

Paul Prunier, M.D.

May 24, 2016

Christine A. Farrelly, Executive Director
Disciplinary Panel B
Maryland Board of Physicians
4201 Patterson Avenue, 4th Floor
Baltimore, MD 21215

RE: Surrender of License to Practice Medicine
License Number: D33246
Case Number: 2016-0123

Dear Ms. Farrelly 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 D33246, 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. ("Health Occ.") §§ 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 Disciplinary Panel B ("Panel B") of the Maryland State Board of Physicians' (the "Board's") acceptance, becomes a **FINAL ORDER** of Panel B.

My decision to surrender my license to practice medicine in the State of Maryland has been prompted by the Board's investigation into allegations that I violated the standard of quality care with regard to my prescribing practices. I have decided to surrender my license to practice medicine in the State of Maryland to avoid further investigation and prosecution of these allegations and due to my current health issues and planned retirement. If Panel B issued disciplinary charges and this case were to proceed to a hearing, I agree that the State would be able to prove that I violated Md. Code Ann., Health Occ. § 14-404(a)(22). For purposes related to medical licensure, these investigatory findings will be treated as if proven.

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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 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.

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, and in response to any inquiry, that I have surrendered my license in lieu of further disciplinary action under the Act. 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 or Panel B 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 Letter of Surrender constitutes a disciplinary action by Panel B.

I affirm that as of the date of this Letter of Surrender, I will present to the Board my original Maryland medical license number D33246, and my most recent wallet-sized renewal card. 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.

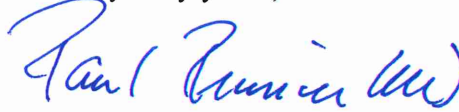
I further recognize and agree that by submitting this Letter of Surrender, my license will remain surrendered unless and until the Board grants reinstatement. In the event that I apply for reinstatement of my Maryland License, I understand that Panel B or its successor is not required to grant reinstatement. I further understand that if I ever file petition for reinstatement, I will approach Panel B 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 B or its successor.

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 the attorney of my choice throughout proceedings before Panel B, including the right to counsel with an attorney prior to signing this Letter of Surrender. I understand both the nature of the Panel B's actions and this Letter of Surrender fully. I acknowledge that I understand and comprehend the language, meaning

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and terms and effect of this Letter of Surrender. I voluntarily choose to surrender my Maryland license to practice medicine pursuant to the terms and conditions set out herein. I make this decision knowingly and voluntarily.

Very truly yours,


Paul Prunier, M.D.

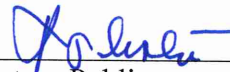
NOTARY

STATE OF MARYLAND

CITY/COUNTY OF Montgomery

I **HEREBY CERTIFY** that on this 25th day of May, 2016 before me, a Notary Public of the City/County aforesaid, personally appeared Paul Prunier, 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.



Notary Public

My commission expires: _____.

ROSEMARY COSTA
Notary Public
Montgomery County
Maryland
My Commission Expires November 19, 2016

ACCEPTANCE

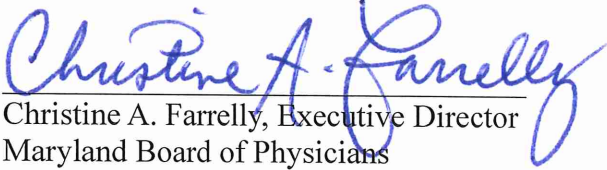
On behalf of Disciplinary Panel B of the Maryland Board of Physicians, on this 31st day of May, 2016, I, Christine A. Farrelly, accept Paul Prunier, M.D.'s **SURRENDER** of his license to practice medicine in the State of Maryland.

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