

**William C. Schmor, D.D.S.**  
**License Number: 13554**

Arpana Singh Verma, D.D.S.  
Board President  
Maryland State Board of Dental Examiners  
55 Wade Avenue/Tulip Drive  
Catonsville, Maryland 21613

**RE: PERMANENT SURRENDER OF LICENSE**  
License Number: 13554  
Case Number: 2022-104

Dear Dr. Verma and Members of the Board:

Please be advised that I have decided to **PERMANENTLY SURRENDER** my license to practice dentistry in the State of Maryland, License Number 13554, effective immediately upon the execution of this letter by the Board President. Upon the execution of this Permanent Letter of Surrender, I agree not to practice dentistry in Maryland in any form as it is defined in the Maryland Dentistry Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ.") § 4-101 (2021 Repl. Vol.). I understand and agree that immediately upon the execution of this Permanent Letter of Surrender, I may not represent myself to the public by title, description of services, methods, procedures, or otherwise that I am licensed to practice dentistry in Maryland.

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

My decision to surrender my license to practice dentistry in Maryland was prompted by the Maryland State Board of Dental Examiners' (the "Board's") investigation based a complaint from a former patient (the "Complainant") alleging, among other things, that I failed to comply with the CDC Protocols regarding infection control at my office, located at 1333 Donald Ave. Severn, Maryland 21144. The Board's subsequent investigation, which included an inspection of my practice on April 14, 2022, determined that I failed to comply with the CDC Protocols regarding infection control.

For the purposes of this licensing action, and due to my retirement from the practice of dentistry and to avoid the time, effort, and cost to defend against these allegations and avoid further prosecution, I have decided to surrender my license. Nevertheless, I understand that if the Board were to proceed with a disciplinary action and evidentiary



hearing in this matter, the State would be able to prove by a preponderance of the evidence that I failed to comply with the CDC Protocols regarding infection control at my office.

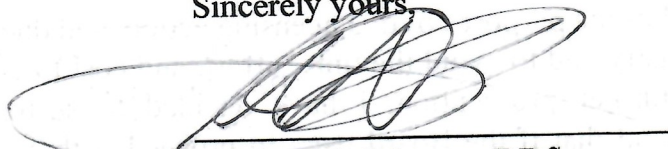
I wish to state clearly that I have voluntarily, knowingly, and freely chosen to submit this Permanent Letter of Surrender. I understand that by signing this Permanent Letter of Surrender, I am waiving the right to contest any potential charges the Board may issue relating to failure to comply with the CDC Protocols regarding infection control at my office 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 Permanent Letter of Surrender, I shall surrender to the Board any indicia of Maryland dentistry license that is in my possession, including my Maryland dental license, number 13554, any wall certificate, renewal certificates and wallet-sized renewal cards. I understand that the Board will advise the National Practitioner Data Bank of this Permanent Letter of Surrender, and in any response to inquiry, that I have permanently 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 should apply for licensure in any form in any other state or jurisdiction, that this Permanent 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.* (2019).

I further recognize and agree that by submitting this Permanent Letter of Surrender, my license will remain permanently surrendered, and I may not apply for a reinstatement of my license.

I acknowledge that upon the Board's execution of this letter and thereafter, 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 Permanent 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 and elected not to do so before signing this Permanent Letter of Surrender, and I make this decision knowingly and voluntarily and without any duress.

Sincerely yours,



William C. Schmor, DDS

July 6, 2022  
Date

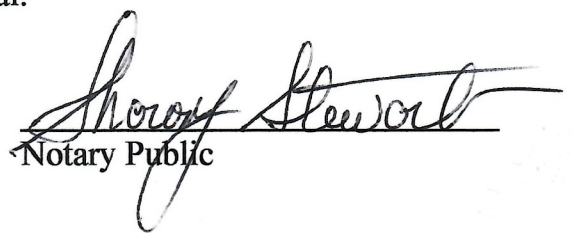
**NOTARY PUBLIC**

STATE OF Maryland

CITY/COUNTY OF Anne Arundel

I HEREBY CERTIFY that on this 6<sup>th</sup> day of July, 2022, before me, a Notary Public of the State and City/County aforesaid, personally appeared William C. Schmorrr, and declared and affirmed under the penalties of perjury that signing the foregoing Permanent Letter of Surrender was his voluntary act and deed.


AS WITNESS my hand and Notarial seal.

  
Notary Public

My Commission expires: 1/9/2023

**ACCEPTANCE**

On this 28<sup>th</sup> day of July, 2022, I, Arpana Singh Verma, D.D.S., on behalf of the Maryland State Board of Dental Examiners, accept William C. Schmorrr's **PUBLIC PERMANENT SURRENDER** of his license to practice dentistry in the State of Maryland.

  
Arpana Singh Verma, D.D.S.  
Board President  
Maryland State Board of Dental Examiners