John L. Hill, M.D.

Date: 7 Hug 2019

Damean W.E. Freas, D.O., Chair Disciplinary Panel B Maryland State Board of Physicians 4201 Patterson Avenue, 4th Floor

Baltimore, MD 21215-2299

Re: Permanent Surrender of License to Practice Medicine

John L. Hill, M.D. License Number: D20662

Case Number: 2219-0131B

Dear Dr. Freas and Members of Disciplinary Panel B,

Please be advised that, pursuant to Md. Code Ann., Health Occ. ("Health Occ.") §14-403 (2014 Repl. Vol. & 2017 Supp.), I have decided to permanently **SURRENDER** my license to practice medicine in the State of Maryland, License Number: D20662, 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 Permanent 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 Permanent 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 on April 9, 2019, Panel B issued disciplinary charges against me under Health Occ. § 14-404(a)(4). I have decided to permanently surrender my license to practice medicine in the State of Maryland to avoid further investigation and prosecution of these disciplinary charges and due to my current health and retirement.

I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Permanent Letter of Surrender to avoid further prosecution of the disciplinary charges. I acknowledge that for all purposes related to medical licensure in Maryland, the charges will be treated as if proven.

I understand that by executing this Permanent Letter of Surrender I am waiving my right to a hearing to contest the disciplinary charges. In waiving my right to contest the

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charges, I am also waiving the right to be represented by counsel at the hearing, 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 and the National Practitioner Data Bank of this Permanent 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 Permanent 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 Permanent 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 Permanent Letter of Surrender, my license in Maryland will remain permanently surrendered. In other words, I agree that I have no right to reapply and will not reapply for a license to practice medicine in the State of Maryland.

I acknowledge that I may not rescind this Permanent 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 Permanent Letter of Surrender. I was represented by an attorney prior to signing this letter permanently surrendering my license to practice medicine in Maryland. I understand both the nature of Panel B's actions and this Permanent Letter of Surrender fully. I acknowledge that I understand and comprehend the language, meaning and terms and effect of this Permanent Letter of Surrender. I make this decision knowingly and voluntarily.

Very truly yours,

Signature on File

John L. Hill, M.D.

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NOTARY

STATE OF Mary land

CITY/COUNTY OF Prince Georges

I HEREBY CERTIFY that on this <u>1</u> day of <u>August</u>, 2019 before me, a Notary Public of the City/County aforesaid, personally appeared John L. Hill M.D., and declared and affirmed under the penalties of perjury that the signing of this Permanent Letter of Surrender was voluntary.

AS WITNESS my hand and Notarial seal.

Sparm Kloulle Wergfild Notary Public pires: april 10, 2021

My commission expires:

SHANNON NOELLE WINGFIELD Notary Public-Maryland Prince George's County My Commission Expires April 10, 2021

ACCEPTANCE

On behalf of Disciplinary Panel B, on this 13 day of 4v5v5t, 2019, I, Christine A. Farrelly, accept the PUBLIC PERMANENT SURRENDER of John L. Hill, M.D.'s license to practice medicine in the State of Maryland.

Signature on File

Christine A. Farrelly, Executive Director Maryland Board of Physicians