

**Louis Williams, LMT
10415 Tullymore Drive
Adelphi, Maryland 20783**

Date: 7/28/15

Laurie Sheffield-James, Executive Director
Maryland Board of Chiropractic & Massage Therapy Examiners
4201 Patterson Avenue, 3rd Floor
Baltimore, Maryland 21215

RE: Surrender of License to Practice Massage Therapy
License Number: M04547
Case Number: 14-70M

Dear Ms. Sheffield-James and Members of the Board:

Please be advised that I have decided to **SURRENDER** my license to practice massage therapy in the State of Maryland, License Number M04547, effective immediately. I understand that upon surrender of my license, I may not practice massage therapy, with or without supervision and/or compensation, as it is defined in the Maryland Chiropractic Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ.") § 3-5A-01 *et seq.* (2014 Repl. Vol.).

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

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 of Chiropractic and Massage Therapy Examiners' (the "Board's") acceptance becomes a **FINAL ORDER** of the Board.

My decision to surrender my license to practice massage therapy in the State of Maryland has been prompted by an investigation of my license by the Board and the Office of the Attorney General resulting in charges that I violated Md. Code Ann., Health Occ. § 3-5A-10(3)(Is...convicted or disciplined by a court of any state...for an act that would be grounds for disciplinary action under this section), (8)(does an act that is

inconsistent with generally accepted professional standards in the practice of massage therapy and (20)(engages in conduct that violates the professional code of ethics).

The Board's charges were based on information I had provided on my renewal application that I had pled guilty to a criminal charge for second degree assault based on a breast massage that I conducted on a client during a scheduled massage. The District Court of Montgomery County sentenced me to probation before judgment with two years of probation with six months of supervision, which I served. The terms of probation included that I undergo mental health counseling.

I have decided to surrender my license to practice massage therapy in the State of Maryland to resolve this matter and to avoid prosecution of 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 the Act under Health Occ. § 3-5A-10(3), (8) and (20).

I understand that by executing this Letter of Surrender I am waiving any right to contest the 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 on or before the effective date of this Letter of Surrender, I shall present to the Board my Maryland massage therapy license, including any renewal certificates and wallet-sized renewal cards.

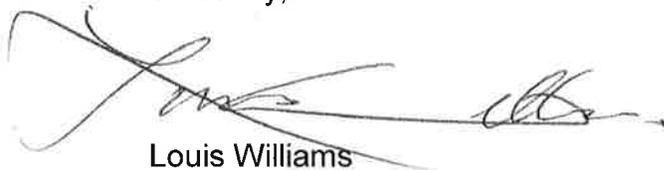
I understand that the Board will advise the National Practitioner's Data Bank, and the Health Care Integrity Data Bank, and any other required entities of this Letter of Surrender, and in response to any inquiry, will advise that I have surrendered my license in lieu of disciplinary action under the 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. Code Ann., Gen. Prov. § 4-101 *et seq.* (2014). 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 **FIVE (5) YEARS**.

I understand that after five years, if I apply for reinstatement or a new Maryland license, I bear the burden of demonstrating to the Board that I am professionally and mentally competent to practice massage therapy under the Act and that I possess good moral character, as required under Health Occ. § 3-5A-06(a)(1). 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 and that my application may be accepted or denied by the Board in its sole discretion.

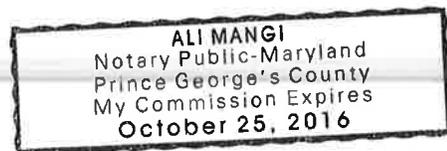
I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason whatsoever. Finally, I wish to make clear that I have been advised of my right to be represented by the attorney of my choice throughout proceedings before the Board, including the right to consult with an attorney prior to signing this Letter of Surrender. I have knowingly, willfully and intelligently waived my right to be represented by an attorney before signing this letter surrendering my license to practice medicine 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 the language, meaning, terms and effect of this Letter of Surrender. I make this decision knowingly and voluntarily.

Sincerely,



Louis Williams

NOTARY SEAL



STATE OF MARYLAND

CITY/COUNTY: *Prince Georges*

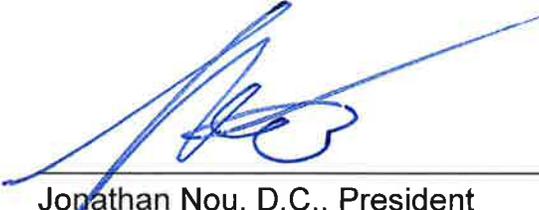
I **HEREBY CERTIFY** that on this 20 day of July, 2015, before me, a Notary Public of the State and City/County aforesaid personally appeared Louis

Williams and declared and affirmed under the penalties of perjury that signing the foregoing Letter of Surrender was his voluntary act and deed.

Notary Public

ACCEPTANCE

On behalf of the Maryland Board of Chiropractic and Massage Therapy Examiners, on this 28th day of July, 2015, I accept Louis Williams' **PUBLIC SURRENDER** of his license to practice massage therapy in the State of Maryland.



Jonathan Nou, D.C., President
Board of Chiropractic & Massage Therapy Examiners