

**SHARON F. BANKS-BROY, LCSW-C**

Date: January 11, 2017

Denise Capaci, LCSW-C, Board Chair  
State Board of Social Work Examiners  
4201 Patterson Avenue  
Baltimore, Maryland 21215

RE: Surrender of Social Work License  
License Number: 09114  
Case Number: 2016-2226

Dear Ms. Capaci and Members of the Board:

Please be advised that I have decided to **SURRENDER** my license to practice social work in the State of Maryland, License Number 09114, effective immediately. I understand that upon surrender of my license, I may not practice social work, with or without compensation, or otherwise engage in the practice of social work in the State of Maryland as it is defined in the Maryland Social Workers Act (the "Act"), Md. Code Ann., Health Occupations. ("H.O.") §§ 19-101 *et seq.*, (2014 Repl. Vol. and 2015 Supp.) and other applicable laws. 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 in the State of Maryland.

I understand that this Letter of Surrender is a **PUBLIC DOCUMENT** and on the Board's acceptance, becomes a **FINAL ORDER** of the Board.

My decision to surrender my license to practice social work in the State of Maryland has been prompted by an investigation of my license by the Maryland State Board of Social Work Examiners (the "Board") and the Office of the Attorney General. The results of the investigation led the Board to issue disciplinary charges against me on September 27, 2016, under Case Number 2016-2226.

I have decided to surrender my license to practice social work in the State of Maryland to avoid further prosecution of the disciplinary charges now pending before the Board. I acknowledge that the Board initiated an investigation of this matter and issued disciplinary charges against me under the Act.

I acknowledge that I pled guilty in Baltimore Circuit Court to one count of Medicaid Fraud, and was sentenced to three years, probation before judgment, 3 years probation, and restitution. I acknowledge that my guilty plea was based on the fact that I improperly billed the Medicaid program for therapy services that were not provided to clients.

After its investigation, the Board charged me with violating the following provisions of H.O. §§ 19-311:

- (4) Commits any act of gross negligence, incompetence, or misconduct in the practice of social work;
- (5) Engages in a course of conduct that is inconsistent with generally accepted professional standards in the practice of social work;
- (6) Violates any provision of this title or regulations governing the practice of social work adopted and published by the Board; [and]
- (7) Is convicted of or pleads guilty or nolo contendere to a felony or to a crime involving moral turpitude, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside[.]

The Board also charged me with violating Code Md. Reg. ("COMAR") tit. 10 § 42.03.

.03 Responsibilities to Clients.

B. The licensee may not:

- (1) Participate or condone dishonesty, fraud, deceit, or misrepresentation;
- (3) Exploit a relationship with a client for personal advantage or satisfaction; [or]
- (6) Engage or participate in an action that violates or diminishes the civil or legal rights of a client[.]

I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender to avoid prosecution of the aforementioned charges under the Act. I acknowledge that if the case were to proceed to an evidentiary hearing, the Board would be able to prove by a preponderance of the evidence that I violated the Act as charged. I acknowledge that for all purposes relevant to social work licensure, those investigative findings will be treated as if proven.

I understand that by executing this Letter of Surrender I am waiving any right to contest the charges in a formal evidentiary hearing at which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf and all other substantive and procedural protections provided by law, including the right to appeal.

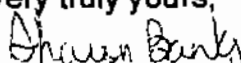
I understand that the Board will advise the National Practitioners' Data Bank of this Letter of Surrender, and in any response to any inquiry, that I have surrendered my license in lieu of further disciplinary action under the Act. I also understand that in the event I would apply for license in any form in any other state or jurisdiction, that this Letter of Surrender and the 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 Gov't. Code Ann. § 10-611 *et seq.*, (2014 Repl. Vol. & 2015 Suppl.), and that this Letter of Surrender is considered a disciplinary action by the Board.

I acknowledge that upon the Board's acceptance of this Letter of Surrender, I shall present to the Board any license documents that I have in my possession.

I further recognize and agree that by submitting this Letter of Surrender, my social work license in Maryland will remain surrendered for A **MINIMUM OF THREE YEARS** and until such time as I apply for and am granted reinstatement by the Board, subject to the following terms and conditions: 1) prior to applying for reinstatement, I agree to enroll in a Board approved ethics class for social workers.

I understand that when applying for reinstatement, I approach the Board in the same posture as someone whose license has been revoked. I understand that the Board shall have sole and absolute discretion to accept or deny any application I may file irrespective of whether I meet the requirements of the Act or the implementing regulations.

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 be represented by the attorney of my choice throughout proceedings before the Board, including the right to counsel with an attorney prior to signing this Letter of Surrender. I have knowingly, willfully and intelligently waived my right to be represented by an attorney before signing this letter surrendering my license to practice social work in Maryland. 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 voluntarily choose to surrender my Maryland license to practice social work pursuant to the terms and conditions set out herein. I make this decision knowingly and voluntarily.

Very truly yours,  


**NOTARY**

**STATE OF MARYLAND**  
**CITY/COUNTY OF Baltimore**

I HEREBY CERTIFY that on this 17<sup>th</sup> day of January 2017,  
before me, a Notary Public of the State and City/County aforesaid, personally appear  
SHARON BANKS-BROY, LCSW-C, and declared and affirmed under the penalties of  
perjury that signing the foregoing Letter of Surrender was his voluntary act and deed.

Sharon Banks  
Sharon F. Banks-Broy, LCSW-C

AS WITNESS my hand and Notarial seal.

Patricia Morris English  
Notary Public

My Commission expires: 22 September 2018

PATRICIA MORRIS ENGLISH  
NOTARY PUBLIC STATE OF MARYLAND  
County of Baltimore  
My Commission Expires September 22, 2018

**ACCEPTANCE**

On this 13<sup>th</sup> day of January, <sup>2017</sup>~~2016~~, I, Denise Capaci,  
LCSW-C, on behalf of the Maryland State Board of Social Work Examiners, accept the  
**SURRENDER** of the license of SHARON BANKS-BROY's, LCSW-C to practice social  
work in the State of Maryland.



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Denise Capaci, LCSW-C  
Board Chair, Maryland State Board of Social  
Work Examiners