

VOLUNTARY SURRENDER
TRACIE JEAN FONTES
R084763

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

**RE: Voluntary Surrender of License to Practice as a Registered Nurse,
License Number R084763**

Dear Mr. Hicks:

I agree to voluntarily surrender my license to practice as a registered nurse in the State of Maryland, license number R084763, to the Maryland Board of Nursing (the "Board"). I understand that I may not engage in the practice of registered nursing, with or without compensation, as it is defined in the Maryland Nurse Practice Act (the "Act"), Md. Code Ann., Health Occupations ("Health Occ.") §§ 8-101 *et seq.* and the Board's regulations, Code of Maryland Regulations ("COMAR") 10.27.01 *et seq.* In other words, as of the effective date of this Voluntary Surrender, I understand that I am in the same position as an individual who is not licensed to practice as a registered nurse. I understand that this Voluntary Surrender shall become a **PUBLIC** record and shall become effective on the date of the Board's acceptance of it. 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., General Provisions §§ 4-101 *et seq.* (2014). I expressly consent to the publication of this Voluntary Surrender, including any and all information that is protected from disclosure under federal and state law.

On or about January 18, 2018, I entered into a Participation Agreement with the Board's Safe Practice Program ("the Program"). On or about February 4, 2021 however, I was expelled from the Program for noncompliance with the conditions of my Participation Agreement, including, but not limited to, the conditions that I call in daily for potential drug screening, that I submit to drug screens when selected, that I test negative for alcohol and other substances without a valid prescription, and that I submit reports to the Board.

I understand that if an evidentiary hearing was held, the Board would have sufficient evidence to find that I have violated Health Occ. § 8-316(a)(21) (Is expelled from the safe practice program established pursuant to § 8-208 of this title for failure to comply with the conditions of

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the program), to conclude as a matter of law that I violated the Act, and to sanction my license accordingly pursuant to Health Occ. § 8-316. Thus, it is my desire to surrender my license at this time so that I may focus on my recovery.

In executing this agreement to surrender my license to practice as a registered nurse to the Board, I agree that I will not apply for reinstatement of my license for a period of at least **ONE (1) YEAR** following the date of the Board's acceptance of this Voluntary Surrender. I also agree that if, after a period of **ONE (1) YEAR**, I decide to apply for reinstatement as a registered nurse in Maryland, I will approach the Board in the same posture as an unlicensed individual whose license has been revoked. In considering my application for reinstatement of my license, the Board may review my entire Board file, including any information the Board receives after execution of this Voluntary Surrender. I also understand that, in considering any future application for reinstatement of my 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 license to practice as a registered nurse reinstated. I understand that it will be my burden, as an applicant for reinstatement, to demonstrate that I meet all the Board's requirements for reinstatement of my license at the time I submit a reinstatement application. I understand that, if the Board reinstates my license, it will be reinstated through the Board's disciplinary process, that my 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 license on probation, subject to terms and conditions.

I wish to make it clear that I have voluntarily, knowingly, and freely chosen to submit this Voluntary Surrender. 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, to contest the facts summarized in the second paragraph of 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.

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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 understand the nature and effect of both the Board's actions and this Voluntary Surrender fully. Finally, I wish to make clear that I have had an opportunity to discuss this matter with legal counsel and that I willingly, knowingly, and voluntarily sign this Voluntary Surrender.

Sincerely,

Tracie Jean Fontes 4/4/22
Tracie Jean Fontes (R084763) Date

NOTARIZATION

STATE: Maryland
CITY/COUNTY: Frederick

I HEREBY CERTIFY that on this 4 day of April 2022, before me, Whitney Goliwas, Notary Public of the State and City/County aforesaid, **Tracie Jean Fontes** personally appeared, and made oath in due form of law that signing the foregoing Voluntary Surrender was the voluntary act and deed of **Tracie Jean Fontes**.

AS WITNESSETH my hand and notarial seal.

SEAL
WHITNEY GOLIWAS
NOTARY PUBLIC
FREDERICK COUNTY
MARYLAND
My Commission Expires April 28, 2025

Whitney Goliwas
Notary Public

My Commission Expires: April 28, 2025

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ACCEPTANCE

ON BEHALF OF THE MARYLAND BOARD OF NURSING, on this 27th day of April, 2022, I accept **Tracie Jean Fontes's** public Voluntary Surrender of her license to practice as a registered nurse, License No. R084763, in the State of Maryland.

4/27/22
Date

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