

Mark D. Olszyk, M.D., Chair  
Disciplinary Panel A  
Maryland State Board of Physicians  
4201 Patterson Avenue, 4<sup>th</sup> Floor  
Baltimore, Maryland 21215-2299

Re: Surrender of License to Practice Medicine  
Mark Diamond, M.D. License Number: D0093836  
Case Number: 2225-0181

Dear Dr. Mark D. Olszyk and Members of Disciplinary Panel A,

Please be advised that, pursuant to Md. Code Ann., Health Occ. ("Health Occ.") §14-403, I have decided to **SURRENDER** my license to practice medicine in the State of Maryland, License Number D0093836, 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"), Health Occ. §§ 14-101 *et seq.* 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 upon Disciplinary Panel A's ("Panel A") acceptance, becomes a **FINAL ORDER** of Panel A of the Maryland State Board of Physicians (the "Board").

I acknowledge that the Board conducted an audit of the continuing medical education credits filed with my 2024 license renewal application. The audit findings revealed that I failed to complete fifty (50) continuing medical education credits ("CME") required for license renewal, pursuant to Md. Health Occ. Code Ann. §14-316 and Code of Maryland Regulations ("COMAR").

I have decided to surrender my license to practice medicine in the State of Maryland in lieu of complying with the CME requirements because I am retired.

I recognize that for all purposes relevant to medical licensure that these allegations shall be treated as proven and that these allegations support a conclusion that I violated Health Occ. § 14-316(c)(iv)2. "Before the license expires, the licensee periodically may renew it for an additional term, if the licensee...Submits to the Board...Satisfactory evidence of compliance with any continuing education requirements set under this section for license renewal," COMAR 10.32.01.08H., "A licensee applying for renewal shall complete the CME requirements as defined in Regulation .10 of this chapter," and COMAR

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10.32.01.10C.(1) "In accordance with the requirements specified in §C(2) of this regulation, an applicant shall earn at least 50 credit hours of Category 1 CME during a 2-year period<sup>1</sup>... D. On the application form for renewal or reinstatement, the applicant shall attest to the fact that the applicant has completed the CME requirement."

I wish to make it clear that I have voluntarily, knowingly, and freely chosen to submit this Letter of Surrender to avoid the issuance of charges and prosecution of the aforementioned allegations. I do not wish to contest these allegations. I understand that by executing this Letter of Surrender, I am waiving my right to contest any charges that would issue from Panel A's 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 to circuit court.

I understand that the Board will advise the Federation of State Medical Boards and the National Practitioner Data Bank of this Letter of Surrender. 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 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.*, and that this Letter of Surrender constitutes a disciplinary action by Panel A.

I affirm that I will provide access to and copies of medical records to my patients in compliance with Title 4, subtitle 3 of the Health General Article. I also agree to surrender my Controlled Dangerous Substance Registration to the Office of Controlled Substances Administration.

I further recognize and agree that by submitting this Letter of Surrender, my license will remain surrendered unless and until the Board grants reinstatement. In the event that I apply for reinstatement of my Maryland License, I understand that Panel A or its successor is not required to grant reinstatement; and, if it does grant reinstatement, may impose any terms and conditions the disciplinary panel considers appropriate for public safety and the protection of the integrity and reputation of the profession. I further understand that if I ever file a petition for reinstatement, I will approach Panel A or its successor in the same position as an individual whose license has been revoked.

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 proceedings before Panel A, including the right to consult 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 make this decision knowingly and voluntarily.

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<sup>1</sup> "2-year period" means: (i) For license renewal, the 2 years preceding the expiration of the physician license or (ii) For license reinstatement, the 2 years preceding the date of the submission of the application for reinstatement of the physician license. COMAR 10.32.01.10A(2)(a).

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Very truly yours.

***Signature On File***

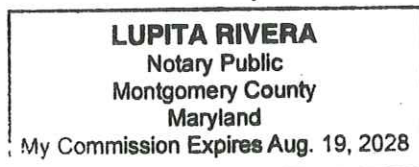
Mark Diamond, M.D.

**NOTARY**

STATE OF Maryland  
CITY/COUNTY OF Montgomery

I HEREBY CERTIFY that on this 2 day of June, 2025, before me, a Notary Public of the City/County aforesaid, personally appeared Mark Diamond, M.D., and declared and affirmed under the penalties of perjury that the signing of this Letter of Surrender was voluntary.

AS WITNESS my hand and Notarial seal.



  
Notary Public

My commission expires: Aug 19, 2028

**ACCEPTANCE**

On behalf of Disciplinary Panel A, on this 11<sup>th</sup> day of June, 2025, I, Christine A. Farrelly, accept the **PUBLIC SURRENDER** of Mark Diamond, M.D.'s license to practice medicine in the State of Maryland.

***Signature On File***

Christine A. Farrelly, Executive Director  
Maryland Board of Physicians