

Pamela A. Evans, LCSW-C
[REDACTED]
[REDACTED]

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

RE: Surrender of License as a
Licensed Certified Social Worker – Clinical
License Number: 07201
Case Number: 2015-2143

Dear Ms. Capaci and Members of the Board:

Please be advised that I have decided to **SURRENDER** my license to practice social work, clinical or otherwise, in the State of Maryland, License Number 07201, effective upon the execution of this letter by the Board Chair. I understand that I upon the Board's acceptance of this letter of surrender, I may not represent myself to the public by title, by description of services, methods, procedures, or otherwise that I am a licensed certified social worker - clinical. Moreover, I may not practice social work, clinical or otherwise, as it is defined in the Maryland Social Workers Act (the "Act"), Md. Code Ann., Health Occ. II ("Health Occ. II") § 19-101.

I understand that upon the Board's acceptance, this Letter of Surrender becomes a **FINAL ORDER** of the Board. I understand that the surrender of my license means that I am in the same position as an unlicensed individual.

My decision to surrender my license to practice clinical social work in Maryland was prompted by the Maryland State Board of Social Work Examiners' (the "Board's") investigation of my license and its subsequent issuance of a *Notice of Intent to Revoke Licensure* (the "Notice"), dated May 13, 2016. The Board based its Notice on grounds that I violated the following provisions of the Act: commits any act of misconduct in the practice of social work, in violation of Health Occ. II § 19-311(4); engages in a course of conduct that is inconsistent with generally accepted professional standards in the practice of social work, in violation of § 19-311(5); violates any provision of this title or regulations governing the practice of social work adopted and published by the Board, *i.e.* Md. Code Regs. 10.42.03.03B(1), in violation of § 19-311(6); and pleads guilty to a felony or to a crime involving moral turpitude, in violation of § 19-311(7). **A copy of the Notice is attached hereto and incorporated herein.**

The Board's investigation found that from July 2012 to September 2013, I submitted claims totaling \$11,814.90 to Medicaid for individuals who did not receive

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mental therapy services for which I received reimbursement from Medicaid. On or about October 15, 2015, I appeared in the Circuit Court for Baltimore City, Maryland, in Case Number 115215001, captioned *State of Maryland v. Pamela A. Evans*, and pleaded guilty to one count of Felony Medicaid Fraud, in violation of Md. Code Ann., Crim. Law § 8-509. The circuit court judge found me guilty but granted me probation before judgment, placed me on supervised probation for five years and ordered me to pay restitution in the amount of \$11,814.90 and perform 200 hours of community service.

I have decided to surrender my license to avoid prosecution of these disciplinary charges. I acknowledge that if the Board were to proceed with an evidentiary hearing in this matter, the State would be able to prove by a preponderance that I violated the foregoing provisions of the Act. I acknowledge for all purposes relevant to my licensure, that the allegations of fact contained in the Notice against me will be treated as proven. I hereby affirm that I have terminated any social work practice I had in Maryland.

I wish to state clearly that I have voluntarily, knowingly, and freely chosen to submit this Letter of Surrender. I understand that, by the execution of this Letter of Surrender, I am waiving the right to contest the Notice in a formal evidentiary hearing at which I would have the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf and to all other substantive and procedural protections provided by law, including the right to appeal.

I acknowledge that upon the execution of this Letter of Surrender, I shall surrender to the Board my Maryland clinical social worker license, number 07201, including any wall certificate, renewal certificates and wallet-sized renewal cards in my possession. I understand that the Board will advise the National Practitioner Data Bank of this Letter of Surrender, and in any response to inquiry, that I have surrendered my license in lieu of disciplinary action under the Act as resolution of the matters pending against me. 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, and all underlying 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. Code Ann., General Prov. §§ 4-101 *et seq.* (2014).

I further recognize and agree that by submitting this Letter of Surrender, my license in Maryland will remain surrendered for a minimum of one (1) year and until such time as I apply for reinstatement and comply with the terms and conditions set forth in this letter and those determined by the Board.

I also understand that if I apply for reinstatement in Maryland or for a new Maryland license that I bear the burden of demonstrating to the Board that I am professionally and mentally competent to practice social work under the Act and that I possess good moral character, as required under Health Occ. II § 19-302(a)(3). I also understand that, at minimum, I must demonstrate to the Board: my understanding of my

prior misconduct; my subsequent conduct and reformation; my present character and my present qualifications and competence to practice social work. I understand that when applying for reinstatement, my petition may be accepted or denied by the Board in its sole discretion without a hearing.

I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason whatsoever. I understand the nature and effect of both the Board's actions and this Letter of Surrender fully. I acknowledge that I understand the language, meaning, terms, and effect of this Letter of Surrender. I acknowledge that I had the opportunity to consult with an attorney before signing this Letter of Surrender and I make this decision knowingly and voluntarily and without any duress.

Sincerely yours,

9/7/17
Date

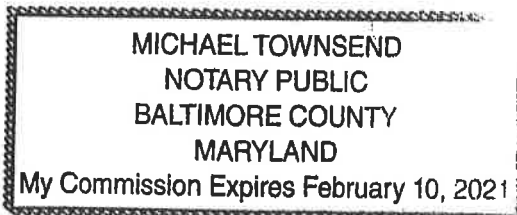
Pamela A. Evans
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NOTARY PUBLIC

STATE OF MARYLAND
CITY/COUNTY OF Baltimore

I HEREBY CERTIFY that on this 7th day of September, 2017, before me, a Notary Public of the State and City/County aforesaid, personally appear Pamela A. Evans, and declared and affirmed under the penalties of perjury that signing the foregoing Letter of Surrender was her voluntary act and deed.

AS WITNESS my hand and Notarial seal.



Michael Townsend
Notary Public

My Commission expires: February 10, 2021

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ACCEPTANCE

On this 13 day of October, 2017, I, Denise Capaci, LCSW-C, on behalf of the Maryland State Board of Social Work Examiners, accept Pamela A. Evans's **PUBLIC SURRENDER** of her license to practice social work in the State of Maryland.



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