Tejal Mukesh Sanghvi P.T. 9308 Cherry Hill Road Apt. 506 College Park, MD 20740

Date: 20/03/2010,

Margery Rodgers, P.T., Chairperson Maryland State Board of Physical Therapy Examiners 4201 Patterson Avenue Baltimore, Maryland 21215

RE:

Surrender of License to Practice Physical Therapy

<u>License Number: 21350</u> Case Number: 08-44

Dear Ms. Rodgers and Members of the Board:

I have decided to **SURRENDER** my license to practice physical therapy in the State of Maryland, License Number 21350 (D.O.B. 8/1/1979). I understand that the surrender of my license means that I may not practice physical therapy, as it is defined in the Maryland Physical Therapy Act (the "Act"), codified at Md. Health Occ. ("H.O.") Code Ann. §§ 13-101, et seq., (2009 Repl. Vol.). In other words, I understand that the surrender of my license means that I am in the same position as an unlicensed individual. This Letter of Surrender shall become effective immediately upon the date of acceptance by the Maryland State Board of Physical Therapy Examiners (the "Board").

Hunderstand 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 physical therapy in the State of Maryland has been prompted by an investigation of my license by the Board and the Office of the Attorney General. In lieu of proceeding with disciplinary action by the Board, I have decided to surrender my license to practice physical therapy in the State of Maryland.

I acknowledge that the Board initiated an investigation of this matter following a complaint filed on September 10, 2007. The Board's investigation revealed that I committed violations of the Act while employed by Chesapeake Physical and Aquatic Therapy in Laurel, Maryland. During the period of my employment, I admit to the following violations of the Act:

1) At times, I provided physical therapy services to more than an average of three (3) patients per treatment hour, excluding group therapy, in violation of the Code Md. Regs. tit 10 ("COMAR") §38.03.02A(2)(i);

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At times, I failed to reevaluate my patients every thirty (30) days and/or document the findings of such reevaluations, in violation of COMAR 10(38/Ø3.02A(2)(g);

PAMENT 3) At times, I did not provide direct supervision of students and aides who assisted me in the delivery of physical therapy treatment, in violation of COMAR 10.38.03.02A(2)(h);

- 4) At times, I failed to meet the standards for adequate documentation, including but not limited to, failing to communicate with the physical therapy assistant regarding changes in the patient's status and treatment plan, in violation of both COMAR 10.38.03.02-1 and 10.38.03.02A(2)(I);
- 5) At times, I failed to meet the accepted standards in Maryland for the delivery of physical therapy care, in violation of H.O. § 13-316 (26).

I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender to avoid prosecution under the Act and to resolve this matter. I acknowledge that if the Board were to issue 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 Act as set forth above.

I understand that by executing this Letter of Surrender I am waiving any right to contest any charges that would issue from the Board's investigative findings in a formal evidentiary hearing at which I would have had the right to legal counsel, to cross-examine witnesses, to provide testimony, to call witnesses on my own behalf and all other substantive and procedural protections provided by law, including the right to appeal.

I understand that the Board will advise the National Practitioner's Data Bank 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. I also 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 underlying investigative documents, 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. State Govt. Code Ann. § 10-611 et seq. (2009 Repl. Vol.). Finally, I understand that this Letter of Surrender is considered a disciplinary action by the Board.

I affirm that enclosed with this Letter of Surrender, is my original Maryland physical therapy license, number 21350, and my most recent wallet-sized renewal card.

PAMENT

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INESH R. KADAN

I acknowledge that I presently reside in India and have no immediate intention to return to the United States. I understand and agree that if, in the future, I decide to return to the United States and wish to practice physical therapy in Maryland, I must fulfill the following conditions before the Board may application for reinstatement of my Maryland license to practice ophysical therapy:

1) Enroll in and successfully complete a Board-approved professional ethics tutorial addressing the ethical violations admitted above, with the

costs of the tutorial to be borne by me;

 Enroll in and successfully complete a Board-approved billing course addressing all aspects of physical therapy billing procedures including but not limited to the CPT coding. All costs of this course shall be borne by me;

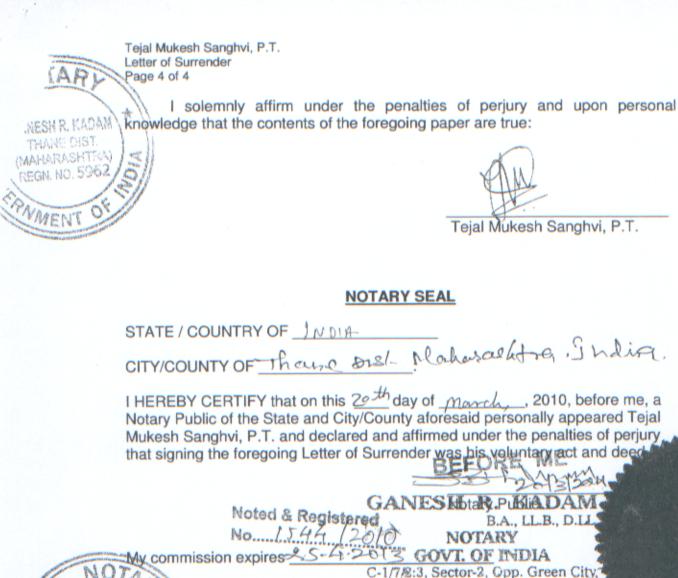
3) Enroll in and successfully complete the Board Law and Ethics course pertaining to the Physical Therapy Practice Act. All costs of this course

shall be borne by me.

I agree that I will not petition for reinstatement of my license until I have provided the Board with documentation confirming my successful completion of the three (3) courses described above. In the event that I apply for reinstatement to practice physical therapy, I fully understand that the Board has full and absolute discretion to grant or deny my application for reinstatement, even after my successful completion of the three (3) courses/tutorials that I have agreed to. If the Board does grant my application for reinstatement, I understand that the Board may set terms and conditions that shall apply to my receiving a reinstated Maryland license, including but not limited to a probationary period. I also understand that if I apply for reinstatement that I bear the burden of demonstrating to the Board that I am competent to practice physical therapy and possess good moral character, as specified in H.O. §§13-302 and 13-303. I understand that if I determine that if I would like once again to 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.

GAMESH R. KADAM THANE DIST. (MAHARASHTRA) REGN. NO. 5962



C-1/7/2:3, Sector-2, Opp. Green City. Vashi, Navi Mumbai-400 703. ACCEPTANCE 2 0 MAR 2010 GAMESH R. KADAM On behalf of the Maryland State Board of Physical Therapy Examiners, on Maryland State Board of Physical Therapy Examiners, on Total Mukesh Sanghvi's (ipril , 2010, I accept Tejal Mukesh Sanghvi's day of ___ OFPUBLIC SURRENDER of her license to practice physical therapy in the State of Maryland.

Margery Rødgers, P.T., Chair

Maryland State Board of Physical Therapy Examiners

