

Bradley Harper, M.D.

February 27, 2017

Maryland Board of Physicians
4201 Patterson Avenue
Baltimore, MD 21215

RE: Surrender of License to Practice Medicine
License Number: D32772
Case Number: 2217-0004

Dear Members of the Board:

Please be advised that I have decided to **SURRENDER** my license to practice medicine in the State of Maryland, License Number D32772, 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 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 on the Board's acceptance, becomes a **FINAL ORDER** of the Board.

My decision to permanently surrender my license to practice medicine in the State of Maryland has been prompted by the Board's investigation into my compliance with Continuing Medical Education (CME) requirements. The Board's random audit of my 2016 license renewal application revealed that although I represented that I met the Board's CME requirements, I did not actually complete the required (50) hours of CME credits.

I have decided to permanently surrender my license to practice medicine in the State of Maryland to avoid sanction from having attested in my license renewal application to completing my fifty (50) hours (CME) requirements, when I had not. If an investigation ensued, the Board would or may have pursued disciplinary charges under Md. Health Occ. Code § 14-404 (a)(3)(ii) and (36).

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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 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 and the Healthcare Integrity and Protection 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 the Board.

I affirm that as of the date of this Letter of Surrender, I will present to the Board my original Maryland medical license, number D32772, any renewal wallet cards, and wall certificate. I also affirm that I will provide access to and copies of patient medical records 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 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 also understand that if I apply for reinstatement, I bear the burden of demonstrating my professional competence and fitness to practice medicine to the satisfaction of Panel A or its successor.

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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,


Bradley Harper, M.D.

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NOTARY

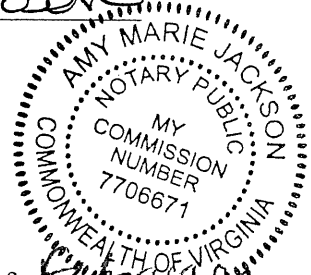
STATE OF Virginia

CITY/COUNTY OF James City

I HEREBY CERTIFY that on this 22 day of February, 2017, before me, a Notary Public of the City/County aforesaid personally appeared Bradley Harper, 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.

Amy Marie Jackson
Notary Public



My commission expires: June 30, 2020

ACCEPTANCE

On behalf of the Maryland Board of Physicians, on this 27th day of February 2017, I, Christine A. Farrelly, accept Bradley Harper, M.D.'s PERMANENT SURRENDER of his license to practice medicine in the State of Maryland.

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