

**VOLUNTARY SURRENDER
PAMELA DEBERRY**

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

**RE: Surrender of License to Practice as a Registered Nurse
License Number R156149**

Dear Mr. Hicks:

I agree to voluntarily surrender my license to practice as a registered nurse ("RN") in the State of Maryland, license number R156149, to the Maryland Board of Nursing (the "Board"). I understand that I may not practice as an RN, with or without compensation, as 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, as of the effective date of this Voluntary Surrender, I understand that 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 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.* (2014).

On September 17, 2002, the Louisiana Board of Nursing suspended my license to practice as an RN in the State of Louisiana based on substandard nursing practice, among other things. I understand that if an evidentiary hearing was held, the Board would have sufficient evidence to find that I have violated the Act, including Health Occ. § 8-316(a)(3) ("Is disciplined by a licensing, military, or disciplinary authority in this State or in any other state or country or convicted or disciplined by a court in this State or in any other state or country for an act that would be grounds for disciplinary action under the Board's disciplinary statutes," including Health Occ. § 8-316(a)(8)). 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 § 8-316. I have elected to surrender my license at this time because I no longer wish to engage in the practice of registered nursing in the State of Maryland.

In executing this agreement to surrender my RN license to the Board, I agree that I will not apply for reinstatement for a period of **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 as an RN in Maryland, I will approach the Board in the same posture as an unlicensed individual whose license has been revoked. In considering my application for

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reinstatement, the Board may review my entire Board file, including any information the Board receives after execution of this letter. I understand that it will be my burden, as an applicant for reinstatement, to demonstrate that I meet all of the Board's requirements for reinstatement of my license at the time I submit a reinstatement application. I also understand that in considering any future application for reinstatement of my license, the Board may require me to undergo medical, psychological, and/or psychiatric evaluations, and drug and alcohol testing to determine my fitness to have my license reinstated. I understand that if the Board reinstates my license, it will be reinstated through the Board's disciplinary process and that my license 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,



Pamela DeBerry
R156149

Date

NOTARIZATION

Louisiana

CITY: Monroe

COUNTY: Ouachita

I HEREBY CERTIFY that on this 25 day of March 2022, before me, Notary Public of the State and City/County aforesaid, **Pamela DeBerry** personally appeared,

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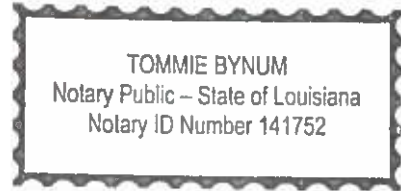
and made oath in due form of law that signing the foregoing Voluntary Surrender was the voluntary act and deed of **Pamela DeBerry**.

AS WITNESSETH my hand and notarial seal.

SEAL

Tommie Bynum
Notary Public

My Commission Expires: My Commission is for life



ACCEPTANCE

ON BEHALF OF THE MARYLAND BOARD OF NURSING, on this 27th day of April, 2022, I accept **Pamela DeBerry's** public Voluntary Surrender of her license to practice as a registered nurse in the State of Maryland, license number R156149.

4/27/22
Date

Gary N. Hicks, MS, RN, CEN, CNE
The Board President's Signature
Appears on the Original Document

President
Maryland Board of Nursing
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