

**PERMANENT VOLUNTARY SURRENDER
STEPHANIE JOHNSON, R237353**

Gary N. Hicks, MS, RN, CEN, CNE
President, Maryland Board of Nursing
4140 Patterson Avenue
Baltimore, Maryland 21215-2254

**RE: Permanent Voluntary Surrender of License to Practice as a Registered Nurse
License Number R237353**

Dear Mr. Hicks:

I agree to permanently voluntarily surrender my license to practice as a registered nurse ("RN") in the State of Maryland, license number R237353 to the Maryland Board of Nursing (the "Board"). I understand that, as of the effective date of this Permanent Voluntary Surrender, I may not practice as an RN with or without compensation, as they are defined in the Maryland Nurse Practice Act (the "Act"), Md. Code Ann., Health Occ. §§ 8-101 *et seq.*, and the Board's regulations, COMAR 10.27.01 *et seq.* and COMAR 10.38.01 *et seq.* In other words, I understand that, as of the effective date of this Permanent Voluntary Surrender, I am in the same position as an unlicensed individual.

I understand that this Permanent Voluntary Surrender shall become a **PUBLIC** record and shall become effective on the date of the Board's acceptance of it. I understand and agree that this letter may be released or published by the Board as a final decision and order under the Public Information Act, Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.* (2019). I expressly consent to the publication of this Permanent Voluntary Surrender, including any and all information that may be protected from disclosure under federal and state law.

On November 30, 2018, I submitted to the Board an application for licensure as a registered nurse in the State of Maryland. On my application, I documented that I completed the nursing education program at MedLife Institute. I signed the application, attesting under oath that I met all minimum qualifications for licensure as a registered nurse in the State of Maryland, including the minimum educational qualifications under Md. Code Ann., Health Occ. § 8-302 and COMAR 10.27.01.05. However, I falsified my application because I did not complete satisfactorily and meet all requirements for a diploma or degree from a Board-approved nursing education program or a substantially equivalent educational program required for licensure as a registered nurse in the State of Maryland.

I understand that if an evidentiary hearing were to be held, the Board would have sufficient evidence to find that I violated Md. Code Ann., Health Occ. §§ 8-316(a)(1) ("Fraudulently or deceptively obtains or attempts to obtain a license for the applicant or for another") and (25)

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(“Engages in conduct that violates the professional code of ethics,” *to wit*, COMAR 10.27.19.02.B “A nurse may not, when acting in the capacity or identity of a licensed nurse: (1) Knowingly participate in or condone dishonesty, fraud, deceit, or misrepresentation”). I further understand that the Board would have sufficient evidence to conclude as a matter of law that I violated the Act and to sanction my license accordingly pursuant to Md. Code Ann., Health Occ. §§ 8-316. Thus, it is my wish to surrender my Maryland RN license at this time.

In executing this agreement to permanently surrender my RN license to the Board, I wish to make it clear that I have voluntarily, knowingly, and freely chosen to submit this Permanent Voluntary Surrender. I understand that, by executing this Permanent Voluntary Surrender, I am waiving the right, now and in the future, to any 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.

In executing this agreement to permanently surrender my RN license, I agree that I will never be eligible for reinstatement of my RN license, license number R237353, in the State of Maryland. I agree and understand that if I ever decide to re-apply for licensure as an RN in Maryland, I will approach the Board in the same posture as an unlicensed individual applying for initial licensure. I understand that it will be my burden, as an applicant for licensure, to demonstrate that I meet all the Board’s requirements for issuance of an initial license that exists at the time I apply and that I am fit for licensure in Maryland.

I agree and understand that, in considering whether to grant any future application for licensure, the Board may review my entire Board file, including this Voluntary Surrender and any information that the Board receives after execution of this document, and require me to undergo medical, psychological, and/or psychiatric evaluations and drug and alcohol testing to determine my fitness to have a license. I further agree and understand that, if I submit an application for licensure, the Board would have sufficient evidence to find that I have violated Md. Code Ann., Health Occ. § 8-316(a)(3) (“Is disciplined by a licensing . . . authority in this state . . . for an act that would be grounds for disciplinary action under the Board’s disciplinary statutes”) on the basis of this Permanent Voluntary Surrender, and may exercise its discretion to deny my application, grant my application without discipline, or grant my application with discipline, including, but not limited to, probation with terms and conditions. I understand that the Board is not required to grant a new license to me.

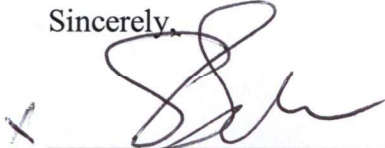
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I acknowledge that I may not rescind this Permanent Voluntary Surrender in part or in its entirety for any reason whatsoever. I understand the nature and effect of both the Board's actions and this Permanent Voluntary Surrender fully. Finally, I wish to make clear that I have had an opportunity to discuss this matter with legal counsel and that I willingly, knowingly, and voluntarily sign this Permanent Voluntary Surrender.

Sincerely,



STEPHANIE JOHNSON, R237353

3/8/2023

Date

NOTARIZATION

STATE: MARYLAND

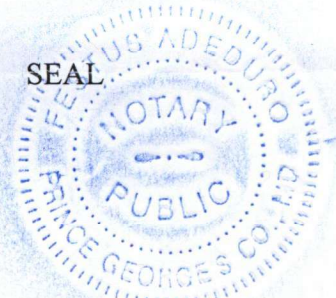
CITY/COUNTY: PRINCE GEORGES

I HEREBY CERTIFY that on this 8th day of March, 2023, before

me, Notary Public of the State and City/County aforesaid, **STEPHANIE JOHNSON** personally appeared and made oath in due form of law that signing the foregoing Permanent Voluntary Surrender of RN License was the voluntary act and deed of **STEPHANIE JOHNSON**.

AS WITNESSETH my hand and notarial seal.

SEAL



Notary Public

My Commission Expires: 10/01/2025


STEPHANIE JOHNSON

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ACCEPTANCE

ON BEHALF OF THE MARYLAND BOARD OF NURSING, on this 22 day of March, 2023, I accept **STEPHANIE JOHNSON** public Permanent Voluntary Surrender of her license to practice as a registered nurse License No. R237353, in the State of Maryland.

March 23, 2023
Date


Gary N. Hicks, MS, RN, CEN, CNE
The Board President's Signature
Gary Hicks
President
Maryland Board of Nursing