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|------------------------|-----------|---------------------------|
| IN THE MATTER OF | * | BEFORE THE MARYLAND |
| CHRISTINA LYONS, RCP | * | STATE BOARD OF PHYSICIANS |
| Respondent | * | |
| LICENSE NUMBER: L06836 | * | CASE NUMBER: 2218-0092 |
| * * * * * | * * * * * | |

CONSENT ORDER

The Maryland State Board of Physicians (the “Board”) and the Respondent, Christina Lyons, RCP, agree to enter into this Consent Order in order to resolve the Respondent’s unauthorized practice of respiratory care.

FINDINGS OF FACT

On August 15, 2017, the Board received an Application for Initial Licensure, Respiratory Care Practitioner, from the Respondent. The Board received information that the Respondent began working as a Respiratory Care Practitioner in Maryland on July 6, 2017. The Respondent, however, was not licensed by the Board as a Respiratory Care Practitioner until October 2, 2017.

CONCLUSIONS OF LAW

Based upon the findings of fact, the Board concludes that the Respondent engaged in the unauthorized practice of respiratory care in Maryland, in violation of § 14-5A-20 of the Health Occupations Article, Annotated Code of Maryland.

ORDER

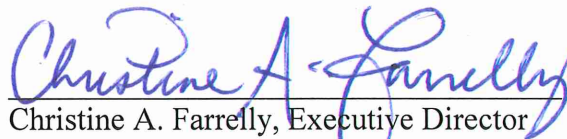
Based upon the findings of fact and conclusions of law, it is, by the Board, hereby

ORDERED that, within 90 days, the Respondent shall pay a civil fine of \$250.00 by bank certified check or money order made payable to the Maryland Board of Physicians, P.O. Box 37217, Baltimore, Maryland 21297; and it is further

ORDERED that if the Respondent fails to comply with any term or condition of this Consent Order, the Board, after notice and an opportunity to be heard, may impose a further sanction upon the Respondent, including, reprimand, probation, suspension or revocation of his/her license to practice respiratory care, or an additional fine; and it is further

ORDERED that this is a public document.

12/18/2017
Date


Christine A. Farrelly, Executive Director
Maryland Board of Physicians

CONSENT

I, Christina Lyons, RCP, acknowledge that I have had the opportunity to consult with legal counsel before signing this document. By this Consent, I agree and accept to be bound by this Consent Order's terms and conditions. I waive any rights I may have had to contest the Findings of Fact, Conclusion of Law, Order, and Consent.

I acknowledge the validity of this Consent Order as if entered into after the conclusion of a formal evidentiary hearing in which I would have had the right to consult, to confront witnesses, to give testimony, to give testimony, to call witnesses on my own behalf, and to all other substantive and procedural protections as provided by law. I acknowledge the legal authority and jurisdiction of the Board to initiate this action and to issue and enforce this Consent Order. I also affirm that I am waiving my right to appeal or seek judicial or court review or relief of this Consent Order.

I sign this Consent Order without reservation, and I fully understand and comprehend the language, meaning, and terms and conditions of this Consent Order. I voluntarily sign this Order fully understanding its meaning and effect.

12/8/17
Date

Christina Lyons
Christina Lyons, RCP
Respondent

NOTARY

STATE OF Virginia

CITY/COUNTY OF Fairfax

I HEREBY CERTIFY that on this 8 day of Dec, 2017, before me, a Notary Public of the State and County aforesaid, personally appeared Christina Lyons, RCP, and gave oath in due form of law that the foregoing Consent Order was her voluntary act and deed.

AS WITNESS, my hand and Notary Seal.

Adrian Coles
Notary Public

My commission expires: 05/31/2021

