

**Barry M. Shmookler, M.D.**

**January 23, 2020**

Dr. Damean Freas, Chair Disciplinary Panel B  
Maryland Board of Physicians  
4201 Patterson Avenue  
Baltimore, MD 21215

RE: Surrender of License to Practice Medicine  
License Number: D21961  
Case Number: 2220-0146

Dear Dr. Freas and Members of Disciplinary Panel B:

Please be advised that I have decided to **SURRENDER** my license to practice medicine in the State of Maryland, License Number D21961, 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"), Md. Health Occ. Code Ann., § 14-101 *et seq.* (2014 Repl. Vol.) 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 B's ("Panel B") acceptance, becomes a **FINAL ORDER** of Panel B of the Maryland State Board of Physicians ("the Board").

My decision to surrender my license to practice medicine in the State of Maryland has been prompted by the Board's investigation into my compliance with the Board's Continuing Medical Education (CME) requirements for license renewal. The Board's random audit of my 2019 license renewal application revealed that although I attested on my 2019 renewal application that I completed 50 hours of CME to meet the Board's CME requirements, I did not actually complete the required 50 hours of CME credits.

I have decided to surrender my license to practice medicine in the State of Maryland to avoid further investigation and prosecution of these allegations. 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. § 14-404 (a)(3)(ii) (unprofessional conduct in the practice of medicine) and (36) (willfully makes a false representation when seeking or making application for licensure).

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

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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 and the National Practitioner 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 extent as a Final Order that would result from disciplinary action, pursuant to Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.* (2014), and that this Letter of Surrender constitutes a disciplinary action by Panel B.

I affirm that I will provide access to and copies of patient 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, including the right to counsel 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 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,

*Signature on File*

Barry M. Shmookler, M.D.

NOTARY

STATE OF MARILAND

CITY/COUNTY OF MONTGOMERY

I HEREBY CERTIFY that on this 13<sup>TH</sup> day of FEBRUARY, 2020, before me, a Notary Public of the City/County aforesaid personally appeared Barry M. Shmookler, M.D, and declared and affirmed under the penalties of perjury that the signing of this Letter of Surrender was his voluntary act and deed.

AS WITNESS my hand and notarial seal.

T. Feathermille

Notary Public

My commission expires: 05/17/2023

ACCEPTANCE

On behalf of Disciplinary Panel B, on this 20<sup>th</sup> day of February 2020, I, Christine A. Farrelly, accept Barry M. Shmookler, M.D.'s SURRENDER of his license to practice medicine in the State of Maryland.

*Signature on File*

Christine A. Farrelly  
Executive Director  
Maryland Board of Physicians

