TARA LEIGH WEBSTER, LCSW-C

Sherryl Silberman, LCSW-C Board Chair Maryland State Board of Social Work Examiners 4201 Patterson Avenue Baltimore, Maryland 21215

RE: Surrender of License to Practice as a

Licensed Certified Social Worker - Clinical

License Number: 19058 Case Number: 2019-2730

Dear Ms. Silberman and Members of the Board:

Please be advised that pursuant to Md. Code Ann., Health Occ. § 19-310 (2014 Repl. Vol. & 2018 Supp.) I have decided to **SURRENDER** my license to practice social work, clinical or otherwise, in the State of Maryland, License Number 19058, effective upon the acceptance of this letter by the Board Chair. I understand that upon the Maryland State Board of Social Work Examiner's (the "Board's") acceptance of this letter of surrender, I may not represent to the public by title, description of services, methods, procedures, or otherwise that I am a licensed certified social worker – clinical. Moreover, I understand that I may not practice social work, clinical or otherwise, as defined in the Maryland Social Workers Act (the "Act"), Md. Code Ann., Health Occ. §§ 19-101 et seq. I also understand that the surrender of my license means that I am in the same position as an unlicensed individual.

I understand that this Letter of Surrender is a PUBLIC DOCUMENT, and upon the Board's acceptance, becomes a FINAL ORDER of the Board.

I acknowledge that the Board initiated an investigation of my social work practice and voted to accept a surrender of my Maryland social work license. The Board's investigation found that I engaged in a relationship, resided in the same home and had sexual relations with two former clients between 2015 to 2018 and 2018 to 2019, respectively. The Board's investigation further revealed that I ended the treatment relationship with the second client after exchanging personal contact information and meeting the client and the client's children at a park for a social outing. I drank alcohol with the former client, even though I was fully aware that my client had a history of substance use. I allowed my client to reside with me and my children in my home and to utilize my address for my client's mail even though my client maintained a separate residence.

I have decided to surrender my license to avoid prosecution as well as any disciplinary actions that the Board might pursue against me. I acknowledge that if the Board were to proceed with an evidentiary hearing in this matter, the State would be able to prove by a preponderance

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of the evidence that I violated certain provisions of the Act, including Health Occ. § 19-311(4) (commits any act of gross negligence, incompetence, or misconduct in the practice of social work), and (6) (violates any provision of this title or regulations governing the practice of social work adopted and published by the Board), with an underlying violation of COMAR10.42.03.05A (the licensee may not enter into a dual relationship with a client or an individual with whom the client has a close personal relationship). I acknowledge for all purposes relevant to my licensure, that the allegations of fact set forth above will be treated as proven.

I have voluntarily, knowingly, and freely chosen to submit this Letter of Surrender. I understand that, by the execution of this Letter of Surrender, I am waiving the right to contest the Board's investigative findings in a formal 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 upon the execution of this Letter of Surrender, I shall surrender to the Board my Maryland clinical social worker license, License Number 19058, including any wall certificate, renewal certificates, and wallet-sized renewal cards in my possession. I understand that the Board will advise the National Practitioner Data Bank of this Letter of Surrender, and in any response to inquiry, that I have surrendered my license in lieu of disciplinary action under the Act as resolution of the matters pending against me. I also understand that in the event I would apply for licensure in any form in any other state or jurisdiction, that this Letter of Surrender, and all underlying 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., General Prov. §§ 4-101 et seq. (2014).

I hereby affirm that I have terminated any social work practice I had in Maryland.

I recognize and agree that by submitting this Letter of Surrender, my license will remain surrendered unless and until the Board grants reinstatement of my license. I understand that if I apply for reinstatement of my Maryland license, the Board or its successor has absolute discretion in granting or denying my application for reinstatement without a hearing and with no right on my part for a judicial review of the Board's decision. I further understand that if I file a petition for reinstatement, I will approach the Board or its successor in the same position as an individual who has previously surrendered or lost his or her property rights in his or her social work license.

I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason whatsoever. I have been advised of my right to be represented by an attorney of my choice throughout proceedings before the Board, including the right to consult with an attorney prior to signing this Letter of Surrender. I understand both the nature of the Board's actions and

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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,

NOTARY PUBLIC

STATE/DISTRICT OF Mary form

CITY/COUNTY OF Ware Ter

I HEREBY CERTIFY that on this day of May , 2020, before me, a Notary Public of the State/District and City/County aforesaid, personally appeared Tara Webster, 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.

My Commission expires: 4/13/2021

ACCEPTANCE

On this 27 day of _______, 2020, I, Sherryl Silberman,

LCSW-C, on behalf of the Maryland State Board of Social Work Examiners, hereby accept Tara

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Webster's **PUBLIC SURRENDER** of his license to practice social work in the State of Maryland pursuant to Md. Code Ann., Health Occ. § 19-310 (2014 Repl. Vol. & 2018 Supp.).

05/27/2020

Sherryl Silberman, LCSW-C

Board Chair

Maryland State Board of Social Work Examiners

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