

HOWARD L. SCHULTHEISS, D.P.M.
437 SOUTH MAIN STREET
BEL AIR, MD 21014

September 25, 2018

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Phillip M. Cohen, D.P.M, Chair
Maryland Board of Podiatric Medical Examiners
4201 Patterson Avenue
Baltimore, Maryland 21215

Re: Surrender of License to Practice Podiatry
License Number: 01108
Case Number: 2017-021

Dear Dr. Cohen and Members of the Board:

Please be advised that I have decided to **SURRENDER** my license to practice podiatry in the State of Maryland, License Number 01108.

I understand that I may not perform, attempt/offer to perform or otherwise practice podiatry; prescribe medication of any kind; provide podiatric medical treatment to any individual, with or without supervision and/or compensation; provide consultation, diagnose or provide any podiatric related therapy to people or otherwise engage in the practice of podiatric medicine, as it is defined in the Podiatric Medicine Practice Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ.") § 16-101 *et seq.* (2014 Repl. Vol. & 2017 Supp.).

In addition, I will refrain from identifying myself as a practitioner of podiatric medicine; I will remove all signs or similar advertisements that indicate authority to practice podiatric medicine; and I will not use letterhead or business cards indicating authority to practice podiatric medicine.

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 podiatry in the State of Maryland is in lieu of charges for violation of probation and revocation of my license for failing to comply with the terms set forth in the Amended Consent Order of Probation entered by the Maryland State Board of Podiatric Medical Examiners (the "Board") and myself.

The Board voted to accept a pre-charge surrender of my license, prior to the issuance of further disciplinary charges. I have elected to accept a pre-charge Letter of Surrender.

If the Board had issued formal disciplinary charges against me, I understand that I would have been charged under the following provision of the Code of Maryland Regulations 10.40.05.07:

- D. If the Board determines that the licensee is not in the compliance with the conditions of probation, the Board shall:
- (1) Charge the licensee with a violation of probation;
 - (2) Take any action the final order or consent order provides for a violation of probation, including suspension of the license;
 - (3) Consider a summary suspension of the license; or
 - (4) Take any other action the Board considers appropriate and may take by law.

I have decided to surrender my license to practice podiatric medicine in the State of Maryland to resolve this matter and to avoid prosecution of any charges against me by the Board. I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender. I acknowledge that the Board has legally sufficient evidence to prove by a preponderance of the evidence at an administrative hearing that I was not in compliance with a condition of my probation as detailed above.

I understand that by executing this Letter of Surrender I am waiving any right to contest Board's 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 acknowledge that on or before the effective date of this Letter of Surrender, I shall present to the Board my Maryland podiatric medical license, including any renewal certificates and wallet-sized renewal cards.

I understand that the Board will advise the Association of State Boards of Podiatric Medical Examiners, the National Practitioner's Data Bank, and any other required entities 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 as a resolution of the matters pending against me. I also understand that, if I would apply for licensure in any form in any other state or jurisdiction, that this Letter of Surrender 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. Code Ann., State Gov't II. § 10-611 *et seq.* (2014 Repl. Vol.); and that all underlying documents may be released to the other

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state or jurisdiction. Finally, I understand that this Letter of Surrender is considered a disciplinary action by the Board.

I further recognize and agree that by submitting this Letter of Surrender my license will remain surrendered for a minimum of three months. I understand that if my license remains surrendered for five years I will be required to apply for a new Maryland license, but I will not be required to show proof of a passing score on the National Board of Podiatric Medical Examiners Part III. However, if I petition the Board for reinstatement, I must provide the Board with proof of continued and consistent compliance with the terms and conditions of the Amended Probation Order for a minimum of 3 months, including obtaining pre-approval from the Board for missed check-in dates. I understand that upon reinstatement that the terms and conditions of the Amended Order of Probation will immediately go into effect. I also understand that I bear the burden of demonstrating to the Board that I meet the requirements to practice podiatric medicine under the Act, including compliance with all the laws and regulations for reinstatement of licensure, and that I possess good moral character, as required under Health Occ. § 16-302(b). I understand that when applying for reinstatement or new licensure, I approach the Board in the same posture as one whose license has been revoked based on the facts contained herein and that my application may be accepted or denied by the Board in its sole discretion.

I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason. Finally, I wish to make clear that I have chosen to consult 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. I make this decision knowingly and voluntarily.

Sincerely,



Howard L. Schultheiss, D.P.M.

NOTARY SEAL

STATE OF MARYLAND
CITY/COUNTY: *Hartford*

I HEREBY CERTIFY that on this *26th* day of *September*, 2018, before me, a Notary Public of the State and City/County aforesaid personally appeared Howard L. Schultheiss, D.P.M. and declared and affirmed under the penalties of perjury that signing the foregoing Letter of Surrender was his voluntary act and deed.

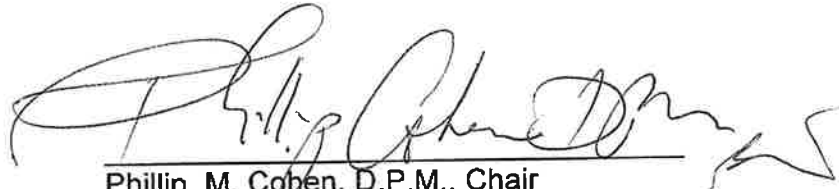
Holly J. DiBella
Notary Public
exp 2/16/22

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Notary Public

ACCEPTANCE

On behalf of the Maryland Board of Podiatric Medical Examiners, on this ____
day of Oct 1, 2018, 2018, I accept Howard L. Schultheiss' **PUBLIC**
SURRENDER of his license to practice podiatric medicine in the State of Maryland,
license number 01108.



Phillip M. Cohen, D.P.M., Chair
Maryland Board of Podiatric Medical Examiners