

Susan L. Himmel
7015 Pheasant Cross Dr.
Baltimore, Maryland 21209

August 18, 2008

John timothy Modic, D.D.S
President
Maryland State Board of Dental Examiners
Spring Grove Hospital Center
Benjamin Rush Building
55 Wade Avenue
Catonsville, Maryland 21228

Dear Dr. Modic:

Please be advised that I have decided to surrender my license to practice dental hygiene in the State of Maryland, License Number 2076. I understand that I may not give advice or treatment to any individual, with or without compensation, or otherwise engage in the practice of dental hygiene as it is defined in the Maryland Dentistry Act (the "Act"), Md. Code Ann., Health Occ. ("H.O.") § 4-101 *et seq.* 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.

My decision to surrender my license to practice dental hygiene in Maryland has been prompted by my recent poor health which prevents me from safely practicing dental hygiene at this time. I wish to make clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender.

I acknowledge that on or before the effective date of this Letter of Surrender, I shall present to the Board my Maryland dental hygiene license, including any renewal certificates and wallet-sized renewal cards.

I understand that the Board will advise the National Practitioner Data Bank, the Health Care Integrity Data Bank, and any other required entities, of this Letter of Surrender, and in any response to inquiry, that I have surrendered my license due to poor health.

I further recognize and agree that by agreeing to this Letter of Surrender my license will remain surrendered until such time as I apply for reinstatement or for a new Maryland dental hygiene license. I understand that if I petition the Board for reinstatement of my license or make application for a new Maryland dental hygiene license, the Board will determine my fitness to have my license reinstated or to be issued a new license. I understand that I have the burden to

establish my fitness to practice dental hygiene and that the Board can deny such application. I understand in order for the Board to consider my petition for reinstatement or application for a new license, I must provide medical documentation in support of my petition or application.

I acknowledge and understand that should the Board choose to reinstate my license or issue a new license, the terms and conditions of the attached Consent Order dated July 16, 2007 will be in full force and effect as of the effective date of reinstatement or licensure.

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 consulted with an attorney before signing this Letter of Surrender. 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 and of the Consent Order dated July 16, 2007. I make this decision knowingly and voluntarily.

I understand that this Letter of Surrender is a PUBLIC document.

Sincerely,


Susan L. Himmel

NOTARY

STATE OF MARYLAND
CITY/COUNTY OF BALTIMORE

I HEREBY CERTIFY that on this 4th day of SEPTEMBER 2008

before me, a Notary Public of the City/County aforesaid personally appeared SUSAN L. HIMMEL, 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.




Notary Public

My Commission expires: 7-17-2012

ACCEPTANCE

ON BEHALF OF THE BOARD OF Dental Examiners, on this 1st day of oct, 2008, I accept Susan L. Himmel's public letter of surrender of her license to practice dental; hygiene in the State of Maryland.



John Timothy Modic, D.D.S., President
Maryland State Board of Dental Examiners