

December 13, 1996

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

Re: Irrevocable Surrender of Pharmacist's License
License Number: 09760

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 can no longer practice pharmacy as set forth in the Annotated Code of Maryland, Health Occupations Article, Section 12-101. In other words, I understand that this surrender of my license means that I am in the same position as an unlicensed individual.

My decision to surrender my license to practice pharmacy in the State of Maryland is IRREVOCABLE and PUBLIC. 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.

Based upon my admitted substance abuse problem which dates back many years together with my previous inability to comply with the terms of a treatment contract with the Pharmacists' Rehabilitation Committee, I understand and agree that I should not be dispensing drugs due to the resulting danger to the public health and safety.

I fully concur and agree not to petition the Board for reinstatement of my license for at least three years following the date this Letter of Surrender is accepted by the Board. 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 shall remain in treatment under the direction of the Pharmacist's Rehabilitation Committee ("PRC"). I understand that I cannot apply for reinstatement until the PRC issues a written recommendation to the Board endorsing my reinstatement. I also understand that a petition for reinstatement must be accompanied by recommendations from my therapist and employer endorsing my reinstatement.

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2. I will abide by the agreement previously entered into between the PRC and myself on January 23, 1996. Any modifications to that agreement must be submitted to the Board for its review and prior approval.

3. I shall not work in a dispensing role or have access to controlled dangerous substances in any pharmacy, regardless of whether the pharmacy is located in Maryland, another state, the District of Columbia, or is under the jurisdiction of the federal government.

4. I shall remain in weekly individual therapy with my current therapist or with a therapist approved by the Board. I must attend Narcotics Anonymous meetings on a weekly basis. I must also attend weekly group therapy sessions with my current group therapist or with a group therapist approved by the Board.

5. I shall have my employer provide the Board with quarterly reports regarding my work status.

6. I shall provide the PRC and/or the Board with any document relating to my treatment for substance abuse such as urine reports, therapists' reports, verifications of my attendance at group therapy meetings and Narcotics Anonymous, and other related documents requested by the PRC and/or the Board to assess my progress in treatment and my fitness to practice pharmacy. While I understand that the PRC may choose to help me by coordinating this information and submitting documents required by the Board, I agree that I am ultimately responsible to provide the Board with any document that it requests.

7. 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.

I understand and agree that the Board will not grant reinstatement of my license until I have met the above conditions 1 through 7 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.

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I understand and agree that the Board shall publish a notice of my surrender in its newsletter and shall notify other states that I have surrendered my license. I understand and agree that the Board will release this Letter of Surrender upon the request of another state or federal agency. I also 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. (1995 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 IRREVOCABLE SURRENDER of my license to practice pharmacy in the State of Maryland. I understand both the nature of the Board's actions and this Letter of Surrender fully. I make this decision knowingly and voluntarily.

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 09760:

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

Sincerely yours,



Gerald Greenberg, P.D.

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VERIFICATION

STATE OF Maryland
CITY/COUNTY OF Baltimore

I HEREBY CERTIFY that on this 30th day of December, 1996, before me, a Notary Public of the State of and City/County aforesaid, personally appeared Gerald Greenberg, and declared and affirmed under the penalties of perjury that signing the foregoing Irrevocable Letter of Surrender was his voluntary act and deed.

Erin Dickerson
commissioned as
[Signature]
Notary Public

My Commission Expires:

~~My Commission expires February 23, 1997~~

ON BEHALF OF THE BOARD OF PHARMACY, on this 8th day of January, 1997, I accept Gerald Greenberg's PUBLIC IRREVOCABLE surrender of his license to practice pharmacy in the State of Maryland.

George C. Voxakis
George Voxakis, P.D., President
Board of Pharmacy

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Erin Dickerson
commissioned as
[Signature]
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George Voxakis, P.D., President
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