

Neil I. Sushner, D.D.S.
1120 19th Street, N.W.
Suite 320
Washington, D.C. 20036

Date: 10-23-13

Laurie Sheffield-James, Executive Director
MD State Board of Dental Examiners
Benjamin Rush Building
55 Wade Avenue/Tulip Drive
Catonsville, Maryland 21228

RE: Surrender of License to Practice Dentistry
License Number: 5754
Case Number: 2013-175

Dear Dr. Chu and Members of the Board:

Please be advised that I have decided to **SURRENDER** my license to practice dentistry in the State of Maryland, License Number 5754, effective November 18, 2013. I understand that upon surrender of my license, I may not practice dentistry in the State of Maryland as such practice is defined in the Maryland Pharmacy Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ."), §§ 4-101 *et seq.*, (2009 Repl. Vol.) 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 or unregistered individual in the State of Maryland. Should the Board accept this Letter of Surrender, I agree not to practice dentistry in the State of Maryland unless I am subsequently reinstated by the Board.

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 dentistry in the State of Maryland arises from an investigation by the Maryland State Board of Dental Examiners (the "Board") and the Office of the Attorney General. The Board's investigation determined that I had committed several violations of the Act including being professionally disciplined in another jurisdiction and engaging in inappropriate unprofessional telephone contact with a patient.

I have decided to surrender my license to practice dentistry in the State of Maryland to avoid further prosecution of the disciplinary charges now pending before the Board under Board Case Number 2013-175.

I acknowledge that if my case were to proceed to an evidentiary hearing, the Board would offer evidence to support the allegations it made in this case. I acknowledge that for all purposes relevant to licensure, those allegations will be treated as if proven.

I understand that by executing this Letter of Surrender I am waiving any right to contest any charges that may have resulted from the investigative findings 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 understand that the Board will advise the National Practitioners' Data Bank of this Letter of Surrender, and in any response to any appropriate inquiry, that I have surrendered my license in lieu of further disciplinary action under the Act. 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 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., State Gov't., § 10-611 *et seq.*, (2009 Repl. Vol.), and that this Letter of Surrender is considered a disciplinary action by the Board.

I acknowledge that upon the Board's acceptance of this Letter of Surrender, I shall physically surrender to the Board my original Maryland Dental License, number 5754, my most recent wallet-sized renewal card, or wall certificate. If I no longer am in possession of these documents, I will instead submit a signed letter explaining the reasons therefore.

I further recognize and agree that by submitting this Letter of Surrender, my license in Maryland will remain surrendered for a minimum of three (3) years and until such time as I apply for and am granted reinstatement by the Board. I understand that when applying for reinstatement or a new license, I approach the Board in the same posture as one whose license has been revoked. I agree that the Board shall have sole discretion to accept or deny any application I may file irrespective of whether I meet the requirements of the Act or the implementing regulations.

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 had the opportunity to consult with counsel 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.

Very truly yours,

Neil I. Sushner D.D.S.
Neil I. Sushner, D.D.S.

Read and Approved:

Roy Mason
Roy Mason, Esq.
Counsel for Dr. Sushner

NOTARY

STATE OF MARYLAND ^{TDR}
CITY/COUNTY OF District of Columbia

I HEREBY CERTIFY that on this 24th day of October, 2013,
before me, a Notary Public of the State and City/County aforesaid, personally appear
^{TDR} Joseph M. Haynes, 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.

TEREN D. ROBBINS
NOTARY PUBLIC DISTRICT OF COLUMBIA
My Commission Expires June 14, 2017

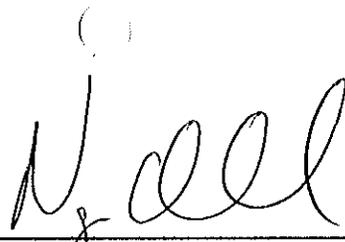
Teren D. Robbins
Notary Public

My Commission expires: 6-14-2017

ACCEPTANCE

On this 6th day of November, 2013, I, Ngoc Quang Chu,
D.D.S., on behalf of the Maryland State Board of Dental Examiners, accept the **PUBLIC**
SURRENDER of Neil I. Sushner's license to practice dentistry in the State of Maryland.

Neil I. Sushner, D.D.S.
Letter of Surrender
Page 4 of 4



Ngoc Quang Chu, D.D.S.
President
Maryland State Board of Dental Examiners

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