

Abdelmonem M. El-Beshir, M.D.

February 26, 2015

Christine A. Farrelly, Executive Director
Maryland Board of Physicians
4201 Patterson Avenue, 4th Floor
Baltimore, MD 21215

RE: Surrender of License to Practice Medicine
License Number: D16432
MBP Case Number: 2015-0013

Dear Ms. Farrelly and Members of Disciplinary Panel A,

Please be advised that I have decided to **SURRENDER** my license to practice medicine in the State of Maryland, License Number D16432, effective immediately. I understand that upon surrender of my license, I may not give medical advice or treatment to any individual, with or without compensation, and cannot prescribe medications or otherwise engage in the practice of medicine in the State of Maryland as it is defined in the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ.") §§ 14-101 *et seq.* (2014 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 individual in the State of Maryland.

I understand that this Letter of Surrender is a **PUBLIC DOCUMENT** and on Disciplinary Panel A of the Maryland State Board of Physicians' (the "Board's") acceptance, becomes a **FINAL ORDER** of Disciplinary Panel A.

I have decided to surrender my license to practice medicine in the State of Maryland to avoid further investigation and to avoid prosecution of the allegations before Disciplinary Panel A. I acknowledge that the Board initiated an investigation of this matter and if the investigation continued, Disciplinary Panel A would have ordered the summary suspension of my license to practice in Maryland and would have pursued disciplinary charges under Health Occ. § 14-404(a)(3)(ii), (18), and (22) based upon my prescribing of psychotropic medications to minors and practicing medicine with an unauthorized individual.

I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender to avoid charges and prosecution of the aforementioned allegations in order to resolve this matter because of my declining health and planned

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retirement. I acknowledge that for all purposes relevant to medical licensure, the investigative findings and allegations of violation of Health Occ. § 14-404(a)(3)(ii), (18), and (22) will be treated as if proven.

I understand that by executing this Letter of Surrender I am waiving my right to contest any summary suspension and charges that would issue from Disciplinary Panel A's 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 do not wish to contest these allegations. I wish to make clear that I have voluntarily, knowingly, and freely chosen to submit this Letter of Surrender as part of Panel A's disciplinary action to resolve this matter without further investigation and/or any further proceeding as part of the process as determined by the Maryland Medical Practice Act and the Health Occupations Article.

I understand that the Board will advise the Federation of State Medical Boards and the National Practitioners' Data Bank and the Healthcare Integrity and Protection Databank of this Letter of Surrender, and in response to any inquiry, that I have surrendered my license as if it were revoked. 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 may be released or published by the Board or Disciplinary Panel A 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), and that this Letter of Surrender shall constitute a disciplinary action by the Disciplinary Panel A.

I affirm that as of the date of this Letter of Surrender, I will present to the Board my original Maryland medical license number D16432, and my most recent wallet-sized renewal card. I acknowledge that on or before the date that Disciplinary Panel A accepts this Letter of Surrender, I shall deliver to the Board: (1) any and all Medical Assistance prescription forms in my possession; (2) any prescription forms and pads in my possession; (3) any prescription forms or pads on which my name and Drug Enforcement Administration Registration Number are imprinted; (4) any controlled dangerous substances in my possession, other than those prescribed by a licensed physician for me; and (5) any proscribed substances in my possession, other than those prescribed by a licensed physician for me..

I acknowledge that on or before the effective date of this Letter of Surrender, I shall deliver to Audrey P. Clark, MPA, Chief, or any successor, Division of Drug Control,

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4201 Patterson Avenue, 5th Floor, Baltimore, Maryland 21215, my Maryland Controlled Dangerous Substances Certificate #M12015 (expiration date May 31, 2015). My Drug Enforcement Administration Registration Card #AE2077748 expires on or about August 31, 2015.

I affirm that as a condition of Disciplinary Panel A's acceptance of this Letter of Surrender, I agree not to apply for or in any way seek reinstatement of my license for at least **THREE (3) YEARS** from the date of the acceptance of this Letter of Surrender by the Disciplinary Panel A. I further understand if at a future date subsequent to the three year period aforementioned, I file a written application for reinstatement, I will approach Disciplinary Panel A in the same position as an individual whose license has been revoked by Disciplinary Panel A, and Disciplinary Panel A will review my case and determine my fitness to have my license reinstated.

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 Disciplinary Panel A, including the right to counsel with an attorney prior to signing this Letter of Surrender. I understand both the nature of the Disciplinary Panel A'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 voluntarily choose to surrender my Maryland license to practice medicine pursuant to the terms and conditions set out herein. I make this decision knowingly and voluntarily.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Abdelmonem M. El-Beshir', with a stylized flourish at the end.

Abdelmonem M. El-Beshir, M.D.

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NOTARY

STATE OF Maryland

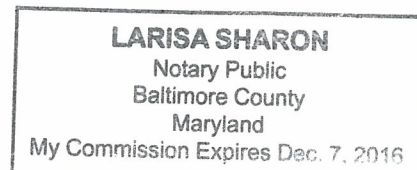
CITY/COUNTY OF Baltimore

I **HEREBY CERTIFY** that on this 19th day of February, 2015 before me, a Notary Public of the City/County aforesaid, personally appeared Abdelmonem M. El-Beshir, M.D., and declared and affirmed under the penalties of perjury that the signing of this Letter of Surrender was his voluntary act and deed.

AS WITNESS my hand and Notarial seal.

Larisa Sharon
Notary Public

My commission expires: 12/7/16.



ACCEPTANCE

26th On behalf of Disciplinary Panel A of the Maryland Board of Physicians, on this day of February, 2015, I, Christine A. Farrelly, accept Abdelmonem M. El-Beshir, M.D.'s **SURRENDER** of his license to practice medicine in the State of Maryland.

Christine A. Farrelly
Christine A. Farrelly, Executive Director
Maryland Board of Physicians