

Daniel Baral, P.A.-C.

Date: June 15, 2018

Damean Freas, D.O., Chair
Disciplinary Panel B
Maryland State Board of Physicians
4201 Patterson Avenue, 4th Floor
Baltimore, MD 21215-2299

Re: Surrender of License to Practice Medicine
Daniel Baral, P.A.-C., License Number: C01783
Case Numbers: 2218-0038, 2218-0085

Dear Dr. Freas and Members of Disciplinary Panel B,

Please be advised that, pursuant to Md. Code Ann., Health Occ. ("Health Occ.") §15-312 (2014 Repl. Vol. & 2017 Supp.), I have decided to **SURRENDER** my license to practice medicine in the State of Maryland, License Number C01783, 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"), Health Occ. §§ 14-101 *et seq.* 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 upon Disciplinary Panel B's ("Panel B") acceptance, becomes a **FINAL ORDER** of Panel B of the Maryland State Board of Physicians (the "Board").

I acknowledge that the Board initiated an investigation that found the following. On June 8, 2017, I completed the 2017 license renewal application. In this application I checked that I had completed the Criminal History Records Check ("CHRC"), but in fact I did not complete the process. On October 13, 2017 the Board notified me that it had not received the CHRC results and offered me ten days to provide the requested information. On October 16, 2017, I responded that I had moved to New Jersey and was no longer practicing in Maryland. I requested an extension which was not granted. I provided reasons as to why I had not obtained the CHRC including starting a new job, not having time off to obtain the CHRC, and no longer residing in Maryland. In addition, around the same time, I had completed a criminal record check for my licensure application for New Jersey, which I mistakenly believed sufficed for Maryland as well. Subsequently, the Board initiated an investigation into the allegations. I have decided to surrender my license to practice medicine in the State of Maryland to avoid further investigation and prosecution

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of these allegations and because I no longer wish to pursue renewal of my Maryland license. I recognize that for all purposes relevant to medical licensure that these allegations shall be treated as proven and that these allegations support a conclusion that I violated Health Occ. § 15-314(a)(43) ("Fails to submit to a criminal history records check under § 14-308.1 of this article").

I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender to avoid the issuance of charges and prosecution of the aforementioned allegations. I do not wish to contest these allegations. I understand that by executing this Letter of Surrender I am waiving my right to contest any charges that would issue from Panel B'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 to circuit court.

I understand that the Board will advise the Federation of State Medical Boards, the National Practitioner Data Bank, and the Healthcare Integrity and Protection Data Bank of this Letter of Surrender. 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 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 Repl. Vol. & 2017 Supp.), and that this Letter of Surrender constitutes a disciplinary action by Panel B.

I affirm that I will provide access to and copies of medical records to my patients in compliance with Title 4, subtitle 3 of the Health General Article.

I further recognize and agree that by submitting this Letter of Surrender, my license will remain surrendered unless and until the Board grants reinstatement. In the event that I apply for reinstatement of my Maryland License, I understand that Panel B or its successor is not required to grant reinstatement; and, if it does grant reinstatement, may impose any terms and conditions the disciplinary panel considers appropriate for public safety and the protection of the integrity and reputation of the profession. I further understand that if I ever file a petition for reinstatement, I will approach Panel B or its successor in the same position as an individual whose license has been revoked.

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 an attorney of my choice throughout proceedings before Panel B, including the right to consult with an attorney prior to signing this Letter of Surrender. I have knowingly and willfully 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 Panel B's actions and this Letter of Surrender fully. I acknowledge that

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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,

Signature on File

Daniel Baral, P.A.-C.

NOTARY

STATE OF New Jersey
CITY/COUNTY OF Quincy

I HEREBY CERTIFY that on this 15 day of June, 2018 before me, a Notary Public of the City/County aforesaid, personally appeared Daniel Baral, P.A.-C., and declared and affirmed under the penalties of perjury that the signing of this Letter of Surrender was voluntary.

AS WITNESS my hand and Notarial seal.

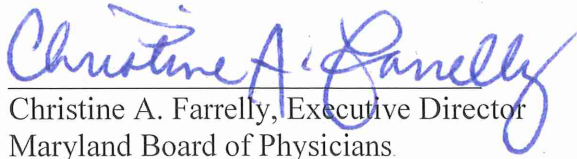

Notary Public

My commission expires: 02/22/2023

CHEYENNE RIEHL
NOTARY PUBLIC OF NEW JERSEY
ID # 2430294
My Commission Expires 2/22/2023

ACCEPTANCE

On behalf of Disciplinary Panel B, on this 20th day of June, 2018, I, Christine A. Farrelly, accept the **PUBLIC SURRENDER** of Daniel Baral, P.A.-C.'s license to practice medicine in the State of Maryland.


Christine A. Farrelly, Executive Director
Maryland Board of Physicians