

**VOLUNTARY SURRENDER
PROMISE UKACHU (LP42154; MULTISTATE LICENSURE
PRIVILEGE)**

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

**RE: Surrender of Multistate Licensure Privilege to Practice as a Registered Nurse in
Maryland
VA License Number RN0001299617**

**Surrender of License to Practice as a Licensed Practical Nurse
License Number LP42154**

Dear Mr. Hicks:

I agree to voluntarily surrender my multistate licensure privilege under the Nurse Licensure Compact to practice as a registered nurse ("RN") in the State of Maryland (derived from Virginia license number RN0001299617) and my license to practice as a licensed practical nurse in the State of Maryland, license number LP42154, to the Maryland Board of Nursing (the "Board"). I understand that, as of the effective date of this Voluntary Surrender, I may not practice as an RN or LPN, 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.* In other words, I understand that, as of the effective date of this Voluntary Surrender, I am in the same position as an unlicensed individual.

I understand that this 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 Maryland Public Information Act, Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.* (2019 Repl. Vol.). I expressly consent to the publication of this Voluntary Surrender, including any and all information that may be protected from disclosure under federal and state law.

In 2018, I submitted an application for RN licensure by examination to the Board. In 2019, I submitted an application for RN licensure by endorsement to the Board. On both applications, I documented that I attended Med-Life Institute in Naples, Florida for my RN education. On or about May 23, 2023, I admitted that I completed the LPN to RN transition program in three months at Med-Life Institute in Naples, Florida. I further admitted that I only completed one clinical (Adult Nursing III) while in attendance there. I understand that if an evidentiary hearing were to be held, the Board would have sufficient evidence to find that I violated Health Occ. § 8-316(a)(10) ("Has violated any provision of this subtitle"; specifically, Health Occ. 8-316(a)(30)

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("Violates regulations adopted by the Board or an order from the Board"; *to wit*, COMAR 10.27.01.05 A. "An applicant for the registered nurse licensure examination shall: (1) Complete satisfactorily and meet all requirements for a diploma or degree from a registered nursing education program approved by the Board; or (2) Have a diploma or degree from a registered nursing education program in another state, territory, or country determined by the Board to be substantially equivalent¹ to the registered nursing education program approved in this State at the time of the applicant's graduation"). 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 LPN license and multistate licensure privilege accordingly pursuant to Health Occ. § 8-316. Thus, it is my wish to surrender my LPN license and multistate licensure privilege to practice as an RN in the State of Maryland at this time.

I agree that I will not apply for reinstatement of my LPN license or multistate licensure privilege to practice as an RN for a period of at least **ONE (1) YEAR** following the date of the Board's acceptance of this Voluntary Surrender. I also agree that if, after a period of **ONE (1) YEAR**, I decide to apply for reinstatement of my license or multistate licensure privilege, I will approach the Board in the same posture as an unlicensed individual whose license and multistate licensure privilege have been revoked. I also understand that, in considering any future application for reinstatement of my license or multistate licensure privilege, the Board may review my entire Board file, including any information the Board receives after execution of this Voluntary Surrender, and require me to undergo medical, psychological, and/or psychiatric evaluations, and/or drug and alcohol testing, to determine my fitness to have my license or multistate licensure privilege reinstated. I understand that it will be my burden, as an applicant for reinstatement, to demonstrate that I meet all the Board's requirements for reinstatement of my license and my multistate licensure privilege at the time I submit a reinstatement application.

I further understand and agree that I will not be eligible for reinstatement of my multistate licensure privilege to practice as an RN in Maryland unless and until I complete either a Board-approved RN education program in Maryland or an RN education program in another state or country that the Board finds substantially equivalent to the education program approved in Maryland at the time of my graduation. I shall submit written documentation along with my

¹ COMAR 10.27.01.01 C. provides: "Substantially equivalent" means a registered nursing ... education program that:

- (1) Contains theoretical learning experiences and related clinical learning experiences that include direct patient care within various settings consistent with program objectives, outcomes, or competencies conducted either concurrently with or after the theoretical learning experience; and
- (2) Meets the curriculum requirement for Maryland schools of nursing at the time of the applicant's graduation, including, but not limited to:
 - (c) Didactic and clinical instruction in nursing care of families and clients throughout the life span in a variety of care settings requiring nursing measures appropriate for: ...
 - (d) Didactic and clinical instructional content that includes, but is not limited to, the areas of:
 - (i) Medical and surgical nursing;
 - (ii) Maternal and child health;
 - (iii) Psychiatric nursing; and
 - (iv) Geriatric nursing;

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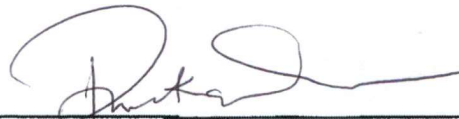
reinstatement application that verifies my completion of an RN education program to the satisfaction of the Board.

I further understand that my license and multistate licensure privilege will remain surrendered unless and until the Board grants reinstatement. I understand that the Board is not required to grant reinstatement. I understand that, if the Board reinstates my license or multistate licensure privilege, it will be reinstated through the Board's disciplinary process, that my license and multistate licensure privilege will only be reinstated by the Board's issuance of a public order of reinstatement, and that the Board may, in its discretion, place my reinstated license on probation, subject to terms and conditions.

I wish to make it clear that I have voluntarily, knowingly, and freely chosen to submit this Voluntary Surrender. I understand that, by executing this 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.

I acknowledge that I may not rescind this 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 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 Voluntary Surrender.

Sincerely,



Promise Ukachu, LP42154, Multistate Licensure Privilege

7-10-23

Date

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NOTARIZATION

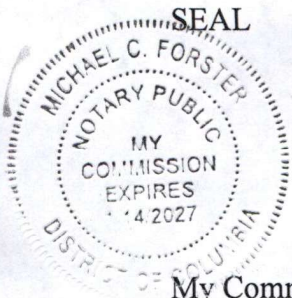
CITY/COUNTY: DC

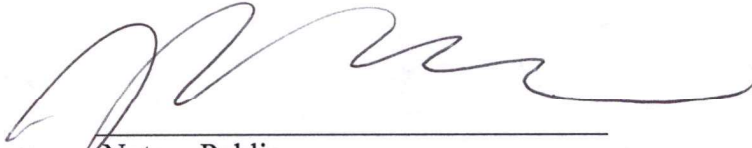
STATE: DC

I HEREBY CERTIFY that on this 10th day of July,

before me, Notary Public of the State and City/County aforesaid, **Promise Ukachu** personally appeared and made oath in due form of law that signing the foregoing Voluntary Surrender was the voluntary act and deed of **Promise Ukachu**.

AS WITNESSETH my hand and notarial seal.





Notary Public

My Commission Expires: 01/14/2027

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ACCEPTANCE

ON BEHALF OF THE MARYLAND BOARD OF NURSING, on this **26th** day of **July, 2023**,
I accept **Promise Ukachu's** public Voluntary Surrender of her multistate licensure privilege to
practice as an registered nurse in the State of Maryland and her license to practice as a licensed
practical nurse in the State of Maryland, license number LP42154.

July 26, 2023
Date

Ann M. Turner, RN
The Board Secretary's Signature
Appears on the Original Document