

DANA CATHERINE WEEKS, LMSW

Received

DEC 03 2019

Board of Social Work Examiners

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

RE: Surrender of License to Practice as a
Licensed Master Social Worker
License Number: 23904
Case Number: 2019-2655 & 2019-2678

Dear Ms. Silberman and Members of the Board:

Please be advised that pursuant to Md. Code Ann., Health Occ. § 19-310 (2014 Repl. Vol. & 2018 Supp.) I have decided to **SURRENDER** my license to practice as a licensed masters social worker, or otherwise, in the State of Maryland, License Number 23904, effective upon the acceptance of this letter by the Board Chair.

I understand that upon the Maryland State Board of Social Work Examiner's (the "Board's") acceptance of this letter of surrender, I may not represent to the public by title, description of services, methods, procedures, or otherwise that I am a licensed masters social worker. Moreover, I understand that I may not practice social work, masters social work or otherwise, as defined in the Maryland Social Workers Act (the "Act"), Md. Code Ann., Health Occ. §§ 19-101 *et seq.* Neither may I serve or continue to serve as: a board authorized sponsor; a presenter and/or trainer of social work continuing education learning activities; an ethics tutor; or an evaluator for the Board. I also understand that the surrender of my license means that I am in the same position as an unlicensed individual.

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

I acknowledge that the Board initiated an investigation of my social work practice, and that during the course of the investigation, I requested that the Board allow me to surrender my license. The Board's investigation revealed that I provided an illicit drug, known as LSD, to a social worker, John Doe. I exercised my right to plea the Fifth Amendment regarding these two facts. My signature on this Letter of Surrender cannot be viewed as an admission to the Board's investigative findings.

I have decided to surrender my license to avoid prosecution which could result in formal discipline and/or sanctions including revocation of my license and fines. 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 of the evidence that I violated certain provisions of the Act, including Health Occ. § 19-311(4) (commits any act of gross negligence, incompetence, or misconduct in the practice of social work), and (6) (violates any provision of this title or regulations governing the practice of social work adopted and published by the Board), with an underlying violation of COMAR10.42.03.05A (the licensee may not enter into a dual relationship with a client or an individual with whom the client has a close personal relationship); COMAR 10.42.03.05D (the licensee may not engage in sexual misconduct with either current or former clients) and COMAR 10.42.03.06B(1) (a licensee may not undertake or continue a professional relationship with a client when the competence or objectivity of the licensee is or could reasonably be expected to be impaired due to: a mental, emotional... pharmacological, substance abuse, or personal problems). I acknowledge for all purposes relevant to my licensure, that the allegations of fact set forth above will be treated as proven.

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 Board's investigative findings 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 (i.e. immediately return) to the Board my Maryland clinical social worker license, License Number 23904, 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 hereby affirm that I have terminated any social work practice I had in Maryland.

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 in granting or denying my application for reinstatement with or without a hearing and with no right on my part for a judicial review of the Board's decision. I further understand that if

I file a petition for reinstatement, I will approach the Board or its successor in the same position as an individual who had previously surrendered or lost his or her property rights in his or her social work license.

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 an attorney of my choice throughout proceedings before the Board, including the right to consult 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 make this decision knowingly and voluntarily.

Sincerely,

11/25/2019
Date

Dana P. Weeks
Dana Weeks

NOTARY PUBLIC

STATE/DISTRICT OF MARYLAND

CITY/COUNTY OF MONTGOMERY

I HEREBY CERTIFY that on this 25th day of NOVEMBER, 2019, before me, a Notary Public of the State/District and City/County aforesaid, personally appeared **Dana Weeks**, 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.

RS
Notary Public

My Commission expires: 08/02/2022



Letter of Surrender
Dana Weeks, LMSW
License No. 23904, Case No. 2019-2655 & 2019-
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ACCEPTANCE

On this 3rd day of December, 2019, I, Sherryl Silberman, LMSW, on behalf of the Maryland State Board of Social Work Examiners, hereby accept Dana Weeks's **PUBLIC SURRENDER** of his license to practice social work in the State of Maryland pursuant to Md. Code Ann., Health Occ. § 19-310 (2014 Repl. Vol. & 2018 Supp.).



Sherryl Silberman, LCSW-C
Board Chair
Maryland State Board of Social Work Examiners