IN THE MATTER OF *

DANIELLE A. SALLEY, PA-C * MARYLAND BOARD

RESPONDENT * OF PHYSICIANS

LICENSE NUMBER: C03308 * CASE NUMBER 2012-0360

* * * * * * * * * * *

CONSENT AGREEMENT

BEFORE THE

THIS AGREEMENT, made this day of day of , 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 <u>prima facie</u> 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.

CONSENT

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

By this Consent, I submit to the foregoing Consent Agreement as a 1. 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	ng had the	;
opportunity to	consult with counsel. I fully understand the language, meaning,	and effec	t
of this Consen	t Agreement.		

4/6/2012 Date

Danielle A. Salley, PA-C

STATE OF MARYLAND

CITY/COUNTY OF <u>CHARLES</u>

I HEREBY CERTIFY that on this _____ day of _______, 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.

MY COMMISSION EXPIRES: O 2/16/2013

y lemes (SEAL)

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 fo	llowing is a report of a formal board a	ction taken by t	he undersigned state n	nedical board (or appropria	ate reporting entity)		

PRACT	ITIONER INFORMATION:						
	Full Name: Danielle A. Salley	Lub titine il Johnson, berganunks solt dien folge, den iz eige Aufreis	R. Marchembrania S. A. Marchello de Corpe (M. 250-Provinció de la Caracia de	B MESBES MICHAELTS MINISTERIORIA FOR ARCHAELTS AND MILITARIA FIRMANISM STANS	Degree: P.A.		
	Alternate/maiden Name:	NAPOROMENO PROPERTIES PROPERTIES AND STATE OF THE SEAP PROPERTY.	(Hilliamene stratister do metro home stabilidado (Novi Aomentis de Las Estados Estados Estados Estados Estados	elikakan ten ar salah dalah salah kembuat a sebegai kembanan kelantahan nebasaran	aa partooga taa ka k		
	Date of Birth: (mm/dd/yyyy)						
	Medical School: Howard University (Indicate name, branch location, and		the risk of the Burghton and Burghton and Comment of the state of the	e a lawyra a dwyf fall agus far fa'n y a b e rol e'n y a general a e chairmead a fan benefa baden	nds agreement transfer that the trail and was recorded and the desired and the		
	Year of Graduation: 2005	Sink isa	If International Medi	cal Graduate, ECFMG#	idaa ay ka kiliga iy ka dii kaada uu badha a aha a shindi ahka ay ka asaan dhaladhii bii shadar		
	Current Address: 10805 Alyssa I			. https://www.news.com/s/s/s/s/s/s/s/s/s/s/s/s/s/s/s/s/s/s/s	lister of the electrol behavior had been entered to the control of the control of the control of the control o		
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	Please note: If you are aware of an to believe that those actions have no well as the newer ones.	ot been reporte	ed, our staff would ap	preciate receiving those	older documents as		
	Maryland Board of Physicians	da, antonio de la propia antopa finazione esperante e la	a no de antachana, mesta e anging menghapanan deri yang negatiba an	فالم 1885 عليان بالمستران بماريج بينا بالمسترات المراجع المستران المراجع المستران المستران المستران الماران الم	ta vinastinja. Applika virila 1964 Plorž ir ir baptanijostinini kas Pilotokovan virinom ir Sint		
	Name and location (state) of board/ John T. Papavasiliou, Deputy Submitted by: (name and title) Oy//9/2012 Date submitted (mm/dd/yyyy)			ABEV			
ACTIO	N SPECIFICS						
	Please check type of action(s) taken: (If action was stayed, please indicate)	•					
	Revocation	Probatio	n nasionia.	Suspension	X. Other		
	Stayed	Stayed	ASSAC - SIL-T	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:
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.