

Melvin A. Shandler, LCSW-C
[REDACTED]

November 13, 2008

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

RE: Surrender of Clinical Social Work License
License Number: 00934
Case Number: 07-1231

Dear Ms. Cannon and Members of the Board:

Please be advised that I have decided to surrender my license to practice clinical social work in the State of Maryland, License Number 00934 (DOB: 8/5/46). 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. ("H.O.") Code Ann., § 19-101, *et seq.* (2005 Repl. Vol. and 2007 Supp.). 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.

I understand that this Letter of Surrender is a **PUBLIC** document.

My decision to surrender my license to practice clinical social work in the State of Maryland was prompted by the following events:

I was employed as a clinical social worker with a private counseling practice located in Chevy Chase, Maryland. I was also employed at the Walter Reed Army Medical Center as a Faculty Member within the Department of Child Adolescent Psychiatry. In that capacity, I supervised psychiatry trainees and treated individual patients. During the time frame of June 2003 through 2007, I submitted false claims to TRICARE, the United States Department of Defense health care program that administers the health care plan for persons in the United States Armed Forces, retirees from the armed forces and their families, for services that I did not perform. In total, I over billed TRICARE in the amount of \$247,000. I admitted my actions to investigators from the Defense Criminal Investigative Service ("DCIS").

As a result of the investigation performed by DCIS, on May 6, 2008, in the United States District Court of Maryland, Greenbelt Division, I entered a plea of guilty to a criminal information charging me with health care fraud, in violation of 18 U.S.C. 1347. On July 28, 2008, I was sentenced to two years incarceration to the Bureau of Prisons and assessed a \$10,000 fine. Prior to sentencing, I paid a civil penalty in the amount of \$197,600 and restitution in the amount of \$247,000. Upon release from my term of incarceration, I will be monitored on supervised probation for two years.

By letter dated May 12, 2008, my attorney notified the Board of my guilty plea. As a result, the Board can charge me with the commission of a prohibited act under H.O. § 19-311(8). The pertinent provisions of the Act are as follows:

Subject to the hearing provisions of § 19-312 of this subtitle, the Board may deny a license to any applicant, fine a licensee, reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the applicant or licensee:

- (8) Is convicted of or pleads guilty or nolo contendere to a felony or to a crime involving moral turpitude, whether or not any appeal or other proceeding is pending to have the conviction or plea set aside.

I have decided to surrender my license to practice clinical social work in the State of Maryland in lieu of disciplinary action under the Act. I understand that if I do not surrender my license, the Board will proceed with charges against me, as described above. I wish to make it clear that I have voluntarily, knowingly, and freely chosen to submit this Letter of Surrender. 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 to all other substantive and procedural protections provided by law, including the right to appeal.

I hereby affirm that on or before the date of this Letter of Surrender, I will have permanently terminated any clinical social work practice that I had in the State of Maryland.

I acknowledge that on or before the date of this Letter of Surrender, I shall present to the Board my Maryland clinical social work license, number 00934, including any renewal certificates and wallet-sized renewal cards.

I understand that the Board will advise the Associate of Social Work Boards and the National Practitioners 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 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. (2004 Repl. Vol. and 2007 Supp.).

I further recognize and agree that by executing and submitting this Letter of Surrender, my license will remain surrendered for a period of **five (5) years** from the date of this Letter of Surrender. I understand that after a period of five (5) years, I may apply to the Board for reinstatement, but that I will approach the Board in the same posture as one whose license has been revoked on the above charges. At that time, the Board may review my entire Board file to determine my fitness to have my license reinstated. It will be my burden, as an applicant for reinstatement, to demonstrate that I meet the Board's requirement for licensure. I also understand that the Board, in its discretion, may attach conditions of probation to any decision to reinstate.

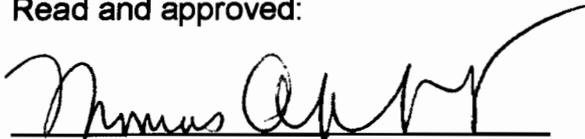
I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason whatsoever. Finally, I wish to make clear that I have consulted with an attorney before signing this Letter of Surrender. I fully understand both the nature of the Board's actions and this Letter of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

Sincerely,



Melvin Shandler

Read and approved:



Thomas Abbenante, Esquire
Attorney for Melvin Shandler

ACCEPTANCE

ON BEHALF OF THE MARYLAND STATE BOARD OF SOCIAL WORK EXAMINERS, on this 12 day of December, 2008, the effective date of this Letter of Surrender, I accept Melvin Shandler's PUBLIC Letter of Surrender of his license to practice social work in the State of Maryland.



Cherie Cannon, LCSW-C
Chair
Maryland State Board of
Social Work Examiners

cc: Thomas Abbenante, Esq.