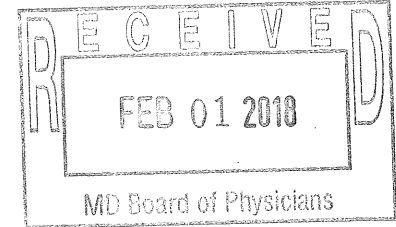


**Youngsik Moon, M.D.**

February 15, 2018

Arun Bhandari, M.D., Chair  
Disciplinary Panel A  
Maryland State Board of Physicians  
4201 Patterson Avenue, 4<sup>th</sup> Floor  
Baltimore, Maryland 21215



Re: Permanent Letter of Surrender to Practice Medicine  
Youngsik Moon, M.D., License# D09178  
MBP Case Number: 2217-0094

Dear Dr. Bhandari and members of Disciplinary Panel A,

Please be advised that I have decided to **PERMANENTLY SURRENDER** my license to practice medicine in the State of Maryland, License Number D09178, 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. Code Ann., Health Occ. II ("Health Occ. II"), §§ 14-101 *et seq.* (2014 Repl. Vol. & 2017 Supp.) 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 Letter of Surrender is a **PUBLIC DOCUMENT** and upon Disciplinary Panel A's ("Panel A") acceptance, becomes a **FINAL ORDER** of Panel A of the Maryland State Board of Physicians (the "Board").

I acknowledge that the Board initiated an investigation of my practice following the receipt of a complaint alleging substandard quality care. In furtherance of its investigation, Panel A ordered that I undergo a neuropsychological evaluation, and the evaluator recommended based on his evaluation that I discontinue the practice of medicine. I have decided to surrender my license to avoid further investigation and prosecution of these allegations. These allegations support a violation of Health Occ. II § 14-404(a)(4) (is professionally, physically or mentally incompetent).

I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Permanent Letter of Surrender to avoid further investigation and prosecution of the allegations. I acknowledge that for all purposes relevant to my medical licensure in Maryland, that these allegations 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 allegations. In waiving my right to contest the allegations, 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, the National Practitioner Data Bank, and the Healthcare Integrity and Protection Data Bank of this Permanent Letter of Surrender, and in response to any inquiry, that I have surrendered my license as if it were revoked. 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), and that this Permanent Letter of Surrender constitutes a disciplinary action by Panel A.

I affirm that as of the date of this Permanent Letter of Surrender, 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 further acknowledge that the Board is not obligated to consider any application for licensure or reinstatement that I might file at a future date.

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 A, including the right to counsel with an attorney prior to signing this Permanent Letter of Surrender. I have consulted with an attorney before signing this letter permanently surrendering my license to practice medicine in Maryland. I understand both the nature of Panel A'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***

Younsik Moon, M.D.

**NOTARY**

STATE OF MARYLAND  
CITY/COUNTY OF

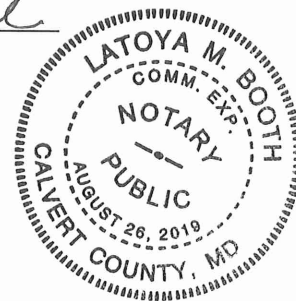
St. Marys

I HEREBY CERTIFY that on this 30th day of January, 2018, before me, a Notary Public of the City/County aforesaid, personally appeared Younsik Moon, M.D., and declared and affirmed under the penalties of perjury that the signing of this Permanent Letter of Surrender was his voluntary act and deed.

AS WITNESS my hand and Notarial seal.

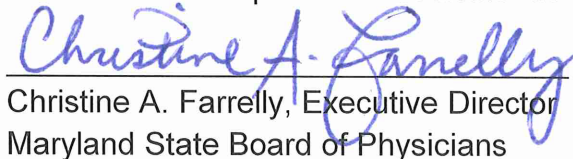
  
Notary Public

My commission expires: 08/26/2019.



**ACCEPTANCE**

On behalf of Disciplinary Panel A, on this 16<sup>th</sup> day of February, 2018, I, Christine A. Farrelly, Executive Director, accept Younsik Moon, M.D.'s **PERMANENT SURRENDER** of his license to practice medicine in the State of Maryland.

  
Christine A. Farrelly, Executive Director  
Maryland State Board of Physicians