

**Kelley Patton-Purtell, R.D.H.
733 W. Watersville Road
Mount Airy, Maryland 21771**

Ngoc Q. Chu, D.D.S. President
Maryland State Board of Dental Examiners
Spring Grove Hospital Center
Benjamin Rush Building
55 Wade Avenue
Catonsville, Maryland 21228

RE: Surrender of License to Practice Dental Hygiene
License Number: 4451
Case Number: 2013-117

Dear Dr. Chu and Members of the Board:

I have decided to **SURRENDER** my license to practice dental hygiene in the State of Maryland, License Number 4451. I understand that the surrender of my license means that I may not practice dental hygiene, as it is defined in the Maryland Dental Practice Act (the "Act"), codified at Md. Health Occ. ("H.O.") Code Ann. § 4-315 *et seq.*, (2009 Repl. Vol.). In other words, I understand that the surrender of my license means that I am in the same position as an unlicensed dental hygienist. This Letter of Surrender shall become effective on **May 6, 2014**. I understand that I may not practice dental hygiene in the State of Maryland after **May 5, 2014**.

I understand that this Letter of Surrender is a **PUBLIC** document and upon the Board's acceptance and execution, becomes a **FINAL ORDER** of the Board.

My decision to surrender my license to practice dental hygiene in the State of Maryland has been prompted by an investigation of my license by the Board and the Office of the Attorney General. In lieu of proceeding with disciplinary action by the Board, I have decided to surrender my license to practice dental hygiene in the State of Maryland.

I acknowledge that the Board initiated an investigation of this matter following a complaint filed on December 20, 2012 by my former employer, alleging that I had written fraudulent prescriptions for controlled dangerous substances ("CDS") for myself. The Board's investigation revealed that I committed violations of the Act. I admit to the following facts:

- 1) On **March 31, 2006**, I entered a guilty plea to the charge of Obtaining CDS [Controlled Dangerous Substances] by Fraud. I received Probation before Judgment.
- 2) During the time period that I was contractually employed with my former employer, from **January 2011- December 18, 2012**, I forged at least 26 prescriptions for Flexeril, Vicodin, Bactrim, Amoxicillin, Hydrocodone and for my own use.
- 3) I used my employer's prescription pad and Drug Enforcement Administration ("DEA") number without authorization.
- 4) On **January 1, 2013**, criminal charges were filed against me.
- 5) On **May 7, 2013**, I voluntarily and knowingly entered a guilty plea to: 1) Obtaining Prescription by Fraud; 2) Prescription Forgery and 4) Prescription Forgery. I was sentenced to 2 years incarceration, all but 30 days suspended, supervised probation for two (2) years and successful completion of a comprehensive substance abuse treatment program.
- 6) On **June 27, 2013**, I was found to have violated my probation and sentenced to one (1) year incarceration, all but four (4) days suspended.
- 7) During the course of the Board's investigation, I did not disclose that I had a long-term addiction to pain medication and a history of alcohol and substance abuse.
- 8) I am currently seeking substance abuse counseling. I continue to take Oxycodone and/or other narcotic analgesics prescribed by a physician for pain.

Based on the above facts, I admit to the following violations of Health Occupations §4-315(b):

- (2) Fraudulently or deceptively uses a license;
- (3) Behaves unprofessionally or in a grossly immoral way, or violates a professional code of ethics pertaining to the dental hygiene profession;
- (9) Violates any rule or regulation adopted by the Board;

(11) 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;

(12) Provides professional services while:

(ii) Using any narcotic or controlled dangerous substance, as defined in §5-101 of the Criminal Law Article, or other drug that is in excess of therapeutic amounts or without valid medical indication; [and]

(13) Willfully makes or files a false report or record in the practice of dental hygiene[.]

I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender to avoid prosecution under the Act and to resolve this matter. I acknowledge that if the Board were to pursue the Charges filed against me, the Office of the Attorney General could prove by a preponderance of the evidence at an administrative hearing that I violated the Act as set forth above.

I understand that by executing this Letter of Surrender I am waiving any right to contest any charges that would issue from the Board's investigative findings in a formal evidentiary hearing at which I would have had the right to legal counsel, to cross-examine witnesses, to provide testimony, to call witnesses on my own behalf and all other substantive and procedural protections provided by law, including the right to appeal.

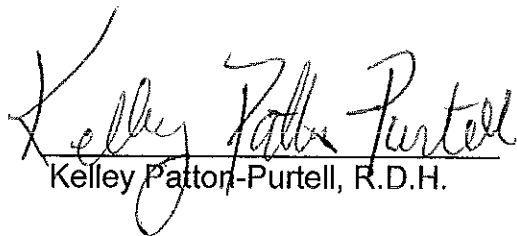
I understand that the Board will advise the National Practitioner's Data Bank of this Letter of Surrender, and in response to any inquiry, will advise that I have surrendered my license in lieu of disciplinary action under the Act. I also understand that, in the event that I would apply for licensure in any form in any other state or jurisdiction, that this Letter of Surrender, and all underlying investigative 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. State Govt. Code Ann. § 10-611 *et seq.* (2009 Repl. Vol.). Finally, I understand that this Letter of Surrender is considered a disciplinary action by the Board.

I affirm that enclosed with this Letter of Surrender, is my original Maryland dental hygiene license, number 4451, and my most recent wallet-sized renewal card.

I acknowledge that it is my intention to reside in Florida following the surrender of my license to practice dental hygiene and that I have no immediate intention to return to the State of Maryland. I understand and agree that if, in the future, I decide to return to Maryland and wish to practice dental hygiene, I may apply for reinstatement of my license only after the expiration of at least three (3) years from the effective date of this Letter of Surrender. The Board will only consider and evaluate my application after I provide supporting documentation confirming sustained sobriety, continuing supportive substance abuse counseling, and a commitment to rehabilitative efforts in order to maintain sobriety.

In the event that I apply for reinstatement to practice dental hygiene, I fully understand that the Board has full and absolute discretion to grant or deny my application for reinstatement. If the Board does grant my application for reinstatement, I understand that the Board may set terms and conditions that shall apply to my receiving a reinstated Maryland license, including but not limited to a probationary period. I also understand that if I apply for reinstatement that I bear the burden of demonstrating to the Board that I am competent to practice dental hygiene and possess good moral character, as specified in COMAR 10.44.15.03C(1). I understand that if I determine that I would once again like to practice in Maryland, I will approach the Board in the same position as one whose license has been revoked for violation(s) of the Act.


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 and given an opportunity to consult with an attorney before signing this Letter of Surrender. I fully understand both the nature of the Board's actions and this Letter of Surrender. 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.


Kelley Patton-Purtell, R.D.H.

NOTARY SEAL

STATE OF Maryland
CITY/COUNTY OF Fredrick:


I HEREBY CERTIFY that on this 7th day of March, 2014, before me, a Notary Public of the State and City/County aforesaid personally appeared Kelley Patton-Purtell and declared and affirmed under the penalties of perjury that signing the foregoing Letter of Surrender was her voluntary act and deed.


Notary Public

My commission expires 10.21.15

ACCEPTANCE

On behalf of the Maryland State Board of Dental Examiners, on this 19th day of MARCH, 2014, I hereby accept Kelley Patton Purtell's **PUBLIC SURRENDER** of her license to practice dental hygiene in the State of Maryland.



Ngoc Quang Chu, Chair
Maryland State Board of Dental Examiners