


James E. Mouldsdale, M.D.



July 25, 2016

Arun Bhandari, M.D., Chair, Disciplinary Panel A
Maryland State Board of Physicians
4201 Patterson Avenue
Baltimore, Maryland 21215

Re: Surrender of License to Practice Medicine
License Number: D13629
Case Number: 2015-0610A

Dear Dr. Bhandari and Members of Disciplinary Panel A:

Please be advised that I have decided to **PERMANENTLY SURRENDER** my license to practice medicine in the State of Maryland, License Number D13629, effective immediately. I understand that upon surrender of my license, I may not give medical advice or treatment to any individual, with or without compensation, and cannot prescribe medications 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. §§ 14-101 *et seq.* (2014 Repl. Vol.) 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 am 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 that upon the acceptance of Disciplinary Panel A of the Maryland State Board of Physicians, becomes a **FINAL ORDER** of the panel.

I acknowledge that the Board initiated an investigation of my urology practice and on May 25, 2016, Disciplinary Panel A subsequently issued disciplinary charges against me. Specifically, the charges alleged that I performed inappropriate pelvic and rectal examinations on multiple female patients in a manner that compromised their dignity and made them feel uncomfortable, without adequate clinical rationale, explanation or consent. I further acknowledge that I performed pelvic and rectal examinations of female patients who presented with kidney stones or other urologic symptoms or conditions.

I have decided to permanently surrender my license to practice medicine in the State of Maryland to avoid further prosecution of the disciplinary charges now pending before the Board, and due to my age and planned retirement. If charges in this case were to proceed to a hearing, I agree that the State would be able to prove that I violated Md. Code Ann., Health Occ. II § 14-404(a)(3)(ii)(unprofessional conduct in the practice of medicine) and § 14-404(a)(22)(failure to meet appropriate standards for the delivery of quality medical care). For purposes related to medical licensure, these charges will be treated as proven.

I wish to make it clear that I have voluntarily, knowingly, and freely chosen to submit this Letter of Surrender to avoid prosecution of the aforementioned charges under the Act.

I understand that by executing this Letter of Surrender, I am waiving my right to contest the Charges issued by Panel A and its 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 to 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 Boards, the National Practitioner Data Bank, and the Healthcare Integrity and Protection Data Bank of this Letter of Surrender, and in response to any inquiry, that I have surrendered my license in lieu of further disciplinary action under the Act. I also understand that in the event I would apply for licensure in any form in any other state or jurisdiction that this Letter of Surrender may be released or published by the Board or Panel A to the same extent as a Final Order that would result from disciplinary action, pursuant to Md. Code Ann., Gen. Prov. §§ 4-101 *et seq.* (2014), and that this Letter of Surrender constitutes a disciplinary action by Panel A.

I affirm that as of the date of this Letter of Surrender, I will present to the Board my original Maryland medical license, number D13629, and any renewal wallet cards. I also affirm that I will provide access to and copies of patient medical records in compliance with Title 4, subtitle 3 of the Health General article.

I further recognize and agree that by tendering this Letter of Surrender that my license will remain permanently surrendered. In other words, I agree I have no right to reapply for a license to practice medicine in the State of Maryland. I further agree that the Board or a disciplinary panel is not obligated to consider any application for licensure that I might file at a future date.

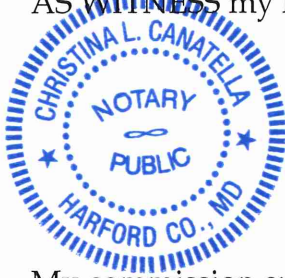
I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason whatsoever. Finally, I wish to make clear that I have been advised of my right to be represented by an attorney of my choice throughout

NOTARY

STATE OF Maryland
CITY/COUNTY OF Baltimore

I HEREBY CERTIFY that on this 25th day of July, 2016 before me, a Notary Public of the City/County aforesaid, James Moultsdale, M.D., personally appeared James Moultsdale, M.D., and declared and affirmed under the penalties of perjury that the signing of this Letter of Surrender was his voluntary act and deed.

AS WITNESS my hand and Notarial seal.



Christina L. Canatella

Notary Public

My commission expires:

**CHRISTINA L. CANATELLA
NOTARY PUBLIC
HARFORD COUNTY
MARYLAND
MY COMMISSION EXPIRES 10-13-2019**

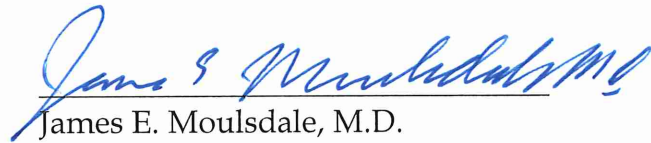
ACCEPTANCE

On behalf of Disciplinary Panel A, on this 28th day of July, 2016, I, Christine A. Farrelly, accept James Moultsdale M.D.'s **PERMANENT PUBLIC SURRENDER** of his license to practice medicine in the State of Maryland.

Christine A. Farrelly
Christine A. Farrelly, Executive Director
Maryland Board of Physicians

proceedings before Panel A, including the right to counsel with an attorney prior to signing this Letter of Surrender. I understand both the nature of Panel A'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 voluntarily choose to surrender my Maryland license to practice medicine pursuant to the terms and conditions set out herein. I make this decision knowingly and voluntarily.

Sincerely,

A handwritten signature in blue ink, appearing to read "James E. Moulds", is written over a horizontal line. Below the line, the name "James E. Moulds, M.D." is printed in a black serif font.

James E. Moulds, M.D.