

Paul Forst, M.D.

Mark D. Olszyk, M.D., Chair
Disciplinary Panel A
Maryland State Board of Physicians
4201 Patterson Avenue, 4th Floor
Baltimore, MD 21215-2299

Re: Surrender of License to Practice Medicine
Paul Forst, M.D., License Number: D33281
Case Number: 2222-0076

Dear Dr. Olszyk and Members of Disciplinary Panel A,

Please be advised that, pursuant to Md. Code Ann., Health Occ. ("Health Occ.") §14-403 (2021 Repl. Vol.), I have decided to **SURRENDER** my license to practice medicine in the State of Maryland, License Number D33281, 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 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 Panel A's ("Panel A") acceptance, it becomes a **FINAL ORDER** of Panel A of the Maryland State Board of Physicians (the "Board").

I acknowledge that the Board initiated an investigation into a complaint alleging that I may have inappropriately prescribed controlled substances to a patient with whom I did not have a treating relationship. Due to my planned retirement, I have decided to surrender my license to practice medicine in the State of Maryland to avoid further investigation 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)(22) and (40).

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 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 A'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

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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 same extent as a final order that would result from disciplinary action, pursuant to Md. Code Ann., Gen. Prov. §§ 4-101 et seq. (2019 Repl. Vol.), and that this Letter of Surrender constitutes a disciplinary action by Panel A.

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 also agree to surrender my Controlled Dangerous Substance Registration to the Office of Controlled Substances Administration.

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 A 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 A 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 throughout proceedings before Panel A, including the right to consult with an attorney prior to signing this Letter of Surrender. I understand both the nature of Panel A'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.

Very truly yours,
Signature On File

Paul Forst, M.D.

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NOTARY

STATE OF Virginia

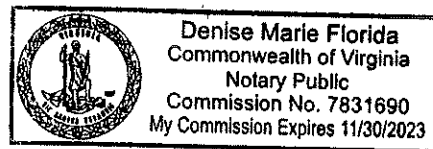
CITY/COUNTY OF Chesterfield

I HEREBY CERTIFY that on this 21st day of June, 2022 before me, a Notary Public of the City/County aforesaid, personally appeared Paul Forst, M.D., and declared and affirmed under the penalties of perjury that the signing of this Letter of Surrender was voluntary.

AS WITNESS my hand and Notarial seal.

Denise Marie Florida
Notary Public

My commission expires:



ACCEPTANCE

On behalf of Disciplinary Panel A, on this 23rd day of June, 2022, I, Christine A. Farrelly, accept the **PUBLIC SURRENDER** of Paul Forst, M.D.'s license to practice medicine in the State of Maryland.

Signature On File

Christine A. Farrelly, Executive Director
Maryland Board of Physicians