

IN THE MATTER OF * BEFORE THE
CHRISTINE LENCHERT, P.T. * MARYLAND STATE
License No. 15658 * BOARD OF PHYSICAL THERAPY
* EXAMINERS

* * * * *

FINAL ORDER

Procedural History

This case arose from a complaint filed by MAMSI insurance company which alleged that Physical Medicine Rehabilitation Center ("PMRC") was submitting physical therapy evaluations and reevaluations that were not signed by a physical therapist, and that an unlicensed aide was writing treatment notes. The Respondent, Christine Lenchert, P.T., License Number 15658, is the Clinical Director of PMRC in Oxon Hill, Maryland. The Board's investigation revealed that the Respondent failed to properly supervise the services performed by an aide. Specifically, the Respondent permitted an aide to function independently, with her own patient caseload; instructed and trained the aide to perform physical therapy services that were beyond the scope permitted under law; and permitted the aide to bill for those illegal and unsupervised services. The Respondent was subsequently charged on November 15, 2005. Based on this information and pursuant to its authority under the Maryland Physical Therapy Act, Md. Code Ann., Health Occ. ("H.O.") §13-101 *et seq.* (the "Practice Act"), the Board of Physical Therapy Examiners (the "Board") charged the Respondent with violating H.O. §13-316, which provides in relevant part:

Subject to the hearing provisions of § 13-317 of this subtitle, the Board may deny a license, temporary license, or restricted license to any applicant, reprimand any licensee or holder of a temporary license or restricted license, place any licensee or holder of a temporary license or restricted

license on probation, or suspend or revoke a license, temporary license, or restricted license if the applicant, licensee or holder:

(5) In the case of an individual who is authorized to practice physical therapy, is grossly negligent:

* * *

(iii) In the supervision of a physical therapy aide;

(12) Practices physical therapy or limited physical therapy with an authorized person or supervises or aids an unauthorized person in the practice of physical therapy or limited physical therapy;

(15) Submits a false statement to collect a fee;

(16) Violates any provision of this title or rule or regulation adopted by the Board;

(21) Grossly overutilizes health care services;

(26) Fails to meet accepted standards in delivering physical therapy or limited physical therapy care.

The Board further charged the Respondent with the following violations of the Code of Maryland Regulations (COMAR), Title 10:

§ 38.03.02 – Standards of Practice (2003)

A. Physical Therapists.

(1) The physical therapist who establishes or changes the plan of care shall be ultimately responsible for patient care until another physical therapist:

- (a) Provides services to the patient;
- (b) Provides supervision to the treating physical therapist assistant; or
- (c) Declares in writing that the physical therapist is accepting responsibility for the physical therapy care of the patient.

(2) The physical therapist shall:

* * *

(h) Provide direct supervision of students, aides, and preceptees.

§ 38.03.02-1 – Requirements of Documentation (2002)

A. The physical therapist shall document legibly the patient's chart each time the patient is seen for:

(1) The initial visit, by including the following information:

- (a) Date;
- (b) Condition, or diagnosis, or both, for which physical therapy is being rendered;
- (c) Onset;
- (d) History, if not previously recorded;
- (e) Evaluation and results of tests (measurable and objective data);
- (f) Interpretation;
- (g) Goals;
- (h) Modalities, or procedures, or both, used during the initial visit and the parameters involved including the areas of the body treated;
- (i) Plan of care, including suggested modalities, or procedures, or both, number of visits per week, and number of weeks; and
- (j) Signature, title (PT), and license number.

(2) Subsequent visits, by including the following information (progress notes):

- (a) Date;
- (b) Cancellation, no-shows;
- (c) Subjective response to previous treatment;
- (d) Modalities, or procedures, or both, with any changes in the parameters involved and areas of body treated;
- (e) Objective functional status;
- (f) Response to current treatment;
- (g) Continuation of or changes in plan of care; and
- (h) Signature, title (PT), and license number, although flow chart may be initialed.

(3) Reevaluation, by including the following information in the report, which may be in combination with visit note, if treated during the same visit:

- (a) Date;
- (b) Number of treatments;
- (c) Reevaluation, tests, and measurements of areas of body treated;
- (d) Changes from previous objective findings;
- (e) Interpretation of results;
- (f) Goals met or not met and reasons;

- (g) Updated goals;
 - (h) Plan of care including recommendations for follow-up; and
 - (i) Signature, title (PT), and license number.
- (4) Discharge, by including the following information in the discharge summary, which may be combined with the final visit note, if seen by the physical therapist on the final visit and written by the physical therapist:
- (a) Date;
 - (b) Reason for discharge;
 - (c) Objective functional status;
 - (d) Recommendations for follow-up; and
 - (e) Signature, title (PT), and license number.

A four-day hearing on the merits was held on October 20 and November 28, 2006, and March 6 and April 12, 2007, before a Hearing Committee of the Board (the "Committee"), pursuant to Health Occ. § 13-317(d). On July 12, 2007, the Committee issued a Proposed Decision ("Proposed Decision") wherein it concluded that there was sufficient evidence to prove that the Respondent violated H.O. §13-316(5), (12), (15), (16) and (26), and Code Md. Regs. tit. 10 §§38.03.02A(1)-(2) and 38.03.02-1A(2)-(3); however, the Committee found insufficient evidence to affirm the Board's charge under Health Occ. § 13-316(21).

Contemporaneous with the issuance of the Proposed Decision, the Board's Executive Director informed the parties of the right to file exceptions before the full Board. The Respondent filed exceptions on August 6, 2007. The State filed a Response to the Respondent's exceptions on August 20, 2007.

On October 16, 2007, the parties appeared before a quorum of the Board for a hearing on the exceptions. On that same date, October 16, 2007, the Board convened for a final decision in this case.

SUMMARY OF THE EVIDENCE

The Board adopts and incorporates by reference the proposed Summary of Exhibits and Pertinent Witness Testimony made by the Committee in the Proposed Decision issued on July 12, 2007, as the Board's final Summary of the Evidence. The Board clarifies, however, that State's Exhibit 16 was introduced, admitted, and later withdrawn. The entire Proposed Decision is attached hereto as Appendix A.

FINDINGS OF FACT

Based on the Board's review of the evidence and the exceptions presented by the Respondent, the Board modifies the Committee's proposed Findings of Fact contained in the Proposed Decision issued on July 12, 2007. In modifying the Committee's proposed findings, the Board is attempting to clarify the bases of the Respondent's violations with respect to her supervision of Employee A. The Board's Findings of Fact are set forth below.¹

1. At all times relevant, the Respondent was a licensed physical therapist in the State of Maryland. The Respondent was originally licensed on September 20, 1984, being issued License Number 15658. (State's Ex. 19)

2. At all times relevant, the Respondent was employed as Director of Physical Medicine Rehabilitation Center of the Metropolitan Washington Orthopaedic Association (hereinafter "PMRC"), which has several offices in Maryland. (*e.g.*, State's Ex. 11, Bates

1) The Respondent was the Supervising Physical Therapist at PMRC's Oxon Hill location. (T. 114, 164, 688, 701)

¹ The Board deleted findings regarding the Respondent's use of the TENS unit as it was not charged.

3. The Respondent, as the Director and Supervisor at PMRC Oxon Hill, hired Employee A as a physical therapy aide in August 2002 to work at its Oxon Hill location. Employee A worked at PMRC until September 2004. Employee A resigned her position at PMRC for a better employment opportunity. (T. 163-64, 566)

4. Employee A was not, nor was she ever, licensed as a physical therapist or physical therapist assistant. (T. 218)

5. The Respondent trained and supervised Employee A during the entirety of her employment at PMRC. (T. 164-65, 185, 547)

6. Employee A also worked at other PMRC locations, including the Silver Spring, Washington, D.C., and the Virginia locations. (T. 164)

7. While working at the PMRC in Oxon Hill, the Respondent trained Employee A to perform transverse friction massage on patients. (T. 166, 177-78) Other PMRC employees were aware that Employee A also performed transverse friction massage on patients with carpal tunnel syndrome. (T. 118) The Board's regulations do not permit aides to perform transverse friction massage. (Respondent's Ex. F)

8. The Respondent also instructed Employee A to document her unsupervised activities in the patients' clinical treatment notes. (T. 166-67, 225)

9. Employee A also documented patients' subjective responses in the clinical treatment notes. (e.g., State's Ex. 12, Bates 1769, 1782, 1792; State's Ex. 13, Bates 113, 116, 117, 119) On September 17, 2003, the Respondent counseled Employee A that she

should not document subjectives; however, Employee A continued to document subjectives with Patient C, who was the Respondent's patient. (T. 587; State's Ex. 13, Bates 113, 117, 119)

10. The Respondent assigned Employee A her own schedule of patients. These patients were scheduled to be "treated" directly by Employee A. (State's Ex. 15; T. 181-83)

11. Employee A routinely treated patients, including Patient C, on her own schedule without any guidance or supervision from physical therapists on-site. Patients were lead directly to Employee A for treatment, and Employee A subsequently treated them without any prior communication or interaction with the primary physical therapist.² (T. 215-16, 185-86, 206-7) After Employee A rendered her treatment, she placed the patient's file in the slot for the primary physical therapist to obtain a co-signature. (T. 167) The physical therapists did not always review Employee A's documentation before co-signing the treatment note. (T. 218)

12. If the primary physical therapist was not present when Employee A was performing treatment of a patient, another supervising physical therapist was not assigned to supervise that patient's treatment. There was always a physical therapist on-site when Employee A was working.³ (T. 205-6)

² The primary physical therapist at PMRC is the physical therapist who performed the evaluation or the most recent re-evaluation. The patients' charts were color-coded to correspond to the primary physical therapist in charge of that patient's physical therapy treatment. (T. 166-67)

³ The Board deleted Proposed Finding No. 13 based on the Respondent's submission of Appendix A to her exceptions.

13. The treatment protocol at PMRC, Oxon Hill, as directed and enforced by the Respondent, required that Employee A maintain her own patient caseload. (T. 181-83) The Respondent instructed Employee A to treat patients with, among other things, transverse friction massage. (T. 177-78) The Respondent also allowed Employee A to increase or decrease weights on exercise plans, and add exercises listed on the exercise flowchart. (T. 166, 185-86) (e.g., State's Ex. 11, Bates 8; Ex. 12, Bates 1773-74; Ex. 13, Bates 113, 116) When progressing patients with their exercise program, Employee A did not consult with either the primary physical therapist, including the Respondent, or any other physical therapist on-site prior to implementing the change in treatment. (T. 169, 185-86, 229, 215-16)

14. As part of Employee A's treatment of Patient C, Employee A would make adjustments to Patient C's exercise plan. (State's Ex. 13, Bates 113, 116, 117, 119) When progressing Patient C with her exercise program, Employee A did not consult with the Respondent or any other physical therapist. (T. 185-86) Employee A documented the above treatment on Patient C in Patient C's treatment record, which the Respondent then co-signed.

15. In the rare instances in which Employee A consulted with a physical therapist regarding a patient's treatment, Employee A would document that communication in the patient's chart. (State's Ex. 12, Bates 1780) The Board can find no other documentation by the Respondent or any other physical therapist at PMRC in the medical charts or on any "post-its" that evidence any communication with Employee A regarding treatment of

patients on Employee A's patient schedule.

16. Other PMRC locations, such as the Silver Spring location, did not give aides their own patient schedules. (T. 194) In the Silver Spring location, Employee A was specifically instructed that she was not permitted to progress patients. (T. 233-34)

17. The Respondent billed for "one-on-one" treatment performed by Employee A for Patient C although the Respondent did not directly supervise Employee A during those treatments. (State's Ex. 13, Bates 174, 175, 178, 179)

18. The Respondent instructed Employee A to fill out a fee sheet for the independent services performed by Employee A. (T. 174) Fee sheets completed by Employee A were not reviewed or co-signed by physical therapists. (T. 218-19, e.g., State's Ex. 13, Bates 238, 239, 242-49, 285-90)

19. PMRC's own policies and procedures manual prohibits aides from documenting treatment in a patients' medical chart, and does not list transverse friction massage as within the scope of permissible aide duties. (Respondent's Ex. B)

20. The Board issued the Respondent a Letter of Education on November 17, 1992, regarding the regarding the improper supervision and training of aides. (State's Ex. 21)

21. The physical set up of the PMRC Oxon Hill clinic would allow for a physical therapist to directly supervise an aide if that physical therapist was actively involved in the patients' physical therapy care and was providing aid, direction, and instruction to the

aide.

22. The Respondent's documentation of her treatment of Patient C was deficient. The Respondent's reevaluations did not include short or long-term goals, which were particularly necessary for Patient C's level of injury and protracted length of physical therapy care. (State's Ex. 13)

23. Although the Respondent and other staff physical therapists co-signed daily progress notes written in the medical record by Employee A, those treatment notes did not comply with the Board's documentation requirements for daily progress notes. For example, the progress notes did not generally contain subjective responses from previous treatment, objective functional status, or response to current treatment. (State's Ex. 11, 12, 13)

24. PMRC Oxon Hill no longer uses the services of aides. (T. 556)

OPINION

As the Clinical Director for PMRC, Oxon Hill, the Respondent hired, trained, and provided direction and instruction to Employee A, an unlicensed aide.⁴ The testimony of Employee A, as well as virtually every other staff person at PRMC, indicated in unequivocal terms, that the Respondent was their supervisor. Although, as Employee A's supervisor, the Respondent instructed and trained Employee A to perform duties that were clearly outside the scope of permissible aide duties, the Respondent argues that she cannot be sanctioned for such conduct since the patients who received these illegal

⁴ According to PMRC's policies and procedures manual, the Respondent was responsible for administering policies and procedures "in a manner which will facilitate maximum ethical and professional standards in the continued development and operation of an effective, dynamic program." (Respondent's Ex. B)

services were not the Respondent's patients.

First, the Respondent's argument is factually incorrect. The Respondent treated Patient C for approximately eight (8) months, during which time she allowed Employee A to provide physical therapy services to Patient C without any supervision. Employee A testified credibly that she independently added weights, repetitions, and exercises without any professional direction from the physical therapists. In addition, the Respondent instructed Employee A to submit a fee sheet to bill this illegal aide activity as therapeutic exercises, which requires one-to-one direct contact with the healthcare professional, although Employee A rendered this treatment without direct supervision.

Secondly, the Respondent has been charged with grossly negligent supervision of an aide, and supervising and aiding an unauthorized person in the practice of physical therapy. The Respondent directed and enforced a practice protocol which required that an unlicensed individual render physical therapy treatments to patients with complex medical conditions without professional supervision or instruction. If this does not qualify as grossly negligent supervision of an aide, then the Board is hard-pressed to imagine what would. The fact that other physical therapists were always on site and signed-off on the aide's progress note means absolutely nothing unless any one of those physical therapists provided input or direction to Employee A *before* she initiated treatment on each and every patient.

The Respondent has done her best to label Employee A as a "liar". (T. 909) However, the Board adopts the Committee's credibility assessment of Employee A and the rationale for its assessment. Furthermore, the Board finds that many of the other undisputed findings corroborate Employee A's testimony. There is no dispute that Employee A was given her own patient load. This practice, in and of itself, would raise red flags that Employee A was functioning independently. Secondly, there is no dispute that the patients' records, including the records for the Respondent's patient, Patient C, are, for the most part, devoid of any documentation of instruction or guidance from any

physical therapist, and provide evidence that Employee A documented activities outside the scope of permissible aide activities. Lastly, there is no dispute that Employee A did not obtain a physical therapist's "sign-off" until after she rendered treatment. This includes treatment Employee A rendered to Patient C. Again, this corroborates Employee A's testimony that the physical therapists were endorsing or ratifying the treatment performed by Employee A after the fact, rather than providing Employee A with the necessary instruction prior to treatment.

The Respondent misstates that the Committee is attempting to sanction her for false billing because the Respondent billed for aide-rendered services. To the contrary, the Committee specifically stated that whether aide-rendered services may be billed depends on the third-party payor. (See Proposed Decision, p. 12) The Board concludes that the Respondent submitted false billings based on its finding that the Respondent permitted Employee A to bill for therapeutic exercises Employee A performed on Patient C without any supervision or instruction by the Respondent. It is undoubtedly a false statement to bill for a skilled service when no licensed, skilled professionals are involved in the particular treatment. Even Medicare Part A , which the Respondent relies on to support the premise that aide-rendered services are reimbursed by some payors, requires that the physical therapist start the session and delegate the treatment to an aide. It specifically states that "aides cannot independently provide a skilled service." (Respondent's Ex. K)

With respect to the issue of documentation, the Board finds the Respondent's deficient documentation of her treatment of Patient C very telling. The Respondent signed-off on progress notes she permitted Employee A to write in Patient C's medical record. These notes contained subjective responses, increase/decrease in weights, repetitions, and added exercises. Notably, these notes did not contain one instance of a communication between the Respondent and Employee A directing Employee A to do any of the above. The progress notes were also woefully insufficient, and did not contain

essential clinical information required by the Board's regulations. Nonetheless, the Respondent co-signed them, and continued to do so for months.

The Respondent justified the protracted period of treatment for Patient C by explaining that Patient C's rehabilitation was a very complex process. Yet despite the complexity of Patient C's medical condition, the Respondent's reevaluations were generic at best, woefully insufficient, and again lacked key clinical criteria required by the Board's regulations. And although the Board must concur with the Committee's interpretation of the regulations regarding the necessity of a discharge summary, the Board finds it difficult to imagine that the Respondent would not be compelled, as a matter of good practice, to write a discharge summary on a medically complex patient that she was treating for over eight months.

Lastly, the Respondent filed an exception arguing that Board member, Donald Novak, should have been recused from the proceedings based on an "appearance of impropriety." (Resp. Exceptions, p. 14) The Respondent conceded at the exceptions hearing that there was no evidence of actual bias. However, the Respondent argues that Mr. Novak's prior professional relationship with the State's expert creates an appearance of impropriety. Specifically, the Respondent bases her exception on the following facts: (1) Mr. Novak worked for the State's expert, Dr. Carol Zehnacker, at Amber Hill Physical Therapy from approximately 1990 to 2000; (2) Mr. Novak subsequently purchased Amber Hill from Dr. Zehnacker in 2000; and (3) Mr. Novak participated in in-services provided by Amber Hill during the course of his employment.

The Board finds that Mr. Novak's participation in these proceedings did not create an appearance of impropriety simply because he had a professional relationship with the State's expert 7 years prior. First, Mr. Novak's past relationship with Dr. Zehnacker was solely professional, not personal or social. Secondly, based on the testimony of the State's expert elicited by the Respondent, any in-services at Amber Hill were performed by various personnel, students and outside sources – not necessarily Dr. Zehnacker. (T.

481) Thirdly, Mr. Novak has had no relationship with Dr. Zehnacker for the past seven years since his purchase of Amber Hill. Lastly, Mr. Novak stated clearly on the record at the exceptions hearing that his "business relationship with Dr. Zehnecker of seven years ago had no influence or bearing on [my] decision in this case." (Vol. 5, T. 36) Mr. Novak's statement is buttressed by the fact that the Hearing Committee did not adopt most of Dr. Zehnacker's expert opinions, and that the full Board subsequently adopted the Hearing Committee's pertinent recommendations. Indeed, the votes of both the Hearing Committee and the Board were unanimous.

Maryland case law is clear that the burden is on the Respondent to prove an appearance of impropriety that would require recusal. There is a strong presumption that the Board, and its members, are impartial participants in the legal process. *Jefferson-El v. State*, 330 Md. 99, 107 (1993) The standards that are applied to the judiciary are the same standards that apply to the Board members in their quasi-judicial capacities. *Regan v. State Board of Chiropractic Examiners*, 355 Md. 397, 410 (1999) That is, "by examining the record facts and the law, and deciding whether a reasonable person knowing and understanding all the relevant facts would recuse..." *Regan*, 355 Md. at 411. Mr. Novak's professional relationship with the State's expert of more than 7 years ago is not, in and of itself, sufficient to satisfy the high burden required for recusal. As stated above, Mr. Novak was just one member of the three-member hearing panel, and just one member of the 6-member Board which rendered the final unanimous decision in this matter. Furthermore, neither the Hearing Committee nor the Board placed any real reliance on the State's expert's opinions.

In the alternative, the Board finds that the Respondent has waived the opportunity to raise this issue in the exceptions process. See *Maryland Board of Dental Examiners v. Fisher*, 123 Md.App. 322 (1998). The Respondent was informed about Mr. Novak's past relationship with the State's expert while the expert was under cross-examination on the second day of hearing. (Vol. 2, T. 480) The Respondent's counsel was permitted total

leeway in questioning Dr. Zehnacker regarding her past interactions with Mr. Novak. The Respondent's counsel, upon receiving all of the information which he chose to elicit, failed to make any motion for recusal at that time, or at any time during the third or fourth day of hearing.⁵ The Respondent waited until after she received an adverse proposed decision to claim Mr. Novak's participation created an appearance of impropriety. By failing to raise the recusal issue in a timely manner, thereby precluding from the Hearing Committee the opportunity to address the issue, and if necessary, make appropriate adjustments, the Respondent waived her right to argue for recusal of Mr. Novak at the later exceptions hearing.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact and Opinion, and after consideration of the hearing record, the Respondent's exceptions, and the State's responses thereto, the Board finds that the Respondent violated Md. Code Ann., Health Occ. §13-316(5), (12), (15), (16) and (26), and Code Md. Regs. tit. 10, § 38.03.02A(1)-(2) and §38.03.02-1A(2)-(3). The Board affirms the dismissal of Health Occ. § 13-316(21).

SANCTIONS

For the reasons set forth in the Opinion above, the Board sanctions the Respondent with a suspension of one (1) year, with all but sixty (60) days stayed, probation for two (2) years, and a fine of \$5,000. The Board has serious concerns that an experienced physical therapist such as the Respondent would so flagrantly violate the Maryland Physical Therapy Act, particularly after already being personally educated by the Board in 1998 on the issue of appropriate supervision. Furthermore, as the Clinical Director,

⁵ In fact, the Respondent was specifically given the opportunity to pursue this issue on the fourth day of hearing. The Presiding Officer began the hearing by asking if there were any preliminary matters that counsel wanted to raise. (Vol. 4, T. 815)

the Respondent was responsible for supervising and enforcing a practice protocol that clearly violated Maryland law, and diminished the quality of treatment received by patients.

The Board's regulations clearly list the services with which an aide may assist a physical therapist. It is undisputed that the regulations do not permit unlicensed individuals to assist with or render transverse friction massage. In fact, PMRC's own policies and procedures do not list this as a permissible aide activity. Nonetheless, the Respondent trained Employee A to render this skilled service with full knowledge that it was a violation of the law.

The Respondent refuses to accept any accountability for her actions, and instead argues that she is beyond the jurisdiction of the Board because she is in a managerial position. Not only did the Board's findings involve the Respondent's direct patient care, the Board also has the authority, and the obligation, to discipline the Respondent for her misconduct as the aide's supervisor. The Board feels that this sanction is necessary to address the violations committed by the Respondent as well as to provide a deterrent to other physical therapists who may be tempted to abdicate their professional responsibilities in rendering physical therapy care.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, it is this 5th day of February, 2008, by a unanimous vote of the Board, that under the authority of Health Occupations Article, §13-316, it is hereby

ORDERED that the license to practice physical therapy held by the Respondent, CHRISTINE LENCHERT, is **SUSPENDED** for one (1) year, with all but **SIXTY (60)** days **STAYED**, to be effective March 1, 2008; and be it further,

ORDERED that the Respondent's license be thereafter placed on **PROBATION** for at least **TWO (2) YEARS** during which the Respondent shall:

1. Successfully complete a Board-approved documentation course within the first year of probation;

2. Take and pass the Maryland Jurisprudence Examination within the first year of probation; and

3. Successfully complete a Board-approved college-level ethics course; and be it further,

ORDERED that the Respondent pay a fine in the amount of \$5,000.00; and be it further,

ORDERED that on or before March 1, 2008, the Respondent shall submit her physical therapist's license to the Board of Physical Therapy Examiners to be held by the Board during the active suspension period; and be it further,

ORDERED that the Respondent may petition the Board for release from probation no earlier than two (2) years from the date probation commences. The Board, in its discretion, shall release the Respondent from probation provided that the Respondent has fully complied with the probationary conditions above and paid the fine; and be it further,

ORDERED that should the Respondent violate any of the terms and/or conditions of this Order, the Board, in its discretion, after notice and an opportunity for a hearing, may impose any additional sanctions, including revocation and/or a monetary penalty authorized under the Maryland Physical Therapy Act; and be it further,

ORDERED that this is a Final Order of the Maryland Board of Physical Therapy Examiners and as such is a PUBLIC DOCUMENT pursuant to *Md. Code Ann., State Gov't §§ 10-611 et seq.*

February 5, 2008
Date

Shirley Leeper, P.T.A.
Shirley Leeper, P.T.A.
Vice-Chair

NOTICE OF RIGHT TO APPEAL

Pursuant to Md. Code Ann., Health Occ. §13-318, you have a right to take a direct judicial appeal. A petition for appeal shall be filed within thirty days of your receipt of this Final Order and shall be made as provided for judicial review of a final decision in the Maryland Administrative Procedure Act, Md. Code Ann., State Gov't §§10-201 et seq., and Title 7, Chapter 200 of the Maryland Rules.