

Date: April 20, 2009

Joyce Ford, COTAL
Board of Occupational Therapy Practice
Spring Grove Hospital Center
Benjamin Rush Building
55 Wade Avenue
Baltimore, MD 21228

Dear Ms. Ford and Members of the Board,

Please be advised that effective immediately, I surrender my license to practice occupational therapy in the State of Maryland, License Number 04535, (d.o.b. 02/06/74). I understand that I may not practice occupational therapy or provide occupational therapy treatment to any individual, with or without compensation, or otherwise engage in the practice of occupational therapy as it is defined in the Occupational Therapy Practice Act, Md. Code Ann., Health Occupations §§ 10-101 *et seq.* In other words, as of today, I understand that the surrender of my license means that I am in the same position as an unlicensed individual.

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

My decision to surrender my license to practice occupational therapy in Maryland has been prompted by an investigation of my licensure by the Board and the Office of the Attorney General. The investigation concerns allegations that I falsified patient records to reflect occupational therapy sessions that did not occur. I acknowledge that based on the charges against me, the Office of the Attorney General could prove by a preponderance of the evidence at an administrative hearing that I violated the Occupational Therapy Practice Act.

I have permanently relocated to New York State and have decided to surrender my license to practice occupational therapy in order to avoid prosecutorial proceedings related to my alleged violations of the Act. I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender for the reasons stated above and to avoid further proceedings and in order to resolve this matter.

I further recognize and agree that by agreeing to this Letter of Surrender that my license will remain surrendered until such time as I apply for reinstatement, which shall be no earlier than two (2) years from the date this Letter is executed by the Board, and comply with the terms and conditions set forth in this Letter and those determined by the case resolution conference and/or the Board subsequent to my application for reinstatement. In the event that I apply for reinstatement of my Maryland license or for the issuance of a new Maryland license, I understand that the Board may set terms and conditions that shall apply to my receiving a reinstated license or for a new Maryland license. I also understand that if I apply for reinstatement or for a new Maryland license that I bear the burden of demonstrating to the Board that I am competent to practice occupational therapy and possess good moral character, as specified in Md. Code Ann., Health Occ. § 10-302. I understand that if I determine that I would like once again to practice occupational therapy in Maryland, I will approach the Board in the same posture as one whose license has been suspended or revoked based on the above-delineated conduct.

I acknowledge that within ten days of the date of this Letter of Surrender, I shall present to the Board my Maryland occupational therapy license, including any renewal certificates and wallet-sized renewal cards.

I understand that the Board will advise the National Practitioner Data Bank, and any other entities to which the Board reports, of this Letter of Surrender, and in response to any inquiry, that

Joyce Ford, COTA/L and Members of the Board

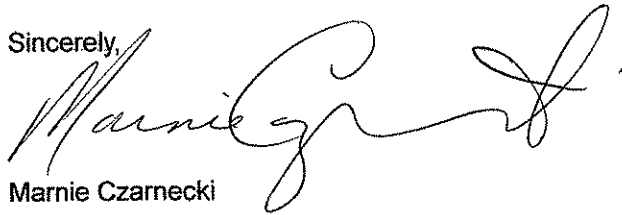
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Letter of Voluntary Surrender

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I have surrendered my license in lieu of disciplinary action under the Act. I also understand that in the event I would apply for licensure in any form in any other state or jurisdiction, that this Letter of Surrender along with all underlying investigative documents may be released to the requesting governmental or licensing body.

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 consult with an attorney before signing this Letter of Surrender and I have voluntarily and knowingly elected to proceed without an attorney. 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 acknowledge that I am competent to make this decision and I make this decision knowingly and voluntarily.

Sincerely,

A handwritten signature in cursive script, appearing to read "Marnie Czarnecki". The signature is written in black ink and is positioned to the right of the word "Sincerely,".

Marnie Czarnecki

Joyce Ford, COTA/L and Members of the Board

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Letter of Voluntary Surrender

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NOTARY

New York
STATE OF ~~MARYLAND~~
CITY/COUNTY OF *Erie*

I HEREBY CERTIFY that on this *20th* day of *April*, 2009, before me, a Notary Public of the City/County aforesaid, personally appeared Marnie Czarnecki, and declared and affirmed under the penalties of perjury that the signing of this Letter of Surrender was her voluntary act and deed.

AS WITNESS my hand and Notarial seal.

COLLEEN M. BOWMAN
NOTARY PUBLIC, State of New York
Qualified in Niagara County
My Commission Expires *11-7-2010*

Colleen M. Bowman
Notary Public

My commission expires: *11-7-2010*.

ACCEPTANCE

On behalf of the Maryland Board of Occupational Therapy Practice, this *23rd* day of *April*, 2009, I accept Marnie Czarnecki's PUBLIC LETTER OF SURRENDER of her license to practice occupational therapy in the State of Maryland.

Joyce Ford, COTA/L / DA
Joyce Ford, COTA/L

cc: Tracee Orlove Fruman, Assistant Attorney General, Administrative Prosecutor