

April 3, 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: 8595

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.

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 evidence that I have been using my pharmacist's license to abuse and divert controlled dangerous substances, I understand that the Board of Pharmacy intends to summarily suspend my pharmacist's license to protect the public health, safety and welfare. Specifically, this evidence indicates that I have diverted at least 100 Roxiprin tablets and 8 ounces of Tussionex, in the course of practicing pharmacy, for my own use.

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I fully concur and agree not to petition the Board for reinstatement of my license for at least five 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 must provide all treatment records relating to my mental health to the Board for their review in the determination of my reinstatement application, including random three-times weekly urine screens completed for a period of two years prior to submission of my reinstatement application.

2. I must 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.

3. I must provide the Board with a letter from my therapist or treatment center, which letter must recommend that my license be reinstated.

The Board will not grant reinstatement of my license until I have met the above conditions 1 through 3 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 further understand that at the time the Board determines that reinstatement of my license is appropriate, there may be terms and conditions placed on the status of my license and ability to practice, as deemed necessary by the Board.

I understand 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 or published 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

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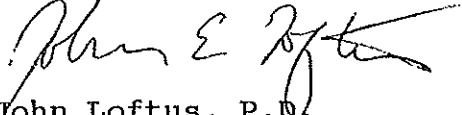
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practice pharmacy in the State of Maryland. I understand both the nature of the Board's actions and this Letter of Surrender fully. I make this decision knowingly and voluntarily.

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 8595:

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

Sincerely yours,



John Loftus, P.D.

VERIFICATION

STATE OF MARYLAND

CITY/COUNTY OF Rockville / Montgomery

I HEREBY CERTIFY that on this 9<sup>th</sup> day of April, 1996, before me, a Notary Public of the State of and City/County aforesaid, personally appeared John Loftus, and declared and affirmed under the penalties of perjury that signing the foregoing Irrevocable Letter of Surrender was his voluntary act and deed.



Notary Public

My Commission Expires: Aug 1999

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ON BEHALF OF THE BOARD OF PHARMACY, on this 23<sup>rd</sup> day of April, 1996, I accept John Loftus's PUBLIC IRREVOCABLE surrender of his license to practice pharmacy in the State of Maryland.

*George C. Voxakis*

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