

**VOLUNTARY SURRENDER**  
**TRUDY KELLEY, R178458, A00078656**

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 R178458,**  
**Surrender of Certificate to Practice as a Certified Nursing Assistant,**  
**Certificate Number A00078656**

Dear Mr. Hicks:

I agree to voluntarily surrender my license to practice as a registered nurse ("RN") in the State of Maryland, license number R178458, and my certificate to practice as a certified nursing assistant ("CNA") in the State of Maryland, certificate number A00078656, 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 and/or CNA, 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 10.39.01 *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 and uncertified 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 Public Information Act, Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.* (2019). 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.

On November 3, 2022, the Board issued a Notice of Intent to Summarily Suspend Registered Nurse License Pursuant to Section 10-226(c) of the State Government Article. The Board also issued a Notice of Agency Action – Charges Under the Maryland Nurse Practice Act based on my expulsion from the Board's Safe Practice Program due to non-compliance.

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) (21) ("Is expelled from the safe practice program established pursuant to § 8-208 of this title for failure to comply with the conditions of the program") and § 8-6A-10(a) (20) ("Has violated any provision of this title or has aided or knowingly permitted any person to violate any provision of this title; *to wit*: § 8-316 (a) (21)) and § 8-6A-10(a) (26) ("When holding an expired certificate or a lapsed certificate, commits any act that would be grounds for disciplinary action under this section[.]") I further understand that the

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Board would have sufficient evidence to conclude as a matter of law that I violated the Act and to sanction my license and certificate accordingly pursuant to §§ 8-316 and 8-6A-10. Thus, it is my wish to surrender my Maryland RN license and CNA certificate at this time.

In executing this agreement to surrender my RN license and CNA certificate to the Board, I agree that I will not apply for reinstatement of my license or certificate for a period of at least **TWO (2) YEARS** following the date of the Board's acceptance of this Voluntary Surrender. I also agree that if, after a period of **TWO (2) YEARS**, I decide to apply for reinstatement of my license, I will approach the Board in the same posture as an unlicensed, uncertified individual whose license and certificate have been revoked. I also understand that, in considering any future application for reinstatement of my license or certificate, 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 certificate 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 or certificate at the time I submit a reinstatement application.

I further understand that my license and certificate 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 certificate, it will be reinstated through the Board's disciplinary process, that my license or certificate 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 or certificate on probation, subject to terms and conditions.


I further understand that, pursuant to the Nurse Licensure Compact, if I held a multistate license, the multistate status of my license shall be deactivated during the pendency of this Voluntary Surrender. I also understand that the multistate status of my license shall not be reactivated unless and until the Board grants reinstatement of my license, my license is restored to full, unencumbered active status, and I am not otherwise disqualified from holding a multistate license at that time.

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.

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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,

  
Trudy Kelley, R178458, A00078656 1/24/23  
Date

**NOTARIZATION**

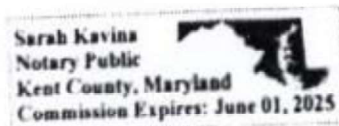
STATE: Maryland

CITY/COUNTY: Kent

I HEREBY CERTIFY that on this 24<sup>th</sup> day of January, 2023, before me, Notary Public of the State and City/County aforesaid, **Trudy Kelley** personally appeared and made oath in due form of law that signing the foregoing Voluntary Surrender was the voluntary act and deed of **Trudy Kelley**.

AS WITNESSETH my hand and notarial seal.

SEAL



Sarah Kavina  
Notary Public

My Commission Expires: 06/01/2025

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**ACCEPTANCE**

ON BEHALF OF THE MARYLAND BOARD OF NURSING, on this 25th day of  
January \_\_\_\_\_, 2023, I accept Trudy Kelley's public Voluntary Surrender of her license to  
practice as a registered nurse, License No. R178458, and her certificate to practice as a certified  
nursing assistant, Certificate No. A00078656, in the State of Maryland.

1/25/2023  
Date

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

Maryland Board of Nursing