prov. §§ 4-333 *et seq.* (2014). I expressly consent to the publication of this Voluntary Surrender, including any and all information that is protected from disclosure under federal and state law.

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HAMBRIC, Ella K., A02073

Voluntary Surrender of Occupational Therapy Assistant License

I acknowledge that I may not rescind this Voluntary Surrender in part or in its entirety for any reason whatsoever. I have been given an opportunity to consult with an attorney before signing this Voluntary Surrender of my OTA license in Maryland. I fully understand the nature of the violations against my OTA license and fully understand the terms of this Voluntary Surrender. I have voluntarily, knowingly and freely chosen to submit this Voluntary Surrender.

Sincerely,

Ella K. Hambric  
Ella K. Hambric

11/22/19  
Date

NOTARIZATION

STATE OF MARYLAND

COUNTY/CITY OF BALTIMORE

I HEREBY CERTIFY that on this 22 day of NOVEMBER, 2019, before me, a Notary Public of the State of MARYLAND of the County/City afore-said, personally appeared **ELLA K. HAMBRIC** and declared and affirmed under penalties of perjury that signing the foregoing Voluntary Surrender was her voluntary act and deed.

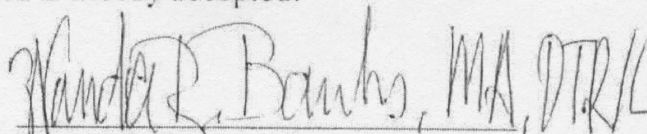
Flore A Krou Bile  
Notary Public

My commission expires: 12-31-2022.

FLORE A KROU BILE  
NOTARY PUBLIC  
BALTIMORE COUNTY  
MARYLAND  
My Commission Expires 12-31-2022

ACCEPTANCE

ON BEHALF OF THE MARYLAND BOARD OF OCCUPATIONAL THERAPY PRACTICE, on this 5<sup>th</sup> day of December, 2019, ELLA K. HAMBRIC'S VOLUNTARY SURRENDER of her Occupational Therapy Assistant License, License Number A02073, in the State of Maryland is hereby accepted.



Wanda R. Banks, M.A., OTR/L

Chair

Maryland State Board of Occupational Therapy Practice