Romeo A. Ferrer, M.D. 809 Bermuda Court Annapolis, Maryland 21401 September , 2010

Paul T. Elder, M.D., Chair Maryland State Board of Physicians 4201 Patterson Avenue Baltimore, Maryland 21215

Re: Surrender of Medical License

License Number: D09255 Case Number: 2008-0135

## Dear Dr. Elder and Members of the Board:

Please be advised that I have decided to permanently surrender my license to practice medicine in the State of Maryland, License Number D09255, (D.O.B. 02/18/1941). As a result of my surrender, I understand that I may not give medical advice or treatment to any individual, with or without supervision and/or compensation, cannot prescribe medications or otherwise engage in the practice of medicine as it is defined in the Maryland Medical Practice Act (the "Act"), Md. Health Occ. Code Ann. §14-101, et seq. In other words, as of date of acceptance 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 medicine in Maryland has occurred while I am under an investigation of my licensure by the Maryland Board of Physicians (the "Board"). The Board's investigation found that on February 3, 2006, during the course of an elective abortion procedure, I failed to meet the standard of quality care resulting in the death of the patient.

Based on these investigative findings, on September 8, 2010, pursuant to State Govt. § 10-226 (c)(2) (2009 Repl. Vol.) the Board summarily suspended my license to practice medicine in Maryland. A copy of the Board's *Order of Summary Suspension of License to Practice Medicine* is attached hereto and is incorporated into this Letter of Surrender. I affirm that I was served with a copy of the Order of Summary Suspension of License to Practice Medicine and have otherwise been advised on the Board's actions through communications with representatives of the Office of the Attorney General and my legal counsel.

In addition, based on the investigation, the Board had probable cause to issue, and did issue, disciplinary charges against me for the commission of prohibited acts under Md.

Dr. Elder and Members of the Board

Re: Romeo A. Ferrer, M.D.

License Number: D09255; Case Number: 2008-0135

Page 2

Health Occ. Code Ann., § 14-404(a).

The pertinent provision of the Act provides as follows:

(22) Fails to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State[.]

I have decided to surrender my license to practice medicine in Maryland to avoid contesting the Order of Summary Suspension and prosecution of the aforementioned charges. The basis for the charges against me include the findings of the investigations described in the Order of Summary Suspension, and by virtue of this Letter of Surrender, I waive any right to contest those charges and findings. 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 contest these 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 to all other substantive and procedural protections provided by law, including the right to appeal.

I hereby affirm that I have permanently terminated any medical practice that I had in Maryland. I also affirm that I have no active privileges at any hospital, outpatient surgical facility, nursing home or other health care facility in the State of Maryland.

I acknowledge that within five (5) days of the Board's acceptance of this Letter of Surrender, I will present to the Board my original Maryland medical license, number D09255 and wallet-sized renewal card, my original Federal DEA Certificate Number AF2969066 (expiration date: 09/03/2011), my original Maryland Controlled Dangerous Substances Certificate Number M22344 (expiration date: 04/30/12) and all prescription pads in my possession. I also agree to surrender all CDS in my possession.

I understand that the Board will advise the Federation of State Medical Boards and the National Practitioners Data Bank of this Letter of Surrender, and in any response to any 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 agree that I will not apply for licensure in any form in any other state or jurisdiction, and in the event that I do so, I understand 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 Govt Code Ann. § 10-611, et seq.

I further recognize and agree that by agreeing to this Letter of Surrender that my license will remain surrendered forever. In other words, I agree never to apply for

Dr. Elder and Members of the Board

Re: Romeo A. Ferrer, M.D.

License Number: D09255: Case Number: 2008-0135

Page 3

reinstatement of my medical license in the State of Maryland. Furthermore, I agree never to apply for a license to practice any health profession in Maryland that would permit me, as a licensee, to write prescriptions for CDS.

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 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.

Romeo A. Ferrer, M.D.

Read and approved:

Jonathan Cusson, Esquire Attorney for Dr. Ferrer

## **NOTARY**

STATE OF MARYLAND CITY/COUNTY OF Anne Arundel

I HEREBY CERTIFY that on this Admod of Septemble, 2010, before me, a Notary Public of the City/Country aforesaid personally appeared Romeo A. Ferrer, M.D., 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.

Page 4

My Commission expires 2

My Commission

On behalf of the Maryland State Board of Physicians, on this 27th day of October, 2010, I accept Dr. Romeo A. Ferrer's public Letter of Surrender of his license to practice medicine in the State of Maryland.

**ACCEPTANCE** 

Paul T. Elder, M.D., Chair

Maryland State Board of Physicians