

Paul G. Heese, D.D.S.
1326 Greenbrier Circle
Baltimore, Maryland 21208

RECEIVED

Date: JULY 9, 2014

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Maurice S. Miles, D.D.S., President-Elect
Maryland State Board of Dental Examiners
Spring Grove Hospital Center
Benjamin Rush Building
55 Wade Avenue/Tulip Drive
Baltimore, Maryland 21228

BOARD OF DENTAL EXAMINERS

RE: Surrender of License to Practice Dentistry
License Number: 10154
Case Number: 2014-098

Dear Dr. Miles and Members of the Board:

Please be advised that I have decided to **SURRENDER** my license to practice dentistry in the State of Maryland, License Number 10154, effective immediately. I understand that upon surrender of my license, I may not give dental advice or treatment to any individual, with or without compensation, and cannot prescribe medications or otherwise engage in the practice of dentistry in the State of Maryland as it is defined in the Maryland Dentistry Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ.") §§ 4-101 *et seq.*, (2009 Repl. Vol. and 2013 Supp.) and other applicable laws. In other words, as of the effective date of this Letter of Surrender, I understand that the surrender of my license means that I am in the same position as an unlicensed individual in the State of Maryland.

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

My decision to surrender my license to practice dentistry in the State of Maryland has been prompted by my health/mental conditions and an investigation of my license by the Maryland State Board of Dental Examiners (the "Board") and the Office of the Attorney General. The results of the investigation led the Board to summarily suspend my license on January 17, 2014, and to issue disciplinary charges against me on February 5, 2014, under Case Number 2014-098.

I have decided to surrender my license to practice dentistry in the State of Maryland to avoid further prosecution of the disciplinary charges now pending before the Board, and due to my health/mental conditions. I acknowledge that the Board initiated an investigation of this matter and voted to summarily suspend my license and

to issue disciplinary charges against me under the Act. Specifically, the Board charged me with violating the following provisions of the Act: behaves dishonorably or unprofessionally, or violates a professional code of ethics pertaining to the dentistry profession, in violation of Health Occ. § 4-315(a)(6); and is mentally or physically incompetent to practice dentistry, in violation of Health Occ. § 4-315(a)(17).

I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender to avoid prosecution of the aforementioned charges under the Act, as well as because of my health/mental conditions. I acknowledge that if the case were to proceed to an evidentiary hearing, the Board would be able to prove by a preponderance of the evidence that I violated the Act as charged. I acknowledge that for all purposes relevant to dental licensure, those investigative findings will be treated as if proven.

I understand that by executing this Letter of Surrender I am waiving any right to contest the charges 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 all other substantive and procedural protections provided by law, including the right to appeal.

I affirm that as of the date the Board summarily suspended my license, I have not practiced dentistry in the State of Maryland.

I understand that the Board will advise the National Practitioners' Data Bank of this Letter of Surrender, and in any response to any inquiry, that I have surrendered my license in lieu of further disciplinary action under the Act. I also understand that in the event I would apply for license in any form in any other state or jurisdiction, that this Letter of Surrender and the 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 Gov't. Code Ann. § 10-611 *et seq.*, (2009 Repl. Vol. & 2013 Suppl.), and that this Letter of Surrender is considered a disciplinary action by the Board.

I acknowledge that upon the Board's acceptance of this Letter of Surrender, I shall present to the Board my original Maryland dental license number 10154, and my most recent wallet-sized renewal card

I further recognize and agree that by submitting this Letter of Surrender, my dental license in Maryland will remain surrendered for **A MINIMUM OF TWO (2) YEARS** and until such time as I apply for and am granted reinstatement by the Board, subject to the following terms and conditions: 1) prior to applying for reinstatement, I agree to enroll in, be evaluated by and satisfactorily complete a Dentist Professional Review and Evaluation Program ("D-Prep"); 2) upon reinstatement, I agree to be placed on probation for a minimum period of three (3) years; and 3) upon being placed on probation, I agree to immediately enter into a Dental Well Being Committee program

and be tested no less than every six months for drugs. I understand that when applying for reinstatement, I approach the Board in the same posture as someone whose license has been revoked. I understand that the Board shall have sole and absolute discretion to accept or deny any application I may file irrespective of whether I meet the requirements of the Act or the implementing regulations.

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 of my right to be represented by the attorney of my choice throughout proceedings before the Board, including the right to counsel with an attorney prior to signing this Letter of Surrender. I have knowingly, willfully and intelligently waived my right to be represented by an attorney before signing this letter surrendering my license to practice dentistry in Maryland. I understand both 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 voluntarily choose to surrender my Maryland license to practice dentistry pursuant to the terms and conditions set out herein. I make this decision knowingly and voluntarily.

Very truly yours,

Paul G. Heese DDS
Paul G. Heese, D.D.S.

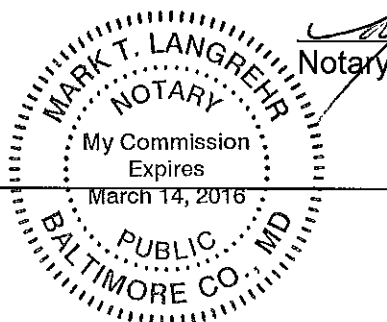
NOTARY

STATE OF MARYLAND
CITY/COUNTY OF BALTIMORE

I HEREBY CERTIFY that on this 9th day of JULY, 2014, before me, a Notary Public of the State and City/County aforesaid, personally appear Paul G. Heese, D.D.S., and declared and affirmed under the penalties of perjury that signing the foregoing Letter of Surrender was his voluntary act and deed.

AS WITNESS my hand and Notarial seal.

My Commission expires: _____



Mark T. Langrehr

Notary Public

ACCEPTANCE

On this 16th day of July, 2014, I, Maurice S. Miles, D.D.S., on behalf of the Maryland State Board of Dental Examiners, accept Paul G. Heese, D.D.S.' **SURRENDER** of his license to practice dentistry in the State of Maryland.



Maurice S. Miles, D.D.S.
President-Elect
Maryland State Board of Dental Examiners