



Wes Moore, Governor · Aruna Miller, Lt. Governor · Ryan Moran, DrPH, MHSA, Acting Secretary

TRAVIS DWYER, D.P.M.

March 26, 2025

Aparna Duggirala, D.P.M., President
Maryland Board of Podiatric Medical Examiners
4201 Patterson Avenue, Room 310
Baltimore, Maryland 21215

Re: Surrender of License to Practice Podiatric Medicine
License Number: 01493
Case Number: 2024-025

Dear Dr. Duggirala and Members of the Board:

Please be advised that I have decided to SURRENDER my license (License Number 01493) to practice podiatry in the State of Maryland. I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender to the Maryland Board of Podiatric Medical Examiners ("the Board").

I understand that I may not perform, attempt/offer to perform or otherwise practice podiatry; prescribe medication of any kind; provide podiatric medical treatment to any individual, with or without supervision and/or compensation; provide consultation, diagnose or provide any podiatric related therapy to people or otherwise engage in the practice of podiatric medicine, as it is defined in the Podiatric Medicine Practice Act (the "Act"), Md. Code Ann., Health Occ. ("H.O.") § 16-101 et seq. (2014 Repl. Vol. & 2017 Supp.).

I will refrain from identifying myself as a practitioner of podiatric medicine. I will remove all public and non-public signs, websites, internet postings, email signatures, or similar advertisements that indicate authority to practice podiatric medicine. I will not use letterhead or business cards indicating authority to practice podiatric medicine.

As of the effective date of this Letter of Surrender, I understand that the surrender of my license means that I am in the same position as an unlicensed individual in the State of Maryland. I understand that this Letter of Surrender is a PUBLIC document and on the Board's acceptance becomes a FINAL ORDER of the Board.

The Board voted to accept a surrender of my license, prior to the issuance of any disciplinary charges. If the Board had issued formal disciplinary charges against me, I understand that I would have been charged and disciplined under H.O. § 16-311.

I have decided to surrender my license to practice podiatric medicine in the State of Maryland to avoid prosecution by the Board. I acknowledge that the Board has legally sufficient evidence to prove by a preponderance of the evidence at an administrative hearing that I engaged in behavior that constitutes a violation of the Act.

I understand that by executing this Letter of Surrender I am waiving any right to a formal evidentiary hearing at which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf and all other substantive and procedural protections provided by law, including the right to appeal.

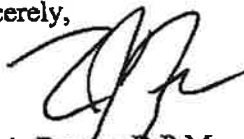
I acknowledge that on or before the effective date of this Letter of Surrender, I shall present to the Board my Maryland podiatric medical license, including any renewal certificates and wallet-sized renewal cards.

I understand that the Board will advise the Association of State Boards of Podiatric Medical Examiners, the National Practitioner's Data Bank, and any other required entities of this Letter of Surrender, and in response to any inquiry, will advise that I have surrendered my license in lieu of disciplinary action under Maryland's Health Occupations Article as a resolution of the matters pending against me. I also understand that if I applied for licensure in any form in any other state or jurisdiction this Letter of Surrender may be released or published by the Board to the same extent as a Final Order that would result from disciplinary action, pursuant to Md. Code Ann., State Gov't II, § 10-611 et seq. (2014 Repl. Vol.); and that all underlying documents may be released to the other state or jurisdiction. Finally, I understand that this Letter of Surrender is considered a disciplinary action by the Board.

I further recognize and agree that by submitting this Letter of Surrender my license will remain surrendered until I petition the Board for reinstatement. If my petition for reinstatement is accepted by the Board, I understand that upon reinstatement the Board may require that I comply with certain terms and conditions including a period of probation. I also understand that I bear the burden of demonstrating to the Board that I meet the requirements to practice podiatric medicine under the Act, including compliance with all the laws and regulations for reinstatement of licensure, and that I possess good moral character, as required under Health Occ. § 16-302(b). I understand that when applying for reinstatement or new licensure, I approach the Board in the same posture as one whose license has been revoked based on the underlying facts and that my application may be accepted or denied by the Board in its sole discretion.

I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason. Finally, I wish to make clear that I understand both the nature of the Board's actions and this Letter of Surrender fully. I acknowledge that I understand and comprehend the language, meaning and terms and effect of this Letter of Surrender. I make this decision knowingly and voluntarily.

Sincerely,



Travis Dwyer, D.P.M.

NOTARY SEAL

DELAWARE

STATE OF ~~MARYLAND~~

CITY/COUNTY: WILMINGTON NEW CASTLE


I HEREBY CERTIFY that on this 1st day of APRIL, 2025, before me, a Notary Public of the State and City/County aforesaid personally appeared Travis Dwyer, D.P.M. and declared and affirmed under the penalties of perjury that signing the foregoing Letter of Surrender was his voluntary act and deed.

KATHRYN T. GREGOR
NOTARY PUBLIC
STATE OF DELAWARE
MY COMMISSION EXPIRES 11/5/2026


Notary Public

ACCEPTANCE

On behalf of the Maryland Board of Podiatric Medical Examiners, on this 9th day of April, 2025, I accept Travis Dwyers' PUBLIC SURRENDER of his license to practice podiatric medicine in the State of Maryland, license number 01493.


Aparna Duggirala, D.P.M., President
Maryland Board of Podiatric Medical Examiners