IN THE MATTER OF	*	**BEFORE THE**
LEILA ILMANOVNA KUMP, M.D.	*	**MARYLAND BOARD**
Respondent	*	**OF PHYSICIANS**
LICENSE NUMBER: D0067770	*	**CASE NUMBER: 2226-0065**

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CONSENT AGREEMENT

THIS AGREEMENT is made between Disciplinary Panel B of the Maryland State Board of Physicians (the "Board") and Leila Ilmanovna Kump, M.D. (the "Respondent"):

WHEREAS, the Respondent is a physician licensed to practice medicine in the State of Maryland, initially licensed on or about June 6, 2008;

WHEREAS, the Maryland Board received information that, on or about September 24, 2025, the Virginia Board of Medicine (the "Virginia Board") issued an Order of Summary Suspension of the Respondent's medical license based on allegations including but not limited to the Respondent's prescribing and administering of medications which resulted in the death of two patients ("Patient A" and "Patient B"); the Respondent's failure in properly handling the "emergency and complications" during Patient A's procedure and the medications and treatment she provided to Patient B; the Respondent's failure to maintain adequate medical records for Patient A and Patient B; aiding an unlicensed individual in the practice of surgical assisting; and that the Respondent is "unable to practice medicine with safety to patients and the public due to professional incompetence;"

NOW, THEREFORE, the Respondent agrees that her license to practice as a physician in the State of Maryland is hereby **SUSPENDED** until such time as the Respondent's medical license is restored/reinstated by the Virginia Board; and

The Respondent further agrees that this Agreement is a public document. See Health Occ. §§1-607, 14-411.1(b)(2) and Gen. Prov. §4-333(b)(6).

10/08/2025
Date

Signature on file

Leila Ilmanovna Kump, M.D.
Respondent

10/21/2025
Date

Signature on file

Christine A. Farrelly
Executive Director

CONSENT

I, Leila Ilmanovna Kump, M.D., acknowledge that I am aware of my right to consult with and be represented by counsel in considering this Consent Agreement. I have chosen to proceed without counsel and I acknowledge that the decision to proceed without counsel is freely and voluntarily made.

By this Consent, I agree to be bound by this Consent Agreement and all its terms and conditions and understand that the disciplinary panel will not entertain any request for amendments or modifications to any condition.

I assert that I am aware of my right to a formal evidentiary hearing, pursuant to Md. Code Ann., Health Occ. § 14-405 and Md. Code Ann., State Gov't §§ 10-201 *et seq*. I waive this right and have elected to sign this Consent Agreement instead.

I acknowledge the validity and enforceability of this Consent Agreement as if entered after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my behalf, and to all other substantive and procedural protections as provided by law. I waive those procedural and substantive protections. I acknowledge the legal authority and the jurisdiction of the disciplinary panel to initiate these proceedings and to issue and enforce this Consent Agreement.

I voluntarily enter into and agree to comply with the terms and conditions set forth in the Consent Agreement as a resolution of the charges. I waive all rights to appeal this Consent Agreement.

I sign this Consent Agreement, without reservation, and fully understand the language and meaning of its terms.

10/08/2025
Date

Signature on file

Leila Ilmanovna Kump, M.D.
Respondent

NOTARY

STATE OF VA

CITY/COUNTY OF Fairfax

I HEREBY CERTIFY that on this 6 day of October, 2025, before me, a Notary Public of the State and City/County aforesaid, personally Leila Ilmanovna Kump, M.D., and made oath in due form of law that the foregoing Consent Agreement was her voluntary act and deed.

AS WITNESS my hand and notarial seal.

Notary Public

My Commission expires: 06/30/2029

NAVNEET KAUR
NOTARY PUBLIC
REGISTRATION # 7918864
COMMONWEALTH OF VIRGINIA
MY COMMISSION EXPIRES
06/30/2029