

Naz Moaddab, M.D.

October 20, 2016

Christine A. Farrelly, Executive Director
Maryland State Board of Physicians
4201 Patterson Avenue, 4th Floor
Baltimore, Maryland 21215-2299

RE: Surrender of Medical Registration, Unlicensed Medical Practitioner
Registration Number: P30998
Case Number: 2016-0128A

Dear Ms. Farrelly and Members of Disciplinary Panel A:

I have decided to **SURRENDER** my registration to practice as an Unlicensed Medical Practitioner ("UMP") in the State of Maryland, Registration Number P30998, effective immediately. I understand that upon surrender of my registration, I may not give medical advice or treatment to any individual, with or without compensation, and cannot otherwise engage in the practice of medicine as an UMP 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. & 2015 Supp.) and other applicable laws. In other words, as of the effective date of this Letter of Surrender, I understand that the surrender of my registration means that I am in the same position as an individual without an UMP registration 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 registration to practice as an UMP in the State of Maryland to avoid further prosecution of the disciplinary charges now pending before Disciplinary Panel A. I acknowledge that the Board's investigation determined that I was terminated from my residency program in August 2015 for diverting controlled dangerous substances, in violation of Code Regs. Md. 10.32.07.07C(2) (...an act...that resulted in disciplinary action...in connection with the postgraduate training program); (4) (...unprofessional conduct...in the practice of medicine); and (7)(b) (practicing medicine while using any narcotic or controlled dangerous substance...that is in excess

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of therapeutic amounts...). Disciplinary Panel A's Charges are attached hereto and incorporated herein as **Attachment A**.

I wish to make it clear that I have voluntarily, knowingly, and freely chosen to submit this Letter of Surrender in lieu of Disciplinary Panel A proceeding with further investigation and to avoid prosecution of Disciplinary Panel A's Charges. If this case were to proceed to a hearing, I agree that the State would be able to prove the Charges, and for purposes related to my UMP registration, these investigatory findings will be treated as if proven. 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 to circuit court.

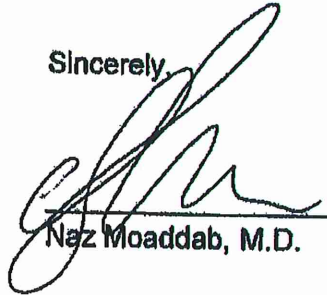
I understand that Disciplinary Panel A will advise the Federation of State Medical Boards, the National Practitioner Data Bank, and the Healthcare Integrity and Protection Databank of this Letter of Surrender, and in any response to any inquiry, that I have surrendered my UMP registration in lieu of further disciplinary action. I also understand that in the event I apply for a registration or license in any form in any other state or jurisdiction, this Letter of Surrender and the underlying investigative documents may be released or published by Disciplinary Panel A to the same extent as a final order that would result from disciplinary action, pursuant to Md. Code Ann., Gen. Prov. §§ 4-101-4-601 (2014), and that this Letter of Surrender is considered a disciplinary action by the Board.

I affirm that on or before the date of Disciplinary Panel A's acceptance of this Letter of Surrender, I will provide to Board staff my UMP registration issued by the Board. I agree that if I am accepted at a Maryland residency program, prior to being considered for registration as an UMP, I shall be evaluated by a Board or Board Panel approved professional specializing in substance abuse disorders in order to provide the Board or Board Panel with recommendations regarding whether and if so under what conditions I am able to safely resume the practice of clinical medicine; and following the completion of the evaluation, I shall formally petition and appear before the Board or a Panel of the Board as to whether I am eligible for registration as an UMP, and if the Board or a Panel of the Board registers me as an UMP, the Board or a Panel of the Board may impose any terms and conditions in its discretion are necessary for me to safely resume the practice of medicine.

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 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 make this decision knowingly and voluntarily.

Christine A. Farrelly, Executive Director, and Members of Disciplinary Panel A
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Sincerely,



Naz Moaddab, M.D.

NOTARY

STATE/Commonwealth of _____

CITY/COUNTY OF _____

I HEREBY CERTIFY that on this _____ day of _____, 2016,
before me, a Notary Public of the State/Commonwealth and City/County aforesaid,
personally appeared Naz Moaddab, M.D. and declared and affirmed under the penalties
of perjury that signing the foregoing Letter of Surrender was her voluntary act and deed.

AS WITNESS my hand and official seal.


**See Attached
R. Paquin
2025928**

Notary Public

My Commission expires: _____

ACCEPTANCE

On this 24th day of October, 2016, I, Christine A. Farrelly, Executive
Director, on behalf of Disciplinary Panel A of the Maryland State Board of Physicians,
accept Naz Moaddab, M.D.'s PUBLIC SURRENDER of her registration to practice as
an UMP in the State of Maryland.



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

JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

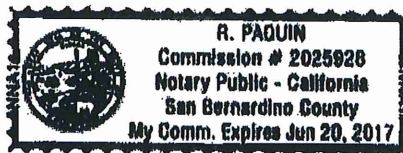
County of San Bernardino

Subscribed and sworn to (or affirmed) before me on this 20 day of October,
2016 by Naz Moaddab -

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

R. Paquin
Signature

(Seal)



OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Surrender of Medical Registration
(Title or description of attached document)

(Title or description of attached document continued)

Number of Pages _____ Document Date _____

Additional Information _____

INSTRUCTIONS

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one which does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
 - ❖ Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
 - ❖ Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.