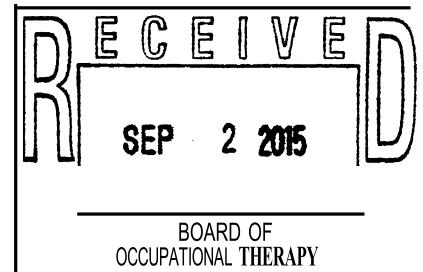


DAWN MCKENNEY, A00784

Iyna Adams, OTR/L
Chairperson, Maryland Board of Occupational Therapy Practice
Spring Grove Hospital Center,
Bland Bryant Building, 4th Floor,
Baltimore, MD 21228



RE: Surrender of License to Practice as an Occupational Therapy Assistant
License Number A00784

Dear Ms. Adams:

I agree to voluntarily surrender my license to practice as an occupational therapy assistant ("OTA") in the State of Maryland, license number A00784, to the Maryland Board of Occupational Therapy Practice (the "Board"). I understand that I may not engage in OTA practice, with or without compensation, as it is defined in the Maryland Occupational Therapy Practice Act (the "Act"), Md. Code Ann., Health 0cc. ("H.O.") § 10-101 *et seq.* and the Board's regulations, COMAR 10.46.01 *et seq.* In other words, as of the effective date of this Letter of Surrender, I understand that I am in the same position as an individual who is not licensed to practice as an occupational therapy assistant. I understand that this Letter of Surrender shall become a **PUBLIC** document and shall become effective on the date of the Board's acceptance of this Letter of Surrender. I agree that this letter may be released or published by the Board as a final decision and order under the Public Information Act, Md. Code Ann., General Provisions §§ 4-101 *et seq.*

On or about August 3, 2015, the Board received a complaint alleging that I billed for OTA patient services that were not actually provided. Specifically, the complaint alleged that, on June 22, 2015, I documented that I performed 465 minutes of patient services, however only actually performed 255 minutes. According to the complaint, as the result of these discrepancies, I was terminated as OTA by my employer on July 1, 2015. I understand that attached to the complaint were documents supporting these allegations and, as such, I understand that the Board believes that it has sufficient information to charge my OTA license with a violation of the Act, specifically H.O. § 10-315(10) ("Willfully makes or files a false report or record in the practice of occupational therapy or limited occupational therapy"). I understand that, if this matter proceeded to an evidentiary hearing before the Board, there likely is sufficient evidence to find and conclude as a matter of law that I violated H.O. § 10-315(10) and I understand that the Board could sanction my license accordingly. Thus, it is my desire to surrender my license to practice as an OTA at this time.

In executing this agreement to surrender my license to practice as a OTA to the Board, I agree that I will not apply for reinstatement for a period of **TWO (2) YEARS** following the date of the Board's acceptance of this Letter of Surrender. I also agree that if, after a period of **TWO**

LETTER OF SURRENDER

Dawn McKenney, A00784

(2) YEARS, I decide to apply for reinstatement as an OTA in Maryland, I will approach the Board in the same posture as an unlicensed individual whose license has been revoked. In considering my application for reinstatement, the Board may review my entire Board file, including any information the Board receives after execution of this letter. I understand that it will be my burden, as an applicant for reinstatement, to demonstrate that I meet all of the Board's requirements for reinstatement of my license at the time I submit a reinstatement application. I understand that if the Board reinstates my license, it will be reinstated through the Board's disciplinary process and that my license will only be reinstated by the Board's issuance of a public order of reinstatement and that the Board may, in its discretion, place my reinstated license on probation subject to terms and conditions.

I wish to make it clear that I have voluntarily, knowingly, and freely chosen to submit this Letter of Surrender. I understand that, by executing this Letter of Surrender, I am waiving the right, now and in the future to any evidentiary hearing at which I would have the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf, to contest the facts summarized in the second paragraph of this Letter of Surrender and at which I would have the right to all other substantive and procedural protections provided by law, including the right to appeal.

I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason whatsoever. I understand the nature and effect of both the Board's actions and this Letter of Surrender fully. Finally, I wish to make clear that I have had an opportunity to discuss this matter with legal counsel and I willingly, knowingly and voluntarily sign this letter of surrender.

Sincerely,

8/31/15

Date

Dawn McKenney

Terry M. McLarney, Notary

TERRY M. McLARNEY
Notary Public
Allegany County
Mar'l land
My Commission Expires Feb. 20, 2041

LETTER OF SURRENDER
Dawn McKenney, A00784

ACCEPTANCE

ON BEHALF OF THE MARYLAND BOARD OF OCCUPATIONAL THERAPY

PRACTICE, on this 31st day of August 2015, I accept **Dawn McKenney's** public Letter of Surrender of her license to practice as an occupational therapy assistant in the State of Maryland.

8/31/15
Date

Iyna Adams, Chairperson
Maryland Board of Occupational
Therapy Practice

NOTARIZATION

I HEREBY CERTIFY that on this 31st day of August 2015, before me, Notary Public of the State and City/County aforesaid, **Dawn McKenney** personally appeared, and made oath in due form of law that signing the foregoing Letter of Surrender was the voluntary act and deed of **Dawn McKenney**.

AS WITNESSETH my hand and notarial seal.

SEAL

Notary Public

My Commission Expires: _____

LETTER OF SURRENDER
Dawn McKenney, A00784

ACCEPTANCE

**ON BEHALF OF THE MARYLAND BOARD OF OCCUPATIONAL THERAPY
PRACTICE**, on this 18th day of September 2015, I accept Dawn McKenney's
public Letter of Surrender of her license to practice as an occupational therapy assistant in the
State of Maryland.

9/18/2015

Date



Jlyna Adams, OTR/L, CPAM
Board Chairperson
Maryland Board of Occupational Therapy Practice