

**VOLUNTARY SURRENDER
TOWANDA HOLLAND
A00028952 & MT0045614**

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

**RE: Towanda Holland, A00028952 & MT0045614
Voluntary Surrender of Certified Nursing Assistant Certificate & Medication
Technician Certificate**

Dear Mr. Hicks,

I agree to voluntarily surrender my Certified Nursing Assistant (“CNA”) certificate, certificate number **A00028952**, and Medication Technician (“MT”) certificate, certificate number **MT0045614**, in the State of Maryland. By voluntarily surrendering my Maryland CNA and MT certificates, I understand that I may not engage in the practice of a CNA and a MT with or without compensation, as defined in the Maryland Nurse Practice Act (“the Act”), Md. Code Ann., Health Occupations Article (“Health Occ.”) §§ 8-101 *et seq.* (2021 Repl. Vol.) and the Board’s regulations, Code of Maryland Regulations (“COMAR”) 10.39.01 and COMAR 10.39.04.

My practice was brought to the attention of the Maryland Board of Nursing (“the Board”) as follows:

On or about November 18, 2019, the Board received a complaint, alleging that I financially exploited a client. I provided CNA care to Client, through an agency, from January 2014 until December 26, 2015. In 2016, I was hired by the family to provide care to Client. Between 2017 and 2019, Client wrote ninety-nine (99) checks payable to me for a total amount of \$322,745, and I endorsed and cashed the checks.

During my interview with the Board’s investigator, I admitted that I told Client I needed financial help and he offered to help me and I took the money as a loan. I further admitted that I would write the amount I needed, request an advance on my pay and after accepting the advance, I still received my bi-weekly paycheck.

My CNA certificate is “non-renewed” and expired on June 28, 2020 and my MT certificate is “non-renewed” and expired on June 28, 2016.

On September 23 2021, the Board issued a Notice of Agency Action – Under the Maryland Nurse Practice Act (“Charges”), charging my CNA and MT certificates with violations under Health Occ. § 8-6A-10 (a) (26) “When holding an expired or a lapsed certificate, commits any act that would be grounds for disciplinary action under this section”; (29) “Engages in conduct that violates the code of ethics”; *to wit*, Code of Maryland Regulations (“COMAR”) 10.39.07.02 C. “A certificate holder may not engage in the following behaviors that dishonor the practice, whether or not acting in the capacity or identity of a certificate holder, including, but not limited to: (10)

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Using the power, influence, or knowledge obtained during the certificate holder's relationship with the client for the certificate holder's personal gratification or benefit; (12) Engaging in unprofessional or immoral conduct.”

In lieu of proceeding to an evidentiary hearing on the Charges, I agree to surrender my CNA and MT certificates. I agree the Board has enough evidence to prove by a preponderance of the evidence the above violations cited in the Charges issued on September 23, 2021, and may sanction my CNA and MT certificates accordingly, pursuant to Health Occ. § 8-6A-10 and COMAR 10.27.26. 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 contest the facts summarized in this Voluntary Surrender, and at which I would have the right to all other substantive and procedural protections provided by law, including the right to appeal.

I agree not to apply for reinstatement of my CNA and/or MT certificate(s) for a period of **TWO YEARS** following the date the Board accepts this Voluntary Surrender and that if I decide to apply for reinstatement as a CNA and/or MT in Maryland, I will approach the Board in the same posture as one whose CNA and MT certificates have been revoked. In considering my application for reinstatement of my CNA and/or MT certificate(s), the Board may review my entire Board file, including any information the Board receives after the execution of this Voluntary Surrender. I also understand that in considering any future application for reinstatement of my CNA and/or MT certificate(s), 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 CNA and/or MT certificate(s) reinstated. It will be my burden, as an applicant for reinstatement, to demonstrate that I meet the Board's requirements for certification. I understand that if the Board reinstates my CNA and/or MT certificate(s), the certificate(s) will be reinstated through the Board's disciplinary process and that my CNA and/or MT certificate(s) 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 CNA and/or MT certificate(s) on probation subject to terms and conditions.

I understand that this Voluntary Surrender shall become a **PUBLIC RECORD** and shall become effective on the date of the Board's acceptance of the Voluntary Surrender. I agree that this Voluntary Surrender may be released or published by the Board as a final decision and order on the Board's website, and as otherwise permitted under the 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 is protected from disclosure under federal and state law.

I acknowledge that I may not rescind this Voluntary Surrender in part or in its entirety for any reason whatsoever. I have been given an opportunity to consult with an attorney before signing this Voluntary Surrender of my CNA and MT certificates in Maryland. I fully understand

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the nature of the violations against my Maryland CNA and MT certificates and fully understand the terms of this Voluntary Surrender. I have voluntarily, knowingly and freely chosen to submit this Voluntary Surrender.

Sincerely,


TOWANDA HOLLAND
A00028952 & MT0045614

NOTARIZATION

STATE OF Maryland
County
CITY OF Prince George's

I HEREBY CERTIFY that on this 25 day of February, 2022, before me, a Notary Public of the State of Maryland of the County afore-said, personally appeared **TOWANDA HOLLAND** and declared and affirmed under penalties of perjury that signing the foregoing Voluntary Surrender was her voluntary act and deed.

LISSA L. BETANCOURT
NOTARY PUBLIC STATE OF MARYLAND
My Commission Expires January 21, 2026




Notary Public

My commission expires: 1/21/26.

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ACCEPTANCE

ON BEHALF OF THE MARYLAND BOARD OF NURSING, on this 23rd day of March, 2022, **TOWANDA HOLLAND's VOLUNTARY SURRENDER** of her CNA certificate, certificate number **A00028952**, and MT certificate, certificate number **MT0045614**, in the State of Maryland, is hereby accepted.


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