Adeleke Adeyemo, M.D.
115 Pinecove Court
Odenton, Maryland 21113

Date: 24 February 2014

Andrea Mathias, M.D., Chair
Maryland Board of Physicians
4201 Patterson Avenue
Baltimore, Maryland 21215

RE: Surrender of License to Practice Medicine
License Number: D00127
MBP Case Number: 2013-0708

Dear Dr. Mathias and Members of the Board:

I have decided to surrender my license to practice medicine in the State of Maryland, License Number D00127. I understand that the surrender of my license means that I may not give medical advice or treatment to any individual, with or without supervision and/or compensation, and 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.* (2009 Repl. Vol. & 2013 Supp.). In other words, I understand that the surrender of my license means that I am in the same position as an unlicensed individual. This Letter of Surrender shall become effective immediately upon the date of acceptance by the Maryland Board of Physicians (the "Board"). I understand that this Letter of Surrender is a **PUBLIC** document and on the Board's acceptance becomes a Final Order of the Board.

My decision to surrender my license to practice medicine in Maryland has been prompted by health issues, as well as an investigation by the Maryland Board of Physicians (the "Board") following a complaint to the Board. On March 28, 2013, the Board received a complaint from my former employer expressing concerns regarding my physical and cognitive skills related to the practice of medicine.

I have decided to surrender my license to practice medicine in Maryland to avoid further prosecution. Furthermore, I am currently physically unable to practice medicine due to my health. I acknowledge that the Board has sufficient evidence to prove by a preponderance of the evidence at an administrative hearing that I violated the Act pursuant to its investigative findings. By virtue of this Letter of Surrender, I waive any right to contest the underlying investigation or any findings the Board may make in connection with the underlying investigation.

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 understand that the Board will advise the Federation of State Medical Boards and the National Practitioner's Data Bank of this Letter of Surrender, and in response to any inquiry, will advise that I have surrendered my license in lieu of disciplinary action under the Act as resolution of the matters pending against me. I also understand that, in the event that I would apply for licensure in any form in any other state or jurisdiction, 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 Gov't Code Ann. § 10-611 *et seq.* (2009 Repl. Vol. and 2013 Supp.) Finally, I understand that this Letter of Surrender is considered a disciplinary action by the Board.

I recognize and agree that by submitting this Letter of Surrender, my license will remain surrendered for a minimum of **ONE (1) YEAR**. I further recognize and agree that I shall not petition the Board for reinstatement of my Maryland license to practice medicine before the expiration of one (1) year from the date on which the Board accepts this Letter of Surrender. Should the Board reinstate my license to practice medicine, I understand that the Board may set terms and conditions that shall apply to my receiving a reinstated Maryland license or a new Maryland medical license. I also understand that if I apply for reinstatement or for a new Maryland medical license that I bear the burden of demonstrating to the Board that I am competent to practice medicine and possess good moral character, as specified in Md. Health Occ. Code Ann. § 14-307. I understand when applying for reinstatement, I will approach the Board in the same posture as one whose license has been revoked, and that my petition for reinstatement may be granted or denied by the Board in its sole discretion.

I acknowledge that on or before the date on which Board accepts this Letter of Surrender, I shall present to the Board my Maryland License Number D00127 along with any renewal certificates and wallet-sized renewal cards.

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,

Adeleke Adeyemo, M.D.

NOTARY SEAL

STATE OF MARYLAND
CITY/COUNTY:

I HEREBY CERTIFY that on this 24 day of February, 2014, before me, a Notary Public of the State and City/County aforesaid personally appeared Adeleke Adeyemo, M.D. and declared and affirmed under the penalties of perjury that signing the foregoing Letter of Surrender was her voluntary act and deed.

Rebecca E Berger
Notary Public

My commission expires: 4 December 2017

Reviewed and accepted by:

Kunle Adeyemo, Esquire
Attorney for Dr. Adeyemo

ACCEPTANCE

On behalf of the Maryland Board of Physicians, on this 26th day of March, 2014, I accept ADELEKE ADEYEMO, M.D.'s **PUBLIC SURRENDER** of his license to practice medicine in the State of Maryland.

Andrea D Mathias MD MPH

Andrea Mathias, M.D., Chair
Maryland Board of Physicians