

Sarah Collier,
149 Nunnery Lane
#A-1
Catonsville, MD 21228

[Date]

Maryland State Board of Dental Examiners
55 Wade Avenue
Baltimore, MD 21228

RECEIVED
JUL 13 2012
BOARD OF DENTAL EXAMINERS

RE: Letter of Surrender
License Number: 254185
Board Case Number: 2010-157

Dear Dr. Chu and Members of the Board:

Please be advised that I have decided to **PERMANENTLY SURRENDER** my license to practice Dental Radiation Technology in the State of Maryland, License Number 254185 effective immediately. I understand that upon surrender of my license, I shall not engage in the practice of Dental Radiation Technology as defined in Md. Code Ann., Health Occ. § 4-505(a) (2) and COMAR 10.44.19.01 (B)(2) and other applicable laws. In other words, as of the effective date of this Letter of Surrender, I understand that the surrender of my license means that I am in the same position as an unlicensed individual in the State of Maryland.

I understand that the effective date of this Letter of Surrender is the date of the Board's acceptance and that upon the Board's Acceptance this Letter of Surrender becomes a **FINAL ORDER** of the Board.

My decision to surrender my license to practice Dental Radiation Technology in Maryland has been prompted by an investigation of my license by the Board of Dental Examiners concerning allegations that I violated the Consent Order that I had with the Board. The Board's investigation concluded that I violated said consent order by testing positive for marijuana on a probation drug test, which also violated the Monitoring Agreement made between myself and the Dental Hygienist Well Being Committee. Additionally, I violated my probation by removing the Breathalyzer from my car without authorization of the judge who ordered this equipment. My actions violated COMAR 10.44.19.01(A)(12).

I have decided to surrender my license to practice Dental Radiation Technology in Maryland to avoid disciplinary charges and the prosecution of those charges. I acknowledge that if the Board were to proceed with the charging and an evidentiary hearing in this matter, the State would be able to prove the foregoing violations by a preponderance of the evidence. I acknowledge for all purposes relevant to the practice of Dental Radiation Technology, that the allegations will be treated as proven.

I wish to state clearly that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender, have cooperated with the Board in its investigation of the allegations against me, and complied with the Board's request. I understand that, by executing this Letter of Surrender, I am waiving the right to contest the 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 this Letter of Surrender is a **PUBLIC DOCUMENT** and that the Board will release this Letter of Surrender to any appropriate database regulating Dental Radiation Technologists, and in response to any inquiry, may inform that I have surrendered my license in lieu of further disciplinary action. I also understand that in the event that I would apply for licensure in any form in any other state or jurisdiction, that this Letter of Surrender may be released or published by the Board to the same extent as a final order pursuant to Md. State Gov't. Code Ann. §10-611 *et seq.* (2009 Repl. Vol. & 2011 Suppl.) and that this Letter of Surrender is considered to constitute a disciplinary action by the Board.

I hereby affirm that I will not practice in the State of Maryland. I acknowledge that within 15 days of the date the Board accepts this Letter of Surrender, I shall give the Board my Maryland Dental Radiation Technologist license, including any renewal certificates and wallet-sized renewal cards.

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,

7/13/12
Date


Sarah Collier, D.R.T.

NOTARY

STATE OF MARYLAND

CITY/COUNTY OF Baltimore :

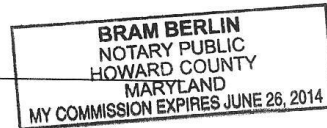
I HEREBY CERTIFY that on this 13 day of July, 2012 before me a Notary Public of the foregoing State of Maryland and the City/County aforesaid, personally appeared Sarah Collier, D.R.T. License Number 254185, and made oath in due form of law that signing the foregoing Consent Order was her voluntary act and deed, and the statements made herein are true and correct.

AS WITNESSETH my hand and notarial seal.



Notary Public

My Commission Expires: _____





STATE OF MARYLAND

DHMH

Maryland State Board of Dental Examiners

Maryland Department of Health and Mental Hygiene
Spring Grove Hospital Center • Benjamin Rush Building
55 Wade Avenue/Tulip Drive • Catonsville, Maryland 21228

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – Joshua M. Sharfstein, M.D., Secretary

July 18, 2012

Sarah Collier
149 Nunnery Lane, Apt A-3
Catonsville, MD 21228

Dear Ms. Collier,

The Board received your Letter of Surrender on July 13, 2012. The Board accepts the surrender of your Dental Radiation Technology Certificate. As of July 18, 2012, your certificate is surrendered.

Please maintain a copy of the attached executed Letter of Surrender for your records.

Very truly yours,

Laurie Sheffield-James
Executive Director

cc: Ngoc Quang Chu, D.D.S., President
Donald Russell, D.D.S., Chair, Case Management Committee
Grant Gerber, A.A.G., Board Counsel
Leslie E. Grant, D.D.S., Dental Compliance Officer