

State Board of Pharmacy  
Department of Health and Mental Hygiene  
4201 Patterson Avenue Baltimore, Maryland 21215-2299

June 25, 2001

Re: Irrevocable Surrender of Pharmacist's License  
James N. Cianos, P.D. License Number: 090S9

Dear Members of the Board of Pharmacy:

To resolve the Board's pending investigation of my recent behavior and in lieu of incurring disciplinary action under the Maryland Pharmacy Act, Md. Code Ann., Health Occupations, §12-101 et seq., and/or emergency disciplinary action under Md. Code Ann., State Government, §10-226, please be advised that I have decided to surrender my license to practice pharmacy in the State of Maryland. I understand that in so doing, I may no longer practice pharmacy as set forth in the Annotated Code of Maryland, Health Occupations Article, Section 12-101 (2000 Repl. Vol.). In other words, I understand that I am in the same position as an unlicensed individual.

I agree to apply for reinstatement of my license to practice pharmacy in the State of Maryland only under the conditions set forth in this Letter of Surrender. This Letter of Surrender shall become effective immediately upon my signing it.

I understand that this Letter of Surrender is a PUBLIC document. I understand that the Board will notify the National Association of Boards of Pharmacy, the federal Health Care Integrity and Protection Data Bank, and boards of other states regarding this Letter of Surrender and the fact that I have surrendered my license in lieu of disciplinary action under the Maryland Pharmacy Act. I also understand that if I 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 which would result from disciplinary action pursuant to St. Gov't Article, Md. Ann. Code §10-611 et seq. (1999 Repl. Vol.), and that this Letter of Surrender may be considered to constitute a disciplinary action by the Board.

I affirm that I have ceased the practice of pharmacy in Maryland. In accordance with the terms and conditions of this Letter of Surrender, I permit the Board to advise any healthcare institution and health care professionals that I have surrendered my license to practice pharmacy. I hereby submit my display and wallet licenses. I confirm that I have no current license to practice pharmacy.

Pursuant to its authority under Md. Code Ann., Health Occupations, §12-101, et seq. and Md. Code Ann., State Government, §10-226, and based upon my admitted illegal dispensing of controlled dangerous substances, I understand and agree that I should not be dispensing drugs as a pharmacist due to the resulting danger to the public health and safety. By virtue of this Letter of Surrender, I

waive any right to contest the Board's finding that my recent dispensing of controlled dangerous substances threatens the public health because it violates the state and federal law necessary to ensure the safe access to and restricted use of controlled dangerous substances for legitimate medical purposes. I further agree, for the limited purposes of considering my petition for reinstatement of my license, that the Board may deem this to be a finding of fact and conclusion of law just as if the Board had held a full contested case hearing under the Administrative Procedure Act, Md. Code Ann., State Government Article, §§10-201, et seq. I understand that by executing this Letter of Surrender, I am waiving any right to contest these 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 fully concur and agree not to petition the Board for reinstatement of my license until any and all pending criminal, civil or administrative actions against me related to my practice of pharmacy have been resolved. I further understand and agree that the following conditions must be met prior to the reinstatement of my license as determined by the Board:

1. I agree that prior to considering my reinstatement application, the Board shall require that I undergo at my expense a mental status evaluation to be performed by a licensed mental health care provider selected by the Board, which evaluation shall concern my physical and mental conditions as they relate to my ability to safely practice pharmacy.
2. I agree and understand that the Board may condition reinstatement of my license by attaching preconditions, probationary conditions or other restrictions on my license that the Board deems appropriate for the protection of the public.

The Board will not grant reinstatement of my license until I have met the above conditions and have personally appeared before the Board and answered any questions posed by Board members regarding my ability to safely practice pharmacy. I understand that the Board will only reinstate my license if it is satisfied that I have complied with the foregoing conditions and that in its judgment I can practice pharmacy without posing a danger to the public or myself. I understand that the decision to reinstate my license is solely at the Board's discretion and that I have no right to appeal the Board's decision regarding my reinstatement.

I understand and agree that if I apply for a license to practice pharmacy in another state or jurisdiction prior to my reinstatement as a pharmacist in Maryland, this Letter of Surrender will be released upon request for my licensing information. I also understand that this Letter of Surrender may be released by the Board to the same extent as a final public order which could result from disciplinary action, pursuant to Md. State Gov't. Code Ann. §10-611 et seq. (1999 Repl. Vol. . . .)

I wish to make clear that I have been given an opportunity to consult with an attorney of my choosing before signing this letter which constitutes the PUBLIC SURRENDER of my license to practice pharmacy in the State of Maryland. I

Letter of Surrender

James N. Cianos, Licer No.:09089

June 25, 2001

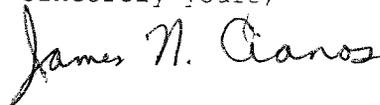
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understand both the nature of the Board's actions and this Letter of Surrender fully. I make this decision knowingly and voluntarily. I have voluntarily consented to submit this Letter of Surrender.

Upon submission of this Letter of Surrender to the Board of Pharmacy, I agree to immediately surrender to the Board the following items regarding License Number 09089:

1. My wall license; and
2. My wallet license.

Sincerely yours,

A handwritten signature in cursive script that reads "James N. Cianos". The signature is written in dark ink and is positioned below the typed name.

James N. Cianos

VERIFICATION

STATE OF MARYLAND

COUNTY/CITY OF Harford

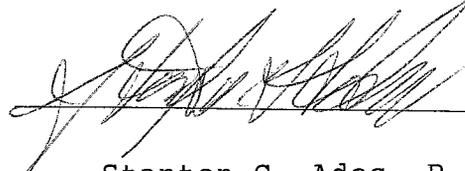
I HEREBY CERTIFY that on this 28<sup>th</sup> day of June, 2001, before me, a Notary Public of the State of Maryland and County/City of Harford, personally appeared James N. Cianos, and made oath in due form of law that signing the foregoing was his voluntary act and deed, and the statements herein are true and correct.

AS WITNESSETH my hand and notarial seal.

Notary Public Clair Dodd

My Commission Expires: 7/1/2004

ON BEHALF OF THE BOARD OF PHARMACY, on this 18th day of July, 2001, I accept James N. Cianos' PUBLIC surrender of his license to practice pharmacy in the State of Maryland.

  
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Stanton G. Ades, P.D.

President, Board of Pharmacy