

**KRISTINA GARCIA
513 ECKART DRIVE
JOPPA, MARYLAND 21085**

September 19, 2012

John Baker, PT, DScPT, Chair
Maryland Board of Physical Therapy Examiners
4201 Patterson Avenue
Baltimore, Maryland 21215

Re: Surrender of Physical Therapist Assistant License
License No. A2749

Dear Dr. Baker and Members of the Board:

Please be advised that I have decided to surrender my license to practice limited physical therapy in the State of Maryland, License Number A2749. I understand that I may not practice physical therapy or limited physical therapy, with or without supervision and/or compensation, or otherwise engage in the practice of physical therapy in Maryland, as it is defined in the Maryland Physical Therapy Act (the "Act"), Md. Code Ann., Health Occ. Art. § 13-101 *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.

I understand that this Letter of Surrender is a PUBLIC document and upon the Board's acceptance and execution, becomes a FINAL ORDER of the Board.

My decision to surrender my license to practice limited physical therapy in Maryland has been prompted by my desire to leave the physical therapy profession.

In the interest of providing a final disposition in this matter, the Board has granted my request to surrender my license to practice limited physical therapy in the State of Maryland in accordance with the terms herein.

I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender to avoid being subject to further Board disciplinary action and oversight and to resolve this matter. I understand that by executing this Letter of Surrender, I am waiving any right to contest these findings, and I acknowledge that the Board has the authority to enforce the terms of the Consent Order, dated July 20, 2010, which placed my license on suspension and permitted the Board to impose probationary conditions as it deemed appropriate.

I understand that the Board will advise the Health Integrity and Protection Data Bank of this Letter of Surrender, and in response to any inquiry, will advise that I have surrendered my license. I understand that this Letter of Surrender will be posted on the Board's website along with all other formal disciplinary actions. I understand that, in the event that I would apply for licensure in any form in any other state or jurisdiction, that this Letter of Surrender, and all other formal orders and underlying investigative documents, may be released by the Board to the same extent as a final order pursuant to Md. Code Ann., State Gov't Art. § 10-611 *et seq.* Finally, I understand that this Letter of Surrender is considered disciplinary action by the Board.

I affirm that enclosed with this Letter of Surrender is my original Maryland physical therapist assistant's license, number A2749, and my recent wallet-sized renewal card.

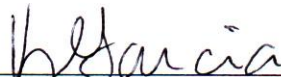
I understand and agree that I must fulfill the following conditions before the Board may act upon my application for reinstatement of my Maryland license to practice limited physical therapy:

1. I may not have my license reinstated for a minimum of three (3) years from the date of this Letter of Surrender;
2. Prior to any possible reinstatement. I must submit to a substance abuse evaluation by a Board-appointed evaluator, at my expense, to determine my fitness to practice;
3. I must comply with the minimum licensure requirements for reinstatement, which will include fees and reexamination.

In the event that I apply for reinstatement to practice limited physical therapy, I fully understand that the Board has full discretion to grant or deny my application for reinstatement, even after my fulfillment of the conditions above. If the Board does grant my petition for reinstatement, I understand that the Board, in its sole discretion, will set terms and conditions that shall apply to my receiving a reinstated Maryland license, including but not limited to a probationary period and conditions. I also understand that if I petition for reinstatement that I bear the burden of demonstrating to the Board that I am competent to practice limited physical therapy and possess good moral character, as specified in Health Occ. §§ 13-302 and 13-312. I understand that if I determine that I would like to once again practice in Maryland, I will approach the Board in the same posture as one whose license has been revoked for violation of the Act.

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 and given an opportunity to consult with an attorney before signing this Letter of Surrender. I fully understand both the nature of the Board's actions and this Letter of Surrender. 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.

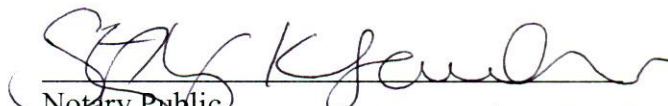
I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of the foregoing Letter are true:



Kristina Garcia

STATE OF MARYLAND,
COUNTY/CITY OF Harford

I hereby certify that on this 15 day of Oct, 2012, before me, a Notary Public of the State of Maryland and County/City aforesaid, personally appeared KRISTINA GARCIA, and made an oath in due form that the foregoing Consent was her voluntary act and deed.



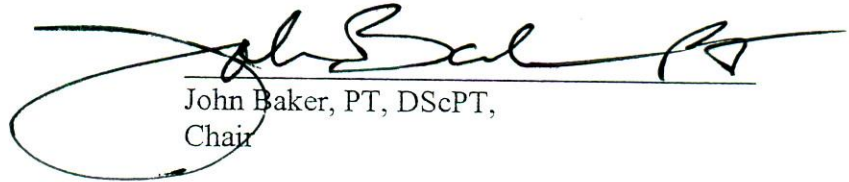
Notary Public
My commission expires: April 2, 2016



John Baker, PT, DScPT, Chair
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ACCEPTANCE

On behalf of the Maryland State Board of Physical Therapy Examiners, on this 27th day of November, 2012, I accept Kristina Garcia's PUBLIC SURRENDER of her license to practice limited physical therapy in the State of Maryland.



John Baker, PT, DScPT,
Chair