IN THE MATTER OF	*	**BEFORE THE**
DANIELLE A. SALLEY, PA-C	*	**MARYLAND BOARD**
RESPONDENT	*	**OF PHYSICIANS**
LICENSE NUMBER: C03308	*	**CASE NUMBER 2012-0360**

* * * * * * * * * * * *

CONSENT AGREEMENT

THIS AGREEMENT, made this 6th day of April, 2012, between Danielle A. Salley, PA-C, (the "Respondent") and the Maryland Board of Physicians (the "Board"):

WHEREAS, the Board received information that the Respondent practiced as a physician assistant in the State of Maryland after her license expired on June 30, 2011; and

WHEREAS, on or about October 18, 2011, the Board received a request for Reinstatement of Physician Assistant Certification; and

WHEREAS, on November 15, 2011, the Respondent's license to practice as a physician assistant in Maryland was reinstated; and

WHEREAS, the Board has determined that there is a prima facie case to charge the Respondent with practicing as a physician assistant without a license, in violation of the Medical Practice Act, Md. Code Ann., Health Occ. §15-401;

NOW THEREFORE, the Board finds that the Respondent's physician assistant license expired on June 30, 2011, and she continued to practice without a license issued by the Board in violation of Md. Code Ann. Health Occ. §15-401; and

The Respondent agrees to the following conditions:

1. The Respondent agrees to pay, in full, a fine in the amount of Five Hundred Dollars ($500.00) to the Board within 90 days of the date of the Board's

execution of this Agreement, pursuant to Md. Code Ann., Health Occ. §15-403(b) and COMAR 10.32.02.06; and

2. If the Respondent fails to pay, in whole or in part, the fine in the amount of Five Hundred Dollars ($500.00), the Respondent will not be entitled to the issuance of a renewed license upon expiration of her license, and the Board will not renew the Respondent's license until the penalty has been paid in full; and

3. This Agreement is a public document pursuant to Md. Code Ann. State Government §10-611 et seq.; and

4. If the Board determines that the Respondent has violated any condition of the Agreement, the Board may impose any additional disciplinary sanctions it deems appropriate; and

5. This Agreement will be reported to the Federation of State Medical Boards as an administrative action by the Board but not reported to the National Practitioner Data Bank.

4/6/2012
Date

Danielle A. Salley, PA-C

4/17/2012
Date

John T. Papavasiliou
Deputy Director

CONSENT

By this Consent, I hereby accept the conditions and agree to be bound by the foregoing Consent Agreement and its conditions.

1. By this Consent, I submit to the foregoing Consent Agreement as a resolution of this matter. By signing this Consent, I waive any rights I may have had to

contest the factual finding and legal conclusion. I submit to the foregoing Consent Agreement as a resolution of case number 2012-0360.

2. I acknowledge the validity of this Consent Agreement as if it were made after a hearing in which I would have had the right to counsel, to confront witnesses on my own behalf, and to all other substantial procedural protections provided by law.

3. I acknowledge the legal authority and the jurisdiction of the Board to initiate case number 2012-0360 and to enter and enforce this Consent Agreement.

4. I acknowledge that by entering into this Consent Agreement, I am waiving my right to appeal any adverse ruling of the Board that might have followed an evidentiary hearing.

5. I sign this Consent Agreement freely and voluntarily, after having had the opportunity to consult with counsel. I fully understand the language, meaning, and effect of this Consent Agreement.

4/6/2012
Date

Danielle A. Salley, PA-C

STATE OF MARYLAND

CITY/COUNTY OF Charles

I HEREBY CERTIFY that on this 6 day of April, 2012, before me, the subscriber, a Notary Public for the State and City/County aforesaid, personally appeared Danielle A. Salley, PA-C and made oath in due form of law that the execution of the foregoing Consent Agreement was her voluntary act and deed.

Legay James (SEAL)

MY COMMISSION EXPIRES:
02/16/2013

FEDERATION OF STATE MEDICAL BOARDS OF THE UNITED STATES, INC.
P.O. Box 619850
Dallas, Texas 75261-9850
Telephone (817) 868-4000 report@fsmb.org

BOARD ACTION REPORTING FORM

The following is a report of a formal board action taken by the undersigned state medical board (or appropriate reporting entity)

****

PRACTITIONER INFORMATION:

Full Name: Danielle A. Salley Degree: P.A.

Alternate/maiden Name:

Date of Birth: (mm/dd/yyyy) Social Security #: License #: C03308

Medical School: Howard University
(Indicate name, branch location, and country)

Year of Graduation: 2005 If International Medical Graduate, ECFMG#

Current Address: 10805 Alyssa Lane, Waldorf, MD 20603

If deceased, date of death, if known: (mm/dd/yyyy)

Other states of licensure and license #, if known

Please note: If you are aware of any other actions taken against this physician by your board and you have reason to believe that those actions have not been reported, our staff would appreciate receiving those older documents as well as the newer ones.

Maryland Board of Physicians
Name and location (state) of board/agency:

John T. Papavasiliou, Deputy Director
Submitted by: (name and title)

04/19/2012
Date submitted (mm/dd/yyyy)

ACTION SPECIFICS

Please check type of action(s) taken:
(If action was stayed, please indicate)

___ Revocation	___ Probation	___ Suspension	X Other
___ Stayed	___ Stayed	___ Stayed	___ Stayed

Date Action Taken (mm/dd/yyyy): 04/17/2012 Effective Date (mm/dd/yyyy): 04/17/2012

Please give a brief **summary of action** (example: five years probation, licensed revoked, revocation stayed, etc)

Administrative fine of $500.

Please indicate brief **reason for action** (example: alcoholism, felony convictions for insurance fraud, etc)

The health care practitioner practiced as a physician assistant without a license, in violation of the Medical Practice Act, Md. Code Ann., Health Occ. §15-401.

Additional Comments:

Please attach all related board orders and any pertinent information relating to the action in a PDF file format.

Transmit This Form and Accompanying Board Order to: report@fsmb.org

Please include information concerning appeals, court-ordered stays, notification of death, reinstatements or any other information that, in your opinion, should be included in a compilation of this individual's board action history.