

Michael Stratford, D.D.S.
1704 Stone Ridge Court
Bel Air, Maryland 21015

Date: 04/08/2020

James P. Goldsmith, D.M.D.
President
Maryland State Board of Dental Examiners
Spring Grove Hospital Center
Benjamin Rush Building
55 Wade Avenue/Tulip Drive
Catonsville, MD 21228

Re: Surrender of License to Practice Dentistry
Michael Stratford, D.D.S.
License Number: 9084
Case Number: 2018-102

Dear Dr. Goldsmith and Members of the Board:

Please be advised that, pursuant to Md. Code Ann., Health Occ. ("Health Occ.") §14-403 (2014 Repl. Vol. & 2019 Supp.), I have decided to SURRENDER my license to practice dentistry in the State of Maryland, License Number 9084, effective immediately. I understand that upon surrender of my license, I may not give dental advice or treatment to any individual, with or without compensation, and cannot prescribe medications or otherwise engage in the practice of dentistry in the State of Maryland as it is defined in the Maryland Dental Practice Act (the "Act"), Health Occ. §§ 4-101 *et seq.* 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 Maryland State Board of Dental Examiners (the "Board").

I acknowledge that the Board initiated an investigation of my practice and in March 2020, the Board issued disciplinary charges against me under Health Occ. § 4-404(a). A copy of the charges is attached as Attachment 1. I have decided to surrender my license to practice dentistry in the State of Maryland based on my current medical condition and my recent decision to retire from practice.

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I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender. I acknowledge that for all purposes related to dental licensure, the charges will be treated as if proven.

I understand that by executing this Letter of Surrender I am waiving my right to a hearing to contest the disciplinary charges. In waiving my right to contest the charges, I am also waiving the right to be represented by counsel at the hearing, 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 to circuit court.

I understand that the Board may advise the National Practitioner Data Bank of this Letter of Surrender. 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 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), and that this Letter of Surrender constitutes a disciplinary action by the Board.

I affirm that, if I have not already, I will provide access to and copies of dental records to my patients in compliance with Title 4, subtitle 3 of the Health General Article.

I further recognize and agree that by submitting this Letter of Surrender, my license will remain surrendered unless and until the Board grants reinstatement. In the event that I apply for reinstatement of my Maryland license, I understand that the Board or its successor is not required to grant reinstatement; and, if it does grant reinstatement, may impose any terms and conditions the Board considers appropriate for public safety and the protection of the integrity and reputation of the profession. 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 whose license has been revoked.

I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason whatsoever. Finally, I wish to make clear that 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 have knowingly and willfully waived my right to be represented by an attorney before signing this letter surrendering my license to practice dentistry in Maryland. I understand both the nature of the Board's actions and this Letter of Surrender fully. I acknowledge that I understand and comprehend

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the language, meaning and terms and effect of this Letter of Surrender. I make this decision knowingly and voluntarily.

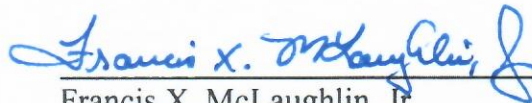
Very truly yours,



Michael Stratford, D.D.S.

ACCEPTANCE

On behalf of the Board, on this 15 day of April, 2020,
I, Francis X. McLaughlin, Jr, accept the public surrender of Michael Stratford,
D.D.S.'s license to practice dentistry in the State of Maryland.



Francis X. McLaughlin, Jr.
Executive Director
Maryland State Board of Dental
Examiners