

William T. Dando, M.D.

Date: 08/20/2014

Devinder Singh, M.D.
Chair
Maryland State Board of Physicians
4201 Patterson Avenue, 4th Floor
Baltimore, Maryland 21215-2299

RE: Permanent Surrender of License to Practice Medicine
License Number: D50835
MBP Case Number: 2014-0916

Dear Dr. Singh and Members of the Board:

I have decided to surrender permanently my license to practice medicine in the State of Maryland, License Number D50835, effective immediately. I understand that upon surrender of my license, I may not practice medicine, with or without compensation, 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. ("H.O.") §§ 14-101 *et seq.*, (2009 Repl. Vol. & 2013 Supp.) 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 continue 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 the Board's acceptance becomes a **FINAL ORDER** of the Board.

My decision to surrender my license to practice medicine in the State of Maryland has been prompted by an investigation by Disciplinary Panel A ("Panel") of the Maryland Board of Physicians (the "Board") of allegations that I engaged in unprofessional conduct in the practice of medicine with two patients. The Panel's investigation resulted in the summary suspension of my medical license. A copy of the Order of Summary Suspension is attached hereto.

I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender to avoid further prosecution of this matter and to resolve this matter and to resolve any and all pending or future allegations to the Board that I may have violated Section 14-404 of the Act. In addition, I have decided that I no longer wish to practice medicine. I acknowledge that for all purposes relevant to medical licensure only, the investigative findings in the June 5, 2014 Order of Summary Suspension will be treated as if proven.

Letter to Maryland State Board of Physicians

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I understand that by executing this Letter of Surrender I am waiving any right to contest the 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 Board, the National Practitioners' Data Bank, and any other entities to which they are required to report, of this Letter of Surrender and in any response to inquiry, that I have surrendered my license as if it were revoked under the Act. I also understand that in the event I would apply for license in any form in any other state or jurisdiction, that this Letter of Surrender and the underlying investigative documents may be released or published by the Board to the same extent as a final order that would result from disciplinary action, pursuant to Md. State Gov't. Code Ann. § 10-611 (2009 Repl.Vol.), and that this Letter of Surrender is considered a disciplinary action by the Board.

I hereby affirm that I do not practice medicine in the State of Maryland. I acknowledge that within fifteen days of the date the Board accepts this Letter of Surrender, I shall present to the Board my Maryland medical license, including any renewal certificates and wallet-sized cards.

I further recognize and agree that by tendering this Letter of Surrender, I have no right to reapply for a license to practice medicine, and that the Board or a disciplinary panel of the Board is not obligated to consider such an application.

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 given the opportunity to consult with counsel before signing this Letter of Surrender. I understand both the nature of the Board's actions and this Letter of Surrender fully. I acknowledge that I understand and comprehend the language, meaning and terms and effect of this Letter of Surrender. I make this decision knowingly and voluntarily.

Sincerely,

A handwritten signature in black ink, appearing to read "W. T. Dando", with a long horizontal flourish extending to the right.

William T. Dando, M.D.

STATE OF MARYLAND
CITY/COUNTY OF Allegheny

I HEREBY CERTIFY that on this 20th day of AUGUST 2014, before me, a Notary Public of the foregoing State and City/County personally appeared William T. Dando, M.D., and made oath in due form of law that signing the foregoing Consent Order was his voluntary act and deed.

AS WITNESSETH my hand and notarial seal.


Notary Public

ANGEL ALEXIS GIFFIN
NOTARY PUBLIC
ALLEGANY COUNTY
MARYLAND
MY COMMISSION EXPIRES MAY 01, 2017

My Commission expires: May 1, 2017

ACCEPTANCE

On behalf of the Maryland Board of Physicians, on this 2nd day
of September, 2014, I accept William T. Dando, M.D.'s
PUBLIC SURRENDER of his license to practice medicine in the
State of Maryland.



Devinder Singh, M.D.
Chair
Maryland Board of Physicians