

Carey N. Sigafoose, D.C.
6997 Lincoln Highway
Thomasville, Pennsylvania 17364

Date 3-25-11

Kay O'Hara, D.C., President
Maryland State Board of Chiropractic and Massage Therapy Examiners
4201 Patterson Avenue, Third Floor
Baltimore, Maryland 21215

Re: Surrender of Chiropractic License
License Number: S01864
Case Number: 10-45C

Dear Dr. O'Hara and Members of the Board:

Please be advised that I have decided to surrender my license to practice chiropractic in the State of Maryland, License Number S01864. I understand that I may not give chiropractic advice or treatment to any individual, with or without supervision and/or compensation, cannot practice chiropractic or assist in the practice of chiropractic or otherwise engage in the practice of chiropractic, as it is defined in the Maryland Chiropractic Act (the "Act"), Md. Health Occ. Code Ann. ("H.O.") §§ 3-101 *et seq.*, (2009 Repl. Vol. and 2010 Supp.). In other words, as of the date the Board executes this Letter of Surrender, I understand that the surrender of my license means that I am in the same position as an unlicensed individual.

I understand that this Letter of Surrender is a **PUBLIC** document.

My decision to surrender my license to practice chiropractic in Maryland has been prompted by an investigation of my practice and conduct as a chiropractor by the Maryland State Board of Chiropractic and Massage Therapy Examiners (the "Board"). The Board initiated an investigation of my practice in 2010 after receiving complaints alleging that I acted unprofessionally while practicing as a chiropractor and was abusing alcohol and/or drugs. The Board's investigation determined from 2008 to the present, I: was alcohol-dependent; was admitted for in-patient alcohol treatment in 2008 and 2009; failed to disclose my dependency on alcohol and/or controlled substances when applying for renewal of my chiropractic license in 2009; acted unprofessionally while practicing as a chiropractor in 2010; made false entries or otherwise made misrepresentations in the charts of patients; acted unprofessionally by making inappropriate personal disclosures to patients and co-workers and otherwise violated professional boundaries; and provided chiropractic to patients while smelling of alcohol.

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I acknowledge that if the case proceeded to an evidentiary hearing, the Board would submit evidence to support the investigatory findings it made in this case. I acknowledge that for all purposes relevant to chiropractic licensure, those investigative findings will be treated as if proven. I admit that those investigative allegations constitute violations of the following provisions of the Act: H.O. § 3-313(6)(Provides professional services while: (i) under the influence of alcohol); H.O. § 3-313(8)(Is unethical in the conduct of the practice of chiropractic); H.O. § 3-313(20)(Behaves immorally in the practice of chiropractic); H.O. § 3-313(21)(Commits an act of unprofessional conduct in the practice of chiropractic); and H.O. § 3-313(27)(Is physically or mentally impaired to the extent that it impairs the . . . licensee's ability to practice chiropractic safely).

I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender. I understand that by executing this Letter of Surrender, I am waiving any right to contest these findings in a formal evidentiary hearing following the issuance of disciplinary charges, 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 hereby affirm that I currently do not practice chiropractic in Maryland and have permanently terminated any practice that I had in Maryland.

I acknowledge that on or before the effective date of this Letter of Surrender, I shall present to the Board my chiropractic license, number S01864, including any renewal certificates, large wall certificate and wallet-sized renewal cards.

I understand that the Board will advise any data agency that it must report to of this Letter of Surrender, and, in any response to inquiry, that I have surrendered my license in lieu of disciplinary action under the Act as resolution of the matters pending against me. I also understand that, in the event I would apply for licensure in any form in any other state or jurisdiction, this Letter of Surrender, and all underlying 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, *et seq.*, (2009 Repl. Vol. and 2010 Supp.), and that this Letter of Surrender shall constitute a disciplinary action by the Board.

I agree that I may not apply for reinstatement of my chiropractic license for at least two years from the date the Board executes this Letter of Surrender. I further agree that in the event that I apply for reinstatement of my chiropractic license, I bear the burden of demonstrating to the Board's satisfaction that I am competent to practice chiropractic and have undergone long-term, successful treatment for any problems relating to alcohol or

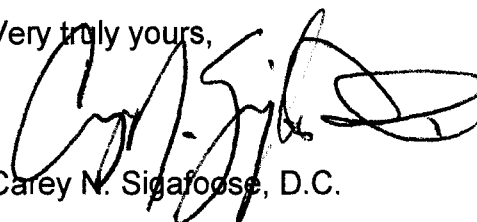
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substance abuse.

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 an attorney before signing this Letter of Surrender. I understand both the nature of the Board's actions and comprehend the language, meaning, terms and effect of this Letter of Surrender. Accordingly, I make this decision knowingly and voluntarily.

Very truly yours,



Carey N. Sigafoose, D.C.

NOTARY

STATE OF Maryland
CITY/COUNTY OF Harford

I HEREBY CERTIFY that on this 25th day of March, 2011, before me, a Notary Public of the State and City/County aforesaid, personally appeared Carey N. Sigafoose, D.C., and declared and affirmed under the penalties of perjury that signing the foregoing letter of surrender was his voluntary act and deed.

AS WITNESS my hand and notarial seal.

Tracy A. Morgan
Notary Public

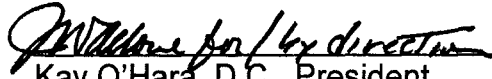
My Commission expires: 10/26/2013

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ACCEPTANCE

On behalf of the Maryland State Board of Chiropractic and Massage Therapy Examiners, on this 4th day of APRIL, 2011, I accept Carey N. Sigafoose, D.C.'s public Letter of Surrender of his license to practice chiropractic in the State of Maryland.



Kay O'Hara, D.C., President
Maryland State Board of Chiropractic and
Massage Therapy Examiners

cc: John Nugent, Principal Counsel
Robert Gilbert, Deputy Counsel, HOPL
Grant Gerber, AAG, Board Counsel
James J. Vallone, Executive Director
Rosalind Spellman, Administrative Officer