

VOLUNTARY SURRENDER NICKOY GILLESPIE, A00169550

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

**RE: Surrender of Certificate to Practice as a Certified Nursing Assistant
Certificate Number A00169550**

Dear Mr. Hicks:

I agree to voluntarily surrender my certificate to practice as a certified nursing assistant (“CNA”) in the State of Maryland, Certificate Number A00169550, to the Maryland Board of Nursing (the “Board”). I understand that, as of the effective date of this Voluntary Surrender, I may not practice as an CNA, with or without compensation, as it is defined in the Maryland Nurse Practice Act (the “Act”), Md. Code Ann., Health Occ. §§ 8-101 *et seq.*, and the Board’s regulations, COMAR 10.27.01 *et seq.* In other words, I understand that, as of the effective date of this Voluntary Surrender, I am in the same position as an unlicensed individual.

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 understand and agree that this letter 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.* (2014). 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.

On or about August 29, 2017, I entered into, and the Board approved, a Consent Order Granting Application for Certification as a Certified Nursing Assistant / Order of Probation of Certified Nursing Assistant Certificate (the “Probation Order”). The Probation Order granted me a CNA certificate and placed my CNA on probation for a minimum of one year subject to terms and conditions. From the date the Probation Order was executed I was required to submit fifty-three (53) self reports to the Board. Out of the fifty-three (53) required self reports, I submitted one (1) self report late (February 2020 – two days late), submitted twenty-nine (29) self reports on time, and failed to submit twenty-three (23) self reports. I did not submit any self reports after February 2020. In each of the self reports submitted to the Board I reported that I was not employed.

On February 7, 2021, the Board issued “Charges under the Maryland Nurse Practice Act” which notified me that the Board was charging my certificate to practice as a Certified Nursing Assistant with violations of Health Occ. § 8-6A-10 (a)(9) (“has violated any order, rule, or regulation of the Board relating to the practice or certification of a nursing assistant or medication technician”) and (26) (“when holding an expired certificate or a lapsed certificate, commits any

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act that would be grounds for disciplinary action under this section;" *to wit*, 8-6A-10 (a)(9) ("has violated any order, rule, or regulation of the Board relating to the practice or certification of a nursing assistant or medication technician"))).

I understand that if an evidentiary hearing were to be held, the Board would have sufficient evidence to find that I violated Health Occ. § 8-6A-10 (a)(9) ("has violated any order, rule, or regulation of the Board relating to the practice or certification of a nursing assistant or medication technician") and (26) ("when holding an expired certificate or a lapsed certificate, commits any act that would be grounds for disciplinary action under this section;" *to wit*, 8-6A-10 (a)(9) ("has violated any order, rule, or regulation of the Board relating to the practice or certification of a nursing assistant or medication technician")). I further understand that the Board would have sufficient evidence to conclude as a matter of law that I violated the Act and to sanction my certificate accordingly pursuant to § 8-6A-10. Thus, it is my wish to surrender my Maryland CNA certificate at this time.

In executing this agreement to surrender my CNA certificate to the Board, I agree that I will not apply for reinstatement of my CNA certificate 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 of my CNA certificate, I will approach the Board in the same posture as an unlicensed individual whose certificate has been revoked. I also understand that, in considering any future application for reinstatement of my certificate, the Board may review my entire Board file, including any information the Board receives after execution of this Voluntary Surrender, and require me to undergo medical, psychological, and/or psychiatric evaluations, and/or drug and alcohol testing, to determine my fitness to have my certificate 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 certificate at the time I submit a reinstatement application.

I further understand that my certificate will remain surrendered unless and until the Board grants reinstatement. I understand that the Board is not required to grant reinstatement. I understand that, if the Board reinstates my certificate, it will be reinstated through the Board's disciplinary process, that my certificate 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 certificate 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, and 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,



Nickoy Gillespie, A00169550

7/1/22

Date

NOTARIZATION

STATE: MD

CITY/COUNTY: MONTGOMERY

I HEREBY CERTIFY that on this 1ST day of JULY 2022, before me, Notary Public of the State and City/County aforesaid, **Nickoy Gillespie** personally appeared and made oath in due form of law that signing the foregoing Voluntary Surrender was the voluntary act and deed of **Nickoy Gillespie**.

AS WITNESSETH my hand and notarial seal.





Notary Public


My Commission Expires: 09/23/2024

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ACCEPTANCE

ON BEHALF OF THE MARYLAND BOARD OF NURSING, on this 27th day of July, 2022, I accept **Nickoy Gillespie's** public Voluntary Surrender of his certificate to practice as a certified nursing assistant in the State of Maryland, certificate number A00169550.

7/27/2022
Date


Gary N. Hicks, MS, RN, CEN, CNE
The Board President's Signature
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