

**STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS**

**DEPARTMENT OF HEALTH  
BOARD OF SOCIAL WORK EXAMINERS**

**IN THE MATTER OF:**

**MARY ANN BETTENCOURT, LCSW**

**License Number CSW01438**

**Complaint Numbers C12-839**

**VOLUNTARY SURRENDER OF SOCIAL WORKER LICENSE**

Mary Ann Bettencourt, LCSW (hereinafter "Respondent") is licensed as a Licensed Clinical Social Worker in Rhode Island. Respondent notified the Rhode Island Board of (hereinafter "Board") that she wishes to surrender her social worker license. The Board accordingly makes the following:

**FINDINGS OF FACT**

1. Respondent has been licensed as a Licensed Clinical Social Worker in Rhode Island since 2010. She was born in 1985, and earned her Master of Social work degree from the Rhode Island College School Social Work.
2. Respondent's license as a Licensed Clinical Social Worker was summarily suspended on June 4, 2013.
3. The Respondent wishes to surrender her license as a Licensed Clinical Social Worker.

**ORDER**

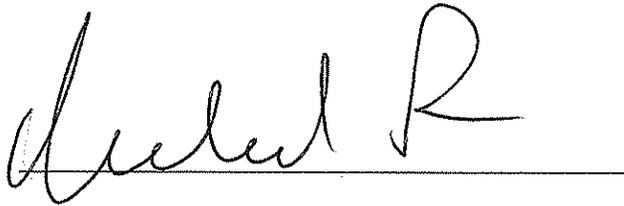
1. Respondent voluntarily surrenders her Rhode Island license as a Licensed Clinical Social Worker.
2. This surrender shall continue until reinstatement by the Rhode Island Board of Social Work Examiners, and complaint C12-839 shall remain administratively closed without prejudice until Respondent's application for reinstatement.
3. Respondent admits to the jurisdiction of the Board.
4. Respondent understands that this Voluntary Surrender of License is a public final action.
5. Respondent hereby acknowledges and waives:
  - a. The right to appear personally or by counsel or both before the Board;
  - b. The right to produce witnesses and evidence on her behalf at a hearing;
  - c. The right to cross examine witnesses;
  - d. The right to have subpoenas issued by the Board;
  - e. The right to further procedural steps except for those specifically contained herein; and
  - f. Any and all rights of appeal of this Voluntary Surrender of her license.

Signed this 21<sup>st</sup> day of July, 2013.



Mary Ann Bettencourt, LCSW

Signed this 13 day of August, 2013.

A handwritten signature in cursive script, appearing to read "Michael R", written over a horizontal line.

Michael Fine, M.D.  
Director of Health  
Rhode Island Department of Health  
Cannon Building, Room 401  
Three Capitol Hill  
Providence, RI 02908-5097  
Tel. (401) 222-2231  
Fax (401) 222-6548