

IN THE MATTER OF  
FERMIN CABEZAS, P.A.

Respondent

LICENSE NUMBER: C07218

\* BEFORE THE  
\* MARYLAND BOARD  
\* OF PHYSICIANS  
\* CASE NUMBER: 2220-0089

\* \* \* \* \*

CONSENT AGREEMENT

THIS AGREEMENT, made this 5 day of OCTOBER, 2019, between Fermin Cabezas, P.A. (the "Respondent") and the Maryland Board of Physicians (the "Maryland Board"):

WHEREAS, the Respondent is a physician assistant licensed to practice in the State of Maryland, initially licensed in Maryland on or about June 14, 2019;

WHEREAS, the Maryland Board received information that, on or about September 12, 2019, the Virginia Board of Medicine (the "Virginia Board") issued an Order of Summary Suspension of the Respondent's license, concluding that the Respondent is a substantial danger to the public health or safety;

NOW THEREFORE, the Respondent agrees that his license to practice as a physician assistant in the State of Maryland is hereby SUSPENDED until such time as his license is reinstated by the Virginia Board; and

The Respondent further agrees that this Agreement is a public document pursuant to Md. Code Ann., Gen. Prov. §4-101 et seq.

10/5/2019  
Date

10/08/2019  
Date

***Signature on File***

\_\_\_\_\_  
Fermin Cabezas, P.A.

***Signature on File***

\_\_\_\_\_  
Christine A. Farrelly  
Executive Director

**CONSENT**

By this Consent, I hereby accept the conditions and agree to be bound by the foregoing Consent Agreement and its conditions.

1. By this Consent, I submit to the foregoing Consent Agreement.
2. I acknowledge the legal authority and the jurisdiction of the Board to initiate case number 2220-0089 and to enter and enforce this Consent Agreement.
3. I acknowledge that by entering into this Consent Agreement, I am waiving my right to appeal any adverse ruling of the Board that might have followed an evidentiary hearing.
4. I sign this Consent Agreement freely and voluntarily, after having had the opportunity to consult with counsel. I fully understand the language, meaning, and effect of this Consent Agreement.

***Signature on File***

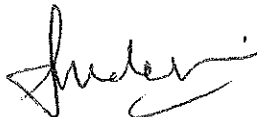
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Date

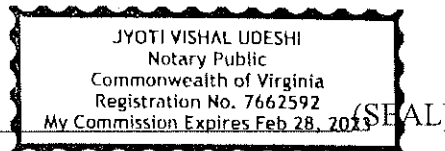
\_\_\_\_\_  
Fermin Cabezas, P.A.

STATE OF VIRGINIA

CITY/COUNTY OF PRINCE WILLIAM

I HEREBY CERTIFY that on this 5 day of October, 2019, before me, the subscriber, a Notary Public for the State and City/County aforesaid, personally appeared Fermin Cabezas, P.A. and made oath in due form of law that the execution of the foregoing Consent Agreement was his voluntary act and deed.





MY COMMISSION EXPIRES: 02/28/2023