JEFFREY L. CROFT, D.D.S. License Number: 9561

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

RE: SURRENDER OF LICENSE

License Number: 9561 Case Number: 2021-020

Dear Dr. Verma and Members of the Board:

Please be advised that I have decided to **SURRENDER** my license to practice dentistry in the State of Maryland, License Number 9561, effective immediately upon the execution of this letter by the Board President. I understand and agree that immediately upon the Board's acceptance of this 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. Moreover, I may not practice dentistry in the State of Maryland as it is defined in the Maryland Dentistry Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ.") § 4-101 (2014 Repl. Vol. & 2020 Supp.).

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 dentistry in Maryland was prompted by the Maryland State Board of Dental Examiners' (the "Board's") investigation of my license based on allegations of my failure to comply with Centers for Disease Control and Prevention Guidelines ("CDC Guidelines") in my dentistry practice, as well as my intention to retire from the practice of dentistry. The Board's investigation determined that it had grounds to issue disciplinary charges against me for; behaving dishonorably or unprofessionally, or violating a professional code of ethics pertaining to the dentistry profession, in violation of Health Occ. § 4-315(a)(16); and except in an emergency lifethreatening situation where it is not feasible or practicable, failing to comply with the Centers for Disease Control's guidelines on universal precautions, in violation of Health Occ. § 4-315(a)(28).

Based on a complaint dated August 17, 2020, from a former employee of mine alleging that there were substandard infection control practices and lack of COVID-19

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precautionary measures at my dental practice, the Board sent an infection control inspector to conduct an infection control inspection of my dental practice on January 29, 2021. After reviewing the Board inspector's findings, the Board's Dental Compliance Officer determined that I failed to comply with CDC Guidelines at my dental practice for reasons including, but not limited to: failing to maintain policies and procedures as recommended under Section I of the CDC Guidelines; failing to wash hands after removing gloves; failing to have available proper Personal Protective Equipment; failing to instruct patients on proper respiratory hygiene and cough etiquette; failing to maintain proper disposal of biohazard waste; inconsistent sterilization and disinfection of patient care devices; failing to install barrier protection in operatory; failing to comply with CDC Guideline addendum relating to COVID-19 precautionary measures.

For the purposes of this licensing action, I have decided to surrender my license due to my intention to retire from the practice of dentistry and to avoid the time, effort, and cost to defend against these allegations. 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 CDC Guidelines in my dental practice.

I wish to state clearly that I have voluntarily, knowingly, and freely chosen to submit this Letter of Surrender. I understand that by signing this Letter of Surrender, I am waiving the right to contest any potential charges the Board may issue relating to my compliance with CDC Guidelines 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 any indicia of Maryland dentistry license that is in my possession, including my Maryland dental license, number 9561, any wall certificate, renewal certificates and wallet-sized renewal cards. 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 should 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 will remain surrendered unless and until the Board grants reinstatement. In the event that I apply for reinstatement of my Maryland License, I understand that the Board or its

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successor is not required to grant reinstatement; and, if it does grant reinstatement, may impose any terms and conditions the disciplinary panel considers appropriate for public safety and the protection of the integrity and reputation of the profession.

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 and elected not to do so before signing this Letter of Surrender, and I make this decision knowingly and voluntarily and without any duress.

	Sincerely yours,			
OCTOBER 1, 2021 Date	Jeffrey L. Croft			
NOTARY PUBLIC				
STATE OF Maryland				
CITY/COUNTY OF Frederick	•			
before me, a Notary Public of the State and	day of <u>October</u> , 2021, City/County aforesaid, personally appeared under the penalties of perjury that signing the ary act and deed.			
AS WITNESS my hand and Notarial s	seal.			
	Notary Public			
My Commission expires: 07/24/2	2025 ATRICK CONTRACTOR OF THE PATRICK CONTR			
	WINCK CONTINUE			

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ACCEPTANCE

On this 20 day of October	2021,	I,	Arpana	Singh
Verma, D.D.S., on behalf of the Maryland State Board of Dental	Exami	ner	s, accept	Jeffrey
L. Croft's PUBLIC SURRENDER of his license to practice	dentis	try	in the S	tate of
Maryland.				

Arpana Singh Verma, D.D.S.

Board President

Maryland State Board of Dental Examiners

State of





MARYLAND DEPARTMENT OF HEALTH

LIGENSE, REGISTRATION, OR CENTIFICATION RENEWAL

THE MARYLAND STATE BOARD OF CERTIFIES THAT.
IS AN AUTHORIZED

DENTAL EXAMINERS
DR. JEFFREY L CROFT
Active DENTIST

IN ACCORDANCE WITH THE HEALTH OCCUPATIONS ARTICLE OF THE ANNOTATED CODE OF MARYLAND

LIC. REG. CERT. NO.

66/30/2023

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES

THE LAW REQUIRES THAT THE BOARD BE NOTIFIED OF THESE CHANGES WITHIN 60 DAYS. HOWEVER, IT IS STRONGLY RECOMMENDED THAT YOU NOTIFY THE BOARD IMMEDIATELY.

Board of DENTAL EXAMINERS
SPRING GROVE HOSPITAL
BENJAMIN RUSH BUILDING
55 WADE AVENUE
BALTIMORE, MD 21228

DR. JEFFREY L CROFT 198 THOMAS JOHNSON DRIVE -SUITE 17 FREDERICK MD 21702

RECEIVED

OCT 1 8 2021

BOARD OF DENTAL EXAMINERS

Signature of Licensee Androland State Board of Dental Examines 30°E

DENTAL LICENSE

to pursue the practice of Dentistry in this State under the provisions of the Maryland Dentistry Act, as codified in the Health Occupations Article of the Annotated Code of Maryland. JEFFREY LOUIS CROFT Granted to_



RECEIVED

Given this Second day of

President.

Secretary.

BOARD OF DENTAL EXAMINERS