

**VOLUNTARY SURRENDER
MELVIN C. ROCHESTER
R154655**

Gary N. Hicks, MS, RN, CEN, CNE
President
Maryland Board of Nursing
4140 Patterson Avenue
Baltimore, Maryland 21215-2254

**RE: Melvin C. Rochester R154655
Voluntary Surrender of Registered Nurse License**

Dear Mr. Hicks,

I agree to voluntarily surrender my Registered Nurse (“RN”) license, License Number **R154655**, in the State of Maryland. By voluntarily surrendering my Maryland RN license, I understand that I may not engage in the practice of registered nursing, with or without compensation, as defined in the Maryland Nurse Practice Act (“the Act”), Md. Code Ann., Health Occupations Article (“Health Occ.”) §§ 8-101 *et seq.* (2021 Repl. Vol.) and the Board’s regulations, Code of Maryland Regulations (“COMAR”) 10.27.01 *et seq.* I understand that, as of the effective date of this Voluntary Surrender, I am in the same position as an unlicensed individual.

My practice was brought to the attention of the Maryland Board of Nursing (“the Board”) as follows:

On December 1, 2017, the Board issued an Order Lifting and Terminating Suspension of Registered Nursing License/Order of Probation of Registered Nursing License, incorporating a Consent Order of Suspension and Probation of Registered Nurse License, issued on November 16, 2016 (“Probation Order”), in which I agreed to the placement of my RN license on probation for a minimum of five years and further agreed to comply with the terms and conditions of the Probation Order. Since the effective date of the Probation Order, I have been non-compliant with the terms and conditions as follows: (1) Quarterly self-reports: Since June 2019, the Board has not received any self-reports from me (2) First Source Solutions (FSS): Between December 1, 2017 and October 28, 2021, I failed to check in daily to FSS on multiple occasions and failed to submit to drug screens on two selected days (3) Treatment Program: Since March 2019, the Board has not received any treatment program reports or any information that I was discharged from treatment (4) Quarterly work-site reports: The Board did not receive work-site reports in December 2019, March 2020, June 2020, September 2020, December 2020 and March 2021, although I was employed during that period (5) Support Group: The Board has not received any verification of support group attendance for 2019, 2020 and 2021.

On November 10, 2021, the Board issued a Notice of Agency Action – Under the Maryland Nurse Practice Act (“Charges”), charging my RN license with violations under Health Occ. § 8-316 (a) (30) “Violates regulations by the Board or an order from the Board”.

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In lieu of proceeding to an evidentiary hearing on the Charges, I agree to surrender my RN license. I agree the Board has enough evidence to prove by a preponderance of the evidence the above violations cited in the Charges issued on November 10, 2021, and may sanction my RN license accordingly, pursuant to Health Occ. § 8-316 and COMAR 10.27.26. I understand that, by executing this Voluntary Surrender, I am waiving the right, now and in the future, to any evidentiary hearing at which I would have the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf, and to contest the facts summarized in this Voluntary Surrender, and at which I would have the right to all other substantive and procedural protections provided by law, including the right to appeal.

My decision to voluntarily surrender my RN license is based on my recent serious health problems and my wish to focus on my rehabilitation and recovery.

I agree not to apply for reinstatement of my RN license for a period of **ONE YEAR** following the date the Board accepts this Voluntary Surrender and that if I decide to apply for reinstatement as an RN in Maryland, I will approach the Board in the same posture as an unlicensed individual whose RN license has been revoked. In considering my application for reinstatement of my RN license, the Board may review my entire Board file, including any information the Board receives after the execution of this Voluntary Surrender. I also understand that in considering any future application for reinstatement of my RN license, the Board may require me to undergo medical, psychological, and/or psychiatric evaluations, and drug and alcohol testing to determine my fitness to have my RN license reinstated. It will be my burden, as an applicant for reinstatement, to demonstrate that I meet the Board's requirements for licensure.

I further understand that my license will remain in a status of "voluntary surrender" unless or until the Board grants reinstatement of my RN license. I understand that the Board is not required to grant reinstatement and that if the Board reinstates my RN license, the license will be reinstated through the Board's disciplinary process and that my RN license will only be reinstated by the Board's issuance of a public order of reinstatement and that the Board may, in its discretion, place my reinstated RN license on probation subject to terms and conditions.

I understand that this Voluntary Surrender shall become a **PUBLIC RECORD** and shall become effective on the date of the Board's acceptance of the Voluntary Surrender. I agree that this Voluntary Surrender may be released or published by the Board as a final decision and order under the Public Information Act, Md. Code Ann., Gen. Prov. §§ 4-101 *et. seq.* (2019 Repl. Vol.). I expressly consent to the publication of this Voluntary Surrender, including any and all information that may be protected from disclosure under federal and state law.

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I acknowledge that I may not rescind this Voluntary Surrender in part or in its entirety for any reason whatsoever. I have been given an opportunity to consult with an attorney before signing this Voluntary Surrender of my RN license in Maryland. I fully understand the nature of the violations against my Maryland RN license and fully understand the terms of this Voluntary Surrender. I have voluntarily, knowingly and freely chosen to submit this Voluntary Surrender.

Sincerely,

MELVIN C. ROCHESTER
R154655

NOTARIZATION

STATE OF MD
COUNTY OF Montgomery

I HEREBY CERTIFY that on this ____ day of _____, 2022, before me, a Notary Public of the State of _____ of the County afore-said, personally appeared **MELVIN C. ROCHESTER** and declared and affirmed under penalties of perjury that signing the foregoing Voluntary Surrender was his voluntary act and deed.

Notary Public

My commission expires: _____.

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ACCEPTANCE

ON BEHALF OF THE MARYLAND BOARD OF NURSING, on this 27th day of July, 2022, **MELVIN C. ROCHESTER'S VOLUNTARY SURRENDER** of his RN license, license number **R154655**, in the State of Maryland, is hereby accepted.

Gary N. Hicks, MS, RN, CEN, CNE
The Board President's Signature
Appears on the Original Document