

David S. Kung, D.D.S.
5454 Wisconsin Avenue
Suite 635
Chevy Chase, MD 20815

April 16, 2021

James P. Goldsmith, D.M.D., President
Maryland State Board of Dental Examiners
55 Wade Avenue / Tulip Drive
Catonsville, Maryland 21613

Re: Surrender of License
License No. 14464
Case No. 2016-055

Dear Dr. Goldsmith:

I write to confirm that I surrender my license to practice dentistry in the State of Maryland, license number 14464, with the condition that I may not apply for reinstatement within two years of the Board's acceptance of this Letter of Surrender, effective immediately upon the date upon which the Board President executes this letter. I will not represent myself to the public by title, description of services, methods, procedures, or otherwise that I am licensed to practice dentistry in Maryland, and I will not practice dentistry in the State of Maryland as it is defined in the Maryland Dentistry Act (the "Act"), Md. Health Occ. Code Ann. §§ 4-101, et seq. (2021) without prejudice to my ability to practice medicine under my medical license. I understand that the surrender of my license to practice dentistry means that I am in the same position as an individual in the state of Maryland who is unlicensed to practice dentistry and until my license is reinstated by the Board.

I understand that this Letter of Surrender is a public document and, upon the Board's acceptance, will become a final order of the Maryland State Board of Dental Examiners.

I acknowledge that the Board has initiated an investigation of my practice with respect to an event which occurred on or about June 2, 2014 and has initiated charges under the Maryland Dentistry Act as of September 30, 2020 in the above-referenced case. (See attached Charges). I understand that if the matter was to proceed to an evidentiary hearing, the Board believes that the State would be able to prove by the applicable standards those charges set forth in the above-referenced case. I also understand that if this matter were to proceed to an evidentiary hearing, I would be prepared to present evidence and fact and expert witnesses in my defense. Nonetheless, for personal reasons and to avoid the costs and expenses of presenting a defense to this matter, I have decided to voluntarily surrender my license to practice dentistry in the State of Maryland with the condition that I may not apply for reinstatement within two years of the effective date of this Letter of Surrender.

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I am voluntarily, knowingly and freely submitting this letter of surrender. I understand that by submitting this letter of surrender, I am waiving my right to contest the charges in the above-referenced matter, and I am waiving my right to have counsel present at an evidentiary hearing, to confront witnesses, to provide testimony on my own behalf, to call witnesses including expert witnesses as referenced above, and I waive all other substantive and procedural protections afforded to me by law, including the right of appeal.

I acknowledge that upon the execution of this letter of surrender, I shall surrender to the Board any indicia of Maryland dentistry license that is in my possession, including my Maryland dental license, No. 14464, any wall certificate, renewal certificates and wallet-sized renewal cards. I understand that the Board will advise the National Practitioners Data Bank of this letter of surrender and in any response to inquiry, that I have surrendered my license in lieu of further proceedings with respect to the Statement of Charges referenced above as resolution of the matters pending against me. I also understand that in the event I should apply for licensure in any form in any other state or jurisdiction, 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. Health Occ. Code Ann. §§ 4-101, et seq. (Repl. Vol. 2014 & 2020 Supp.).

I further recognize and agree that by submitting this letter of surrender, my license to practice dentistry in the state of Maryland will remain surrendered with the condition that I may not apply for reinstatement within two years of the effective date of this Letter of Surrender and until such time as I shall apply for reinstatement of licensure and the Board approves and accepts such application and reinstates my license to practice dentistry in the State of Maryland. I understand that in the event I apply for reinstatement of my license to practice dentistry in the State of Maryland after two years from the date of execution of this letter, the Board may reinstate my license to practice dentistry in the State of Maryland in its discretion. I further recognize and agree that I shall not submit -- and the Board shall not grant -- any application for a permit to administer anesthesia (*See* COMAR 10.44.12) for a period of at least three years from the effective date of this letter.

I acknowledge that I may not rescind this letter of surrender in part or in whole for any reason whatsoever. I understand the nature and the effect of this letter of surrender and the Board's action upon this letter fully. I acknowledge that I understand the language, meaning, terms and effects of this letter of surrender. I acknowledge that I had the opportunity to consult with counsel before signing this letter of surrender and I have made the decision to sign this letter of surrender knowingly and voluntarily and without duress.

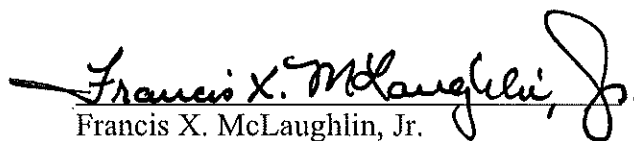
Very truly yours,


David S. Kung, D.D.S.

My Commission expires: 3/06/2022
Sharon L. Brenner
Sharon L. Brenner

ACCEPTANCE

On behalf of the Board, on this 23rd day of April, 2021, I,
Francis X. McLaughlin, Jr., accept the **PUBLIC SURRENDER** of David S. Kung,
D.D.S.'s license to practice dentistry in the State of Maryland.


Francis X. McLaughlin, Jr.
Executive Director
Maryland Board of Dental Examiners