

Joy Martini, LCSW-C

Received

SEP 10 2024

Maryland Board of  
Social Work Examiners

Date: September 5, 2024

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

RE: Surrender of Social Work License  
License Number: 20899  
Case Numbers: 2023-3373

Dear Ms. Coppage 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: 20899 effective immediately. I understand that upon surrender of my license, I may not represent myself to the public by title, abbreviation, sign, card, or other representation that I am a licensed social worker in the State of Maryland. Moreover, I may not engage in the practice of social work, in any capacity, as defined in the Maryland Social Workers Act (the "Act"), Md. Code Ann., Health Occupations ("Health Occ.") §§ 19-101 *et seq.*, (2021 Repl. Vol. and 2023 Supp.) and other applicable laws. In other words, as of the effective date of this Letter of Surrender, I understand 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 Maryland State Board of Social Work Examiners (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 Board.

I acknowledge that the Board received a complaint alleging that I engaged in an inappropriate intimate relationship with a former client with whom I had a prior therapeutic counseling relationship. The Board began an investigation of these allegations. The Board's investigation found that I did engage in an inappropriate relationship with a former client with whom I had a prior therapeutic counseling relationship, which I admitted during my written response to the complaint, and under-oath interview with the Board's investigator. The relationship began approximately 2 ½ years after the client completed counseling and was discharged. I have decided to surrender my license to practice social work in the State of Maryland to avoid further investigation and because I admitted that this represented a violation of the MD Social Work Practice Act. I recognize that for all purposes relevant to social work licensure that these allegations shall be treated as proven and that these allegations support violations of Health Occ. § 19-311(4)(commits any act of gross negligence, incompetence, or misconduct in the practice of social work); § 19-311(5)(engages in a course of conduct that is inconsistent with generally accepted professional standards in the practice

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of social work); and § 19-311(6) (violates any provision of this title or regulations governing the practice of social work adopted and published by the Board).

I wish to make clear that I have voluntarily, knowingly, and freely chosen to submit this Letter of Surrender to avoid the issuance of charges and prosecution of the aforementioned allegations. I do not wish to contest these allegations. I acknowledge that for all purposes relevant to my licensure, the Board's investigative findings will be treated as if proven.

I acknowledge that upon my execution of this Letter of Surrender, I shall surrender to the Board my Maryland Social Work license, License number 20899, including any wall certificate, renewal certificates, and wall-sized renewal cards in my possession.

I understand that the Board will advise the Association of State Boards of Social Work, the National Practitioners' Data Bank, any other required entities 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. Code Ann., State Govt., § 10611 et seq., (2021 Repl. Vol. and 2023 Repl.). Finally, I understand that this Letter of Surrender is considered a disciplinary action by the Board.

I recognize and agree that by submitting this Letter of Surrender, my license will remain surrendered unless and until the Board grants reinstatement of my license. I understand that if I apply for reinstatement of my Maryland license, the Board or its successor has absolute discretion to grant or deny my application for reinstatement. If the Board does grant reinstatement, it may impose any terms and conditions the Board considers appropriate for public safety and the protection of the integrity and reputation of the profession. I further understand that if I file a petition for reinstatement, I approach the Board or its successor in the same position as an individual whose license has been revoked. I also understand that if I apply for reinstatement, I will bear the burden of demonstrating my professional competence and fitness to practice social work to the satisfaction of the Board.

I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason whatsoever. 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 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.

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Very truly yours,

  
Joy Martini, LCSW-C

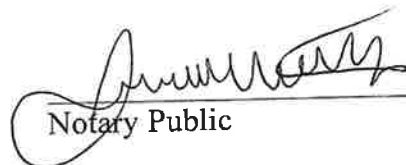
**NOTARY**

**STATE OF MARYLAND**

**COUNTY OF MONTGOMERY**

I hereby certify that on this 9 day of September, 2024, before me, a Notary Public of the State of Maryland and County aforesaid, personally appeared, **JOY MARTINI, LCSW-C**, License Number: 20877 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.

  
Notary Public

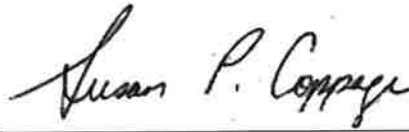
My commission expires: April 29, 2027.



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ACCEPTANCE

On this 10th day of September, 2024, I, Susan Coppage, LCSW-C, Board Chair, on behalf of the Maryland State Board of Social Work Examiners, accept the SURRENDER of the license of **Joy Martini** to practice social work in the State of Maryland.



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Susan Coppage, LCSW-C  
Board Chair  
Maryland State Board of Social Work Examiners

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