Ian Lyons
37 Foxglove Row
Riverhead, New York 11901

Date: 1/20/15

Mark Lannon, LCSW-C, Chair
Maryland Board of Social Work Examiners
4201 Patterson Avenue
Baltimore, Maryland 21215

Re: Surrender of License to Practice Social Work
License Number: 18191
Case Number: 13-1851

Dear Mr. Lannon and Members of the Board:

Please be advised that I have decided to **SURRENDER** my license to practice social work in the State of Maryland, License Number 18191.

I understand that I may not give social work advice or treatment to any individual, with or without supervision and/or compensation, cannot counsel, diagnose or provide therapy to people or otherwise engage in the practice of clinical social work, as it is defined in the Social Work Practice Act (the "Act"), Md. Health Occ. Code Ann. ("H.O.") § 19-101 *et seq.* (2014 Repl. Vol.).

In addition, I will refrain from identifying myself as a practitioner of social work; I will remove all signs or similar advertisements that indicate authority to practice social work; and I will not use letterhead or business cards indicating authority to practice social work.

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.

My decision to surrender my license to practice social work in the State of Maryland has been prompted by my current health concerns and an investigation of my licensure by the Maryland State Board of Social Work Examiners (the "Board") and the Office of the Attorney General and resulting charges under the following provisions of the Act.

The investigation was based upon information received by the Board that my work attendance was erratic and a fitness for duty evaluation revealed a positive drug test. As a result of the Board's investigation, I entered into a Consent Order under

which I was reprimanded and my license was placed on probation for a period of two (2) years, subject to myriad terms and conditions. I have failed to comply with the terms and conditions of the Consent Order.

As a result of my failure to comply with the Consent Order, the Board issued a "Notice of Violation of Consent Order" in Board Case Number 13-1851, which is attached and incorporated into this Letter of Surrender. (See Attachment A).

I have decided to surrender my license to practice social work in the State of Maryland due to my current health concerns, to resolve this matter and to avoid prosecution of the charges against me by the Board. I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender. I acknowledge that the Office of the Attorney General has legally sufficient evidence to prove by a preponderance of the evidence at an administrative hearing that I violated my Consent Order as detailed herein.

I understand that by executing this Letter of Surrender I am waiving any right to contest any charges that would issue from the Board's investigative findings and its vote to issue 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 acknowledge that my Maryland social work license has expired, is no longer valid and has been destroyed. I no longer have in my possession any renewal certificates or wallet-sized renewal cards, as I have destroyed all copies of my Maryland social work license.

I understand that the Board will advise the Association of State Boards of Social Work, the National Practitioner's Data Bank, and the Health Care Integrity 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 because of my current health condition for which I am receiving treatment, and in lieu of disciplinary action under the Act as a resolution of the matters pending against me. I also understand that, in the event that 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. State Gov't Code Ann. § 10-611 *et seq.* (2014 Repl. Vol.). 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 for **a minimum of two (2) years** and until such time as I apply for new licensure and comply with the following terms and conditions set forth in this Letter of Surrender and those determined by the Board at the time of my application:

1. The Board will not consider reinstatement of my license unless and until I submit to mental health and substance abuse evaluations that indicate that I am safe to practice social work; and

2. The Board will not consider reinstatement of my license prior to the expiration of two (2) years from the date of this Letter of Surrender.

If and when my license is reinstated by the Board, I understand and agree that such reinstatement will be by Order of the Board and will contain conditions that will be set by the Board at the time of reinstatement. The conditions may include, but are not limited to: probation, supervision, and ongoing therapy as recommended by Board-approved medical professionals.

I understand that I will bear the costs associated with my compliance with the above terms and conditions. I also understand that if I apply for reinstatement or a new Maryland license, I bear the burden of demonstrating to the Board that I qualified to practice social work under the Act and that I possess good moral character, as required under H.O. § 19-302(a)(3). 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 facts contained herein an 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 whatsoever. Finally, I wish to make clear that I have chosen not to consult with an attorney before signing this Letter of Surrender. 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,

MSW

Ian Lyons, MSW

NOTARY SEAL

STATE OF New York

CITY/COUNTY OF Suffolk

I HEREBY CERTIFY that on this 20 day of January, 2015, before me, a Notary Public of the State and City/County aforesaid personally appeared Ian Lyons and declared and affirmed under the penalties of perjury that signing the foregoing Letter of Surrender was his voluntary act and deed.

Notary Public

VINCENT P. LYONS
NOTARY PUBLIC - State of New York
No. 02LY4765009
Qualified in Suffolk County
Term Expires March 31, 2018

ACCEPTANCE

On behalf of the Maryland Board of Social Work Examiners, on this 13th day of February, 2015, I accept Ian Lyons' **PUBLIC SURRENDER** of her license to practice social work in the State of Maryland.

Mark Lannon, LCSW-C, Chair
Maryland Board of Social Work Examiners