

RONALD G. MANZER, D.D.S.
56 Westmoreland Street
Westminster, MD 21157

10/6/2017

Date:

Arthur C. Jee, D.M.D., President
State Board of Dental Examiners
55 Wade Avenue/Tulip Drive
Catonsville, Maryland 21228

RE: Surrender of Dental License
License Number: 5919
Case Number: 2013-051

Dear Dr. Jee 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 5919, effective immediately. I understand that upon surrender of my license, I may not practice dentistry with or without compensation, or otherwise engage in the practice of dentistry in the State of Maryland as it is defined in the Maryland Dentistry Act (the Act), Md. Code Ann., Health Occ. I (2014 Repl. Vol. and 2016 Supp.) 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 this Letter of Surrender is a **PUBLIC DOCUMENT** and on the Board's acceptance, becomes a **FINAL ORDER** of the Board.

My decision to surrender my license to practice dentistry in the State of Maryland has been prompted by an investigation of my license by the Maryland State Board of Dental Examiners (the "Board") and the Office of the Attorney General. The results of the investigation led the Board to issue a Violation Of Consent Order And Notice of Intent To Revoke Dental License ("Charges") against me on May 17, 2017, under Case Number 2013-051.

I acknowledge that the Board received a Complaint on or about November 12, 2012, from a patient who alleged that I failed to diagnose and treat a decaying tooth. In furtherance of its investigation the Board selected random patient charts (A-H) for an expert review. The Board reviewers concluded that there were issues related to documentation and competency.

The Board charged me with violating the following provisions of the Act under Health Occ. I § 4-315(a): (6), Practices dentistry in a professionally incompetent manner or in a grossly incompetent manner; (16), Behaves dishonorably or unprofessionally, or violates a professional code of ethics pertaining to the dentistry profession; and (18), Violates any rule or regulation adopted by the Board.

I acknowledge that I entered into a Consent Order dated August 10, 2015 to resolve the charges. Pursuant to the Consent Order, the Board suspended my license for a period of one year, which it immediately stayed, and placed me on probation for two years with certain terms and conditions. I acknowledge that I failed to comply with the following terms of the Consent Order in a timely manner:

Condition B

(b) Within **three (3) weeks** of the effective date of this Consent Order the Respondent shall retain, at his expense, a Board-approved Consultant (the "Consultant") to review patient records on a quarterly basis for the two years of probation to assess the appropriateness of his diagnosis and treatment plans, including endodontic treatment and prepare a quarterly report for submission to the Board;

Condition C

(c) Within **twelve (12) months** from the effective date of the Consent Order the Respondent shall take and successfully complete the ADEX examination and provide documentation to the Board;

Condition D

(d) Within **twelve (12) months** of the effective date of this Consent Order, the Respondent shall complete a Board-approved continuing education course in endodontics;

Condition E

(e) Within **twelve (12) months** of the effective date of this Consent Order, the Respondent shall complete a Board-approved continuing education course in diagnosis and formulation of treatment plans;

Condition F

(f) Within **six (6) months** of the effective date of this Consent Order, the

Respondent shall complete a Board-approved continuing education course in record keeping;

Condition H

(h) The Respondent shall submit the course description/syllabus to the Board for approval prior to enrolling in a course required under this Order. The Board reserves the right to require the Respondent to provide further information regarding the course he proposes, and further reserves the right to reject the proposed course and require submission of an alternative proposal. The Board will approve a course only if it deems the curriculum and the duration of the course to be adequate to fulfill the Respondent's requirements under this Order. The Respondent shall be responsible for all costs incurred in fulfilling the course requirements and for submitting to the Board written documentary proof of his successful completion of the course;

Condition J

(j) The Respondent is responsible for ensuring that he completes the required course in a timely manner.

I understand that under the Consent Order, failure to comply with any of the terms of the Consent Order is a violation of the Consent Order, and that I can be subject to further disciplinary action, including reprimand, suspension, revocation, probation, and/or a fine. I also understand that failure to comply with a Consent Order is a violation of H.O. I § 4-315 (33), fail[ure] to comply with any Board Order.

I have decided to surrender my license to practice dentistry in the State of Maryland to avoid further prosecution of the Charges now pending before the Board. I acknowledge that the Board initiated an investigation of this matter and issued Charges against me under the Act.

I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender to avoid prosecution of the aforementioned Charges under the Act. I acknowledge that if the case were to proceed to an evidentiary hearing, the Board would be able to prove by a preponderance of the evidence that I violated the Act as charged. I acknowledge that for all purposes relevant to licensure as a dentist, those investigative findings will be treated as if proven.

I understand that by executing this Letter of Surrender I am waiving any right to contest the charges in a formal evidentiary hearing at which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf and all other substantive and procedural protections provided by law, including the right to appeal.

I understand that the Board will advise the National Practitioners' Data Bank 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. State Gov't. Code Ann. § 10-611 *et seq.*, (2014 Repl. Vol. & 2016 Suppl.), and that this Letter of Surrender is considered a disciplinary action by the Board.

I acknowledge that upon the Board's acceptance of this Letter of Surrender, I shall present to the Board any license documents that I have in my possession.

I further recognize and agree that by submitting this Letter of Surrender, my dentistry license in Maryland will remain surrendered **PERMANENTLY**.

I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason whatsoever. Finally, I wish to make clear that 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 have knowingly, willfully and intelligently waived my right to be represented by an attorney before signing this letter surrendering my license to practice dentistry in Maryland.

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 dentistry pursuant to the terms and conditions set out herein. I make this decision knowingly and voluntarily.

Very truly yours,

A handwritten signature in black ink, appearing to read "Ronald G. Manzer". The signature is fluid and cursive, with a large, stylized initial "R" and "M".

Ronald G. Manzer, D.D.S.

NOTARY

STATE OF MARYLAND

CITY/COUNTY OF HARFORD

I HEREBY CERTIFY that on this 6TH day of OCTOBER, 2017,
before me, a Notary Public of the State and City/County aforesaid, personally appear
RONALD G. MANZER, D.D.S. and declared and affirmed under the penalties of perjury
that signing the foregoing Letter of Surrender was his voluntary act and deed.

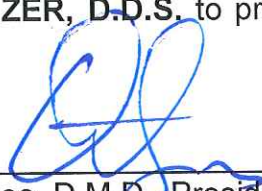
AS WITNESS my hand and Notarial seal.

Stephen A. Hall
Notary Public

My Commission expires: 12/8/18

ACCEPTANCE

On this 1st day of November, 2017, I, Arthur C. Jee, D.M.D., on behalf of the Maryland State Board of Dental Examiners, accept the **SURRENDER** of the license of **RONALD G. MANZER, D.D.S.** to practice dentistry in the State of Maryland.



Arthur C. Jee, D.M.D., President
Maryland State Board of Dental Examiners