

VOLUNTARY SURRENDER
LAKESSHA SHAWTA WASHINGTON, R181354, A00061781

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

**RE: Surrender of License to Practice as a Registered Nurse,
License Number R181354
Surrender of Certificate to Practice as a Certified Nursing Assistant,
Certificate Number A00061781**

Dear Mr. Hicks:

I agree to voluntarily surrender my license to practice as a registered nurse ("RN") in the State of Maryland, license number **R181354**, and my certificate to practice as a certified nursing assistant ("CNA"), certificate number **A00061781**, to the Maryland Board of Nursing (the "Board"). I understand that I may not practice as an RN or 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. and COMAR 10.39.01 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 unlicensed, uncertified 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 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).

On or about May 13, 2021, I signed a Participation Agreement in order to enter into the Board's Safe Practice Program after I had disclosed my substance abuse to the Board. On or about August 19, 2021, however, I was expelled from the Safe Practice Program for noncompliance with my Participation Agreement, including failing to register with the Board's testing vendor, and failing to submit quarterly reports, support group attendance sheets, and treatment reports.

On January 31, 2022, the Board issued a Notice of Intent to Summarily Suspend Registered Nurse License Pursuant to Section 10-226(c) of the State Government Article and a Notice of Agency Action – Charges under the Maryland Nurse Practice Act ("Charges"), charging my RN license with violations under Health Occ. § 8-316(a)(21) (Is expelled from the safe practice program for failure to comply with the conditions of the program), § 8-316(a)(28) (When holding an expired license or a lapsed license or after a temporary license has expired in accordance with § 8-315(c) of this subtitle, commits any act that would be grounds for disciplinary action under this section) and charging my CNA certificate under § 8-6A-10(a)(20) (Has violated any provision of this title or has aided or knowingly permitted any person to violate any provision of this title; to wit, §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 the program) and § 8-316(a)(28) (When

WASHINGTON, Lakessha (R181354, A00061781)
Voluntary Surrender

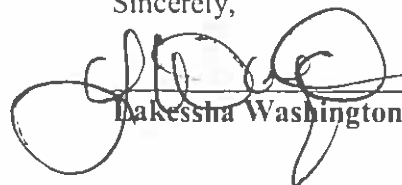
holding an expired license or a lapsed license or after a temporary license has expired in accordance with § 8-315(c) of this subtitle, commits any act that would be grounds for disciplinary action under this section); and § 8-6A-10(a) (26) (When holding an expired or lapsed certificate, commits any act that would be grounds for disciplinary action under this section), and § 8-6A-10(a) (26) (When holding an expired certificate or a lapsed certificate, commits any act that would be grounds for disciplinary action under this section.)

I agree the Board has enough evidence to prove by a preponderance of the evidence the above violations cited in the Charges issued on January 31, 2022 and may sanction my RN license and CNA certificate accordingly, pursuant to Health Occ. § 8-316 and § 8-6A-10 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.

In executing this agreement to surrender my RN license and CNA certificate to the Board, I agree that I will not apply for reinstatement for a period of **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 an RN or CNA in Maryland, I will approach the Board in the same posture as an unlicensed, uncertified individual whose license and certificate have been revoked. In considering my application for reinstatement, the Board may review my entire Board file, including any information the Board receives after execution of this letter. I understand that it will be my burden, as an applicant for reinstatement, to demonstrate that I meet all of the Board's requirements for reinstatement of my license or certificate at the time I submit a reinstatement application. I also understand that in considering any future application for reinstatement of my license or certificate, 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 or certificate reinstated. I understand that if the Board reinstates my license or certificate, it will be reinstated through the Board's disciplinary process and that my license or 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 license or certificate on probation subject to terms and conditions.

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,


Lakessha Washington

4/13/22
Date

WASHINGTON, Lakesha (R181354, A00061781)
Voluntary Surrender

NOTARIZATION

STATE: Delaware

CITY/COUNTY: New Castle

I HEREBY CERTIFY that on this 13th day of April, 2022,
before me, Notary Public of the State and City/County aforesaid, **Lakesha Washington**
personally appeared, and made oath in due form of law that signing the foregoing Voluntary
Surrender was the voluntary act and deed of **Lakesha Washington**.

AS WITNESSETH my hand and notarial seal.

SEAL

Hope L. Ball
Notary Public

My Commission Expires: 01/23/2024

HOPE L. BALL
NOTARY PUBLIC
STATE OF DELAWARE
MY COMMISSION EXPIRES
JANUARY 23, 2024

ACCEPTANCE

ON BEHALF OF THE MARYLAND BOARD OF NURSING, on this 17 day of
April, 2022, I accept **Lakesha Washington's** public Voluntary Surrender of his
license to practice as a registered nurse in the State of Maryland, license number R181354, and
certificate to practice as a certified nursing assistant in the State of Maryland, certificate number
A00061781.

4/17/22
Date

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