

**Jabir N. Pasha, LCPC
Premier Therapeutic Services
2125 Maryland Avenue
Baltimore, Maryland 21218**

September 8, 2017

Carol A. Deel, Ph.D., LCPC, LCMFT, Chair
Maryland State Board of Professional Counselors & Therapists
4201 Patterson Avenue
Baltimore, Maryland 21215

RE: Surrender of License to Practice Clinical Professional Counseling
License Number: LC2117
Case Numbers: 2015-54 & 2016-34

Dear Dr. Deel and Members of the Board:

I have decided to **PERMANENTLY SURRENDER** my license to practice Clinical Professional Counseling in the State of Maryland, License Number LC2117, effective immediately. I understand that upon the Maryland State Board of Professional Counselors & Therapists' (the "Board's") acceptance of this permanent Letter of Surrender of my license, I may not represent myself to the public by title, by description of services, methods or procedures, or otherwise that I am a professional counselor. Moreover, I may not engage in the practice of Clinical Professional Counseling in the State of Maryland, with or without supervision and/or compensation, as it is defined in the Maryland Professional Counselors and Therapists Act (the "Act"), Md. Code Ann., Health Occ. II ("Health Occ. II"), §§ 17-101 *et seq.*, (2014 Repl. Vol. & 2016 Supp.) and other applicable laws. In other words, 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, upon the Board's acceptance, becomes a **FINAL ORDER** of the Board.

My decision to surrender my license to practice as a Clinical Professional Counselor in the State of Maryland has been prompted by an investigation by the Board into allegations that I engaged in sexual misconduct with two former clients and made misrepresentations regarding my criminal history to the Board on my 2005 initial application for licensure. Specifically, I answered "no" to question (d.) on my initial

application for licensure asking, "Have you pled guilty, *nolo contendere*, or been convicted of or received probation before judgment [for] any criminal act?" I acknowledge there is evidence to support that I was convicted in 1976 of assault and forgery (uttering) and in 1981 for robbery, which in total resulted in my incarceration from February 1976 through March 1994, and my supervised parole through September 2000.

If the Board issued disciplinary charges and this case were to proceed to a hearing, I agree that the State would be able to prove the following:

- that I misrepresented my past criminal history to the Board in violation of Md. Code Ann., Health Occ. § 17-509, under the following grounds: Health Occ. § 17-509(8); Health Occ. § 17-509(9); and Health Occ. § 17-509(13).

I have decided to permanently surrender my license to practice as a clinical professional counselor in the State of Maryland as I wish to avoid further investigation and prosecution for violating the Act, as well as my age and medical conditions. I acknowledge that if the case were to proceed to an evidentiary hearing, the Board would submit evidence to support the charges that I answered falsely to question (d.) on my initial application for licensure. I acknowledge that for all purposes relevant to medical licensure, those charges will be treated as if proven and constitute findings that I violated Health Occ. § 17-509(8), (9), and (13).

I wish to state clearly that I have voluntarily, knowingly and freely chosen to submit this permanent Letter of Surrender. I understand that by executing this permanent Letter of Surrender, I am waiving any right I may have to contest the Board's charges in 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 affirm that I have notified all my active patients that I am no longer practicing clinical professional counseling in Maryland and made efforts to refer them to another clinical professional counselor for therapy.

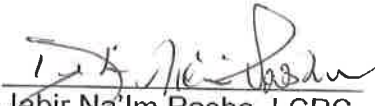
I affirm that on or before the Board's acceptance of this Letter of Surrender, I shall present to the Board my original license, number LC2117, any renewal certificates and my most recent wallet-sized renewal card. I understand that the Board will advise the Federation of State Counseling Boards and the National Practitioners Data Bank of this permanent Letter of Surrender and in any response to an inquiry, that I have surrendered my license as if it were revoked as resolution of the matters pending against me. I also understand that in the event I apply for a license in any form in any other state or jurisdiction, this Letter of Surrender and the underlying investigative documents 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., Gen. Prov. §§ 4-101 *et seq.* (2014 Repl. Vol. & 2016 Supp.), and that this Letter of Surrender is considered a disciplinary action by the Board.

I also affirm that I will provide access to and copies of patient counseling records in compliance with Title 4, subtitle 3 of the Health General article.

I further recognize and agree that by tendering this Letter of Surrender my license will remain permanently surrendered. In other words, I agree that I have no right to reapply for a license to practice clinical professional counseling in the State of Maryland. I further agree that the Board is not obligated to consider any application for licensure that I might file at a future date and that I waive any hearing rights that I might possess regarding any such application.

I acknowledge that I may not rescind this permanent Letter of Surrender in part or in its entirety for any reason whatsoever. Finally, I wish to make clear that I have consulted with counsel before signing this permanent Letter of Surrender. I understand both the nature of the Board's actions and this permanent 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 and without any duress.

Sincerely,


Jabir Na'im Pasha, LCPC

NOTARY

STATE OF MARYLAND
CITY/COUNTY OF Hanford

I HEREBY CERTIFY that on this 08 day of September, 2017, before me, a Notary Public of the State and City/County aforesaid, personally appeared Jabir Na'im Pasha, and declared and affirmed under the penalties of perjury that signing the foregoing Letter of Surrender was his voluntary act and deed.

AS WITNESS my hand and Notarial seal.



Notary Public

Carol A. Deel, Ph.D., LCPC, LCMFT, Chair
Jabir Na'im Pasha, LCPC, Letter of Surrender
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My Commission expires: 12/30/2017

ACCEPTANCE

On this 15th day of September, 2017, I, Carol A. Deel, Ph.D., LCPC, LCMFT, on behalf of the Board, accept Jabir Na'im Pasha, LCPC, **PUBLIC SURRENDER** of his license to practice as a Clinical Professional Counselor in the State of Maryland.

Carol A. Deel / K61
Carol A. Deel, Ph.D., LCPC, LCMFT, Chair
Maryland State Board of Professional
Counselors and Therapists