MINUTES

UTAH
PHARMACY
BOARD MEETING

May 25, 2010

Room 474 – 4th Floor – 8:00 A.M.
Heber Wells Building
Salt Lake City, UT 84111

Convened:	8:03 a.m.
Conducting:	Dominic DeRose, Chair
Division Director:	Mark Steinagel
Bureau Manager:	Laura Poe
Board Secretary:	Shirlene Kimball
Compliance Specialist:	Ronda Trujillo
Board Members Present:	Roger B. Fitzpatrick Derek Garn Dominic DeRose Kelly Lundberg Jan Bird Andrea Kemper
Board Member Excused:	David C. Young
Guests:	Dawn Fitzpatrick Linda Sandberg, Omnicare Betty Yamashita, IHC Robert Hansen, Wal-Mart Jaime Peterson, Walgreens Glade Baldwin, Hyland Pharmacy Bill Stilling, Parsons, Behle and Latimer Jeff Swebrz, Parsons, Behle and Latimer

TOPICS FOR DISCUSSION	**DECISIONS AND RECOMMENDATIONS**
ADMINISTRATIVE BUSINESS:	
April 27, 2010 Minutes:	The April 27, 2010 Board minutes were approved with corrections. All Board members in favor.
Environmental Scan:	Mr. Fitzpatrick reported Dr. Munger gave a presentation on the DEA rule for e-prescribing at the St. George convention. Ms. Poe stated the Division is

aware of the rule and will soon begin to work on draft rule to implement e-prescribing.

Mr. Fitzpatrick also indicated there were numerous concerns with the proposed Rule to eliminate the pharmacist to pharmacy technician ratio, especially from the larger chain store pharmacists. The chain store pharmacists are worried they will have to supervise more individuals than they can safely supervise. Mr. DeRose stated he also heard from the independents who are concerned that the rule will eliminate jobs.

Ms. Poe reported next month is Mr. Fitzpatrick's last meeting with the Board. She suggested going to dinner instead of lunch if the agenda does not allow enough time for lunch. She will let Board members know as soon as possible what the schedule for the next meeting will be.

Ronda Trujillo,
Compliance Report:

Ms. Trujillo reported the following individuals are out of compliance with the terms and conditions of their Order:
-Williams Family Video needs to submit policies and procedures.
-Michael Jarman has been referred for an OSC Hearing.
-Jeremy Boyle has been referred for an OSC Hearing.
-Kenny Nielson has contacted Ms. Call indicating he would like to surrender his license. A Surrender document has been drafted.
-James Bee was late submitting the required reports and has not submitted a practice plan.

Williams Family Video
Waseland Williams, Pharmacist:

Mr. Garn conducted the interview. Mr. Williams stated he has looked for model policies and procedures. Mr. Garn stated the Board is looking specifically at who would have keys to the pharmacy, and how they maintain HIPAA compliance when storing or discarding patient information. Mr. Williams stated he requested and was sent model policies from Pharmacist Mutual. Dr. Lundberg questioned whether or not he has modified the policies specific to his pharmacy? Mr. Williams stated no, but indicated he will work on making the changes and additions and will address who has the keys to the

pharmacy and locked areas. Mr. Williams indicated Mr. Nelson will have the audit completed within the next several weeks. Board members reminded Mr. Williams the audit must be received by the Division by July 13, 2010. At his August meeting, he must have had the audit submitted and the policies and procedures manual completed. **Williams Family Video is out of compliance with the terms and conditions of the Order.**

William Cordova,
New Order:

Dr. Lundberg conducted the interview. Mr. Cordova explained the circumstances that brought him before the Board. Mr. Cordova stated he never intended to represent himself as a physician and indicated after having met with the Division investigator, changed the way he was practicing. He indicated he is more stringent in his documentation. Mr. Cordova reported he was terminated from his position this month and is not currently practicing. He submitted a practice plan; however, it will need to be modified when he becomes employed. Mr. Cordova will be seen quarterly and will be scheduled for August. **Mr. Cordova is in compliance with the terms and conditions of his Order**.

Kathryn Irons,
Probation Interview:

Dr. Kemper conducted the interview. Ms. Irons reported things are going very well and her supervisor reports are excellent. Mr. Fitzpatrick made a Motion to allow her to meet with the Board every six months instead of quarterly. Dr. Kemper seconded the Motion. All Board members in favor. **Ms. Irons is in compliance with the terms and conditions of her Order**.

James Bee,
Telephone Probation Interview:

Ms. Bird conducted the interview. Mr. Bee submitted his essay for review. Dr. Lundberg made a Motion to approve the essay. Mr. Fitzpatrick seconded the Motion. All Board members in favor. Ms. Bird indicated all reports have been received; however, his paperwork was received late and he is considered out of compliance. Mr. Bee indicated he is working 12-20 hours a week and Board members requested Mr. Bee submit a practice plan. His next telephone interview will be scheduled for August 24, 2010 and he will need to make sure the reports are received by the 1st of the month. **Mr. Bee is out of compliance**

with the terms and conditions of his Order because he submitted the paperwork late.

Joanita Lake,
Request to accept intern hours:

Ms. Poe reported the Board reviewed Ms. Lake's application last month. Board members accepted her education and indicated she must complete 1,500 intern hours before she could be licensed as a pharmacist. After that meeting, Ms. Lake contacted the Division and requested a meeting with the Board because she feels she does not need to complete the 1,500 intern hours. She is requesting acceptance of the hours she has completed out of the country. Mr. Glade Baldwin, pharmacist, indicated he would like to hire Ms. Lake and is here in support of her request to be licensed without having to complete additional intern hours. Ms. Lake provided the Board with a summary of her work history. She indicated she worked in a hospital pharmacy after completion of her pharmacy program, worked at a retail pharmacy in 2003-2004 and then worked for a pharmaceutical company from 2004-2007. She stated she understands the requirement of completing 1,500 intern hours in the United States but she feels her training, knowledge and skills meets this standard.

Ms. Poe questioned when was the last time she worked in the pharmacy field? She stated she was doing research for her master's degree in 2007-2008. Ms. Poe indicated she could be made eligible to sit for the examinations, but the Board needs to determine the number of intern hours that will be required for licensure. Mr. Baldwin stated he feels Ms. Lake is ready to work in a retail pharmacy without supervision. Ms. Poe stated since Ms. Lake does not have a social security number, the Division can not issue a license. Ms. Lake stated in order to obtain a social security number, she needs to work and to work, she needs the license. This places her in a no win situation. Ms. Poe indicated a letter could be written indicating the Board has reviewed her qualifications and has determined she meets those qualifications, however, she needs to obtain a social security number and work visa before a license could be issued. If they accept the letter and a social security number is issued and she works under Mr. Baldwin's supervision, an intern license would be issued. Upon successful

passing the NAPLEX and MPJE examinations, and completion of the intern hours, a pharmacist license would be issued. Mr. Fitzpatrick made a Motion to require Ms. Lake to complete 500 intern hours. Dr. Kemper seconded the Motion. All Board members in favor.

Break at 9:50 a.m.
Reconvened at 10:05 a.m.

Melynda Frohlich,
New Application:

Ms. Frohlich will be invited to meet with the Board next month to discuss her application.

Phuong Sheffer,
Review Practice Plan:

Mr. Fitzpatrick made a Motion to approve the practice plan. Dr. Lundberg seconded the Motion. All Board members in favor.

Zion's Pharmacy
Review Compounding Policies and Procedures:

Mr. Fitzpatrick made a Motion to approve the policies and procedures submitted by Zion's Pharmacy. Dr. Lundberg seconded the Motion. All Board members in favor.

Susan Macon,
Review continuing education request:

Dr. Lundberg made a Motion to approve the continuing education as meeting the requirements of her Order. Mr. Fitzpatrick seconded the Motion. All Board members in favor.

Review letter from Superior Care Pharmacy regarding request to operate an automated dispensing system (Pyxis) for dispensing controlled substances at St. Joseph's Villa and Care Source:

Ms. Sandberg indicated the DEA is requiring a DEA number/certification for the Pyxis machine if it is used for other than emergencies. The Pyxis machines at Care Source and for the geriatric psychiatric unit at St. Joseph's Villa will be used for more than just emergency use. Superior Care Pharmacy would like to put in the Pyxis machines for inpatient use at all times, for both emergent and non emergent situations. It would not be used for the long term care at St. Joseph's Villa, only the acute geriatric psychiatric care unit. Ms. Sandberg reported there is not an in-house pharmacy and this would not be considered an e-kit.

Mr. Fitzpatrick made a Motion to recommend to the Division that Care Source and St. Joseph's Villa acute geriatric psychiatric unit use the Pyxis machines to dispense medications under the Utah Pharmacy Practice Act Rule Subsection R156-17b-620, Automated Pharmacy Systems. Mr. Garn seconded

the Motion. All Board members in favor. Ms. Poe indicated she will send a letter to Dean Moncur, R.Ph.

Review request from Arent Fox regarding the purchase, storage and administering of vaccines:

Ms. Poe indicated the letter from Arent Fox was sent to the Pharmacy, Nursing and Physicians Licensing Boards. The agency wants to purchase, store and administer vaccines, including flu, pneumonia, Tdap, meningitis and hepatitis B by standing orders. The company would purchase vaccines from licensed manufacturers and wholesale distributors and ship them to their Utah location from their Maryland company. The vaccines would be stored at the Utah locations and the company would contract with a Utah licensed medical director who would issue a standing order for administration by a Utah licensed nurse. Each order would have a protocol for the nurse to follow. The nurse would transport and administer the vaccines at private workplaces, retail pharmacies, long term care facilities, etc. Arent Fox is requesting conformation that obtaining a Class E Pharmacy license would allow them to do this and that the Class E pharmacy license is the appropriate license.

Ms. Poe stated to administer a vaccine an order or collaborative practice agreement must be in place. There needs to be a prescribing practitioner who has ordered the vaccine. Ms. Poe stated there is no problem with the prescribing practitioner having a standing order for the LPN or RN to administer the vaccine. She questioned if each location in Utah would need a Class E license for storing the vaccine or for having the vaccine shipped to that location? She indicated it appears there would be one central location storing the vaccines and sends the vaccines to other locations to be distributed to the vaccine clinics. The company is the transporter. Ms. Poe questioned whether or not the Maryland pharmacy shipping the vaccines would be required to obtain a Class D non-resident license and whether or not the facility receiving the drugs and distributing them to the clinics would need to have a license. Board members questioned where the vaccine goes from the Utah location. Does the nurse take it home, or does it go to a facility? Mr. Garn indicated he does not think the Maryland pharmacy needs to have a license in Utah; however, the Maryland pharmacy would have to have

a Maryland wholesale distributor license and then any place storing the vaccines in Utah would need to be licensed as Class E pharmacy. Any central storage area would be licensed as a Class E pharmacy because there needs to be a way to purchase and be accountable for the care of the drugs. Mr. Garn stated he feels they should be licensed as a Class C pharmacy, like a distributor. Mr. Fitzpatrick stated the vaccines are for a specific purpose and for administration under protocol. Mr. Garn stated Class E does not have to be under a controlled environment. Mr. Fitzpatrick stated they would be required to have a pharmacy care protocol to include how the drugs will be stored, logged and would be required to provide a temperature log.

Rules discussion:
Present: Mark Steinagel, Division Director
Jared Memmott, Division Investigator

Ms. Poe presented proposed Rule to address S. B. 88 regarding dispensing cosmetic drugs or an injectable weight loss drug. Ms. Poe reported she received communication from a company in Florida which questioned whether or not HCG sublingual compound could be dispensed. The Statute very specifically reads injectable, and therefore, sublingual HCG can not be dispensed from a physician's office. Ms. Poe stated that some of the concerns regarding meeting sterile standards for dispensing HCG would not be as numerous if it were dispensed in an oral form; however, the Statute specifically states injectable.

Mr. Steinagel stated the proposed standards that must be met in order to add an additional drug to the list of acceptable drugs begins on line 126, Subsection R156-17b-310(7).

Mr. Fitzpatrick stated a pharmacy and a dispensing physician's office should meet the same requirements. Ms. Poe stated Subsection (7)(e) indicates an injectable weight loss drug dispensed by a physician's office must meet the USP-NF 797 Standards for sterile compounding. Mr. Steinagel stated he feels this is acceptable. Ms. Poe stated the placement of R156-17b-310(7) falls under the process to add additional drugs to the list. Mr. Steinagel stated section (7) applies to any new, additional drug, but should also apply to Latisse and injectable weight loss drugs. Mr. Fitzpatrick stated the Standards need to apply to the

currently named drugs and to any new drug in the future. Ms. Poe stated if we do apply this standard, there are no current weight loss injectable drugs that would meet the requirement and this would conflict with the current Statute. Mr. Fitzpatrick stated he understands what the Legislature intended, but they have given the three Boards the responsibility to develop guidelines and standards. The standards as proposed in this rule draft would exclude HCG. Mr. Steinagel questioned whether or not HCG is approved for self-injection? Board members indicated they were not sure. Mr. Steinagel questioned which of the five standards listed would the two named drugs violate? Board members indicated subsection (a) and (c). The drug must have FDA approval and be used for the disease for which it was approved to treat; and (c) requires the stability of the drug adequate for the supply being dispensed. Mr. Steinagel suggested separating (e) from number (7) and create an (8) with the remaining subsections (a)-(d) which applies to new drugs being added to the list. Mr. Fitzpatrick stated it is up to the Pharmacy Board, the Physicians Board and the Osteopathic Physicians Board to see if HCG can be dispensed and meet the safety standards just discussed. HCG does not have FDA approval for treating obesity and weight loss. Mr. Fitzpatrick stated he does not see how we can approve it as meeting the standards that were just mentioned. Our role is to protect the public and we should not allow something that has not met the baseline approval standards. Mr. Garn stated if we take out (a) that states the drug is required to have FDA approval, it will open a Pandora's box. Mr. Steinagel stated Mr. Fitzpatrick is correct on what he has stated; however, politically, the Legislature intended for two drugs to be accepted and additional ones added later based upon an approval process. Mr. Steinagel stated the Board makes a recommendation they are comfortable with, and then presents the proposed Rule to the other two Boards. Mr. Fitzpatrick stated it is his opinion that we should leave in the FDA criteria and this would exclude HCG. He stated he does not think the concept was researched well enough. We need to protect the public through the development of the rules and have standards and basic guidelines in place.

Mr. Steinagel stated we need a motion on what the Board recommends to take to the other Boards. Board members indicated they do not agree with HCG. Mr. Steinagel stated practitioners can now prescribe HCG for off label use, and there is already a double standard. Both sides have a good argument. Mr. Fitzpatrick stated we need to apply the same standard to all drugs. Dr. Lundberg questioned how we reconcile this because the Statute does include injectable weight loss drugs. Mr. Fitzpatrick stated even though this drug is listed in the Statute, it still doesn't meet the standards we have established. Either we accept it even though it doesn't meet the standard, or eliminate it from the list.

Mr. Fitzpatrick stated physicians don't understand their offices will need to meet the USP standards. Ms. Yamashita questioned whether or not the physician office is labeling the drugs. Mr. Memmott stated they just hand the patient the drug. Mr. Steinagel stated the reason the bill was passed was because of the number of citations that were being issued. Ms. Sandberg questioned if a nurse practitioner or physician assistant can dispense the drugs. Ms. Poe stated they can administer the drug, but the law only allows a physician to dispense cosmetic and injectable weight loss drugs.

The grammatical corrections will be made. They are: on line 13 change ventilate to ventilated; line 139 change dispensing to dispensed; change wording on line 141, 142, 143, 144 and make a new number (7) indicating if an injectable weight loss or cosmetic drug, must be in accordance with USP 797. The old number (7) becomes number (8) for drugs that will be added in the future. Ms. Poe stated after the changes are made, the Rule will be submitted to the Physician and Osteopathic Physician Boards in June, then brought back to the Pharmacy Board to see where we are at and what will need to be fixed. Ms. Poe stated the Division will move forward and a motion is not needed at this time. However, the comments and the reasons for the decision will be forwarded to the Physician and Osteopathic Boards. Mr. Fitzpatrick requested he be notified of the meeting dates for the Physician and Osteopathic Boards and he will get his

comments to Ms. McCall, secretary for those Boards prior to those meetings.

Bill Stilling,
Discussion regarding central fill:

Mr. Stilling questioned whether or not central fill is legal in Utah. He indicated the Pharmacy Practice Act 58-17b-102(9) defines centralized prescription processing as meaning the process by a pharmacy at the request of another pharmacy to fill or refill a prescription. He indicated this is the only place where this is discussed in law.

Central fill is defined, but is it permitted in Utah? Mr. Stilling stated it appears to be defined as co-dispensing. Mr. Fitzpatrick stated that in 2004 major revisions were made to the Pharmacy Practice Act and in making the changes, definitions were added that may come up in the future. By default, central fill is allowed because there is nothing in the Statute that says it can not be done. Board members indicated it needs to be addressed in Rule.

Mr. Stilling also questioned whether or not compounding central fill is permitted. Board members indicated that it would need to be 797 compliant. It is not allowed if it is sent to another pharmacy because a pharmacy can not compound a product to sell to another pharmacy to dispense. Mr. Stilling questioned if another state allows central fill, and a pharmacy licensed in that state wants to contract with a Utah pharmacy, can both pharmacies names be on the label and be filled? Mr. Steinagel stated it would be a bit of a stretch to send to the 2nd pharmacy to compound, then send back to the 1st pharmacy. Look at the definition where the compounding is done. Mr. Fitzpatrick stated if the compounding is patient specific, it would not be considered wholesale. If the patient goes to pharmacy A, and pharmacy A can not fill the prescription, but has a contract with pharmacy B out of state, so sends the prescription to pharmacy B. Pharmacy B fills the prescription and sends to pharmacy A, it is still patient specific, has both pharmacy names on, and patient picks up at pharmacy A. Mr. Stilling stated that in Florida that would be considered central fill. Board members indicated it would be central fill in Utah as well. Pharmacy B would be out of state and would need to be licensed in

that state. They would not need a Utah non-resident license. Mr. Memmott stated it would be illegal even if not compounded and is unprofessional conduct. The FDA feels it is controversial because it is not a bulk order, but patient specific. Mr. Stilling stated there are times when another pharmacy prepares a prescription because one pharmacy can't get the drugs. Board members indicated guidelines and Rules need to be developed to ensure quality assurance.

Adjourned to lunch: 11:55 a.m.
Reconvened: 1:00 p.m.

Discussion regarding Central processing rules:

Ms. Sandberg provided central processing rules from several other states for review. Mr. Fitzpatrick stated that all of the rules reviewed have 5 common areas: purpose, definitions and general requirements, patient notification, labeling and shipping, policies and procedures, and records. Mr. Garn stated that Virginia was the only state that required a licensed pharmacist. Mr. Garn also indicated he likes the Rules Wyoming has written regarding central processing.

Board members stated that remote order entry is not the same as remote order fill. Remote order entry only enters data and remote order fill has a product. Remote order entry may be done from home with access to pharmacy records. Mr. Fitzpatrick stated we need to look at both remote order entry and remote order fill. North Carolina's Rules for remote order entry seem to be the best. Mr. Fitzpatrick expressed concern regarding the type of license that would be required for a pharmacy engaged in remote order entry. Ms. Poe stated we have a tendency to call Class D pharmacies out-of-state mail order, but the law provides that it is a non-resident pharmacy. Anything outside of Utah is a Class D pharmacy and we wouldn't require remote order entry pharmacies to report to the controlled substance data base because they don't dispense drugs so there is nothing to report.

A remote pharmacy would be required to have a Class D pharmacy license for both order entry and order fill. What type of license is required if a consultant pharmacist provides remote order entry services from his/her home, i.e. does the pharmacist need a Utah

license and does the home need a Class D pharmacy license? Board members stated if it is an individual providing the service, he/she would need to be a pharmacist licensed in the state in which the remote order entry service is provided. If it is central order processing where a prescription is accepted and filled, the pharmacy is licensed as a Class D pharmacy.

Ms. Poe questioned whether or not the final destination of the prescription needs to be considered. Does the pharmacy receiving a filled prescription from a remote order processing pharmacy need to check to see if the order has been filled appropriately? Mr. Garn stated it would depend on the definition of final check. The final check would be done at the dispensing pharmacy and the current law requires the final check to be done by a Utah licensed pharmacist.

Mr. Fitzpatrick suggested we utilize the Florida definition numbers 4 and 8 and use North Carolina's definition for order entry (no product). Board members suggested taking the North Carolina rule and changing into a Utah format. Take the Wyoming wording for centralized fill processing. Eliminate central order entry definition in the current rule and change to remote order processing. This would eliminate the word central in both sections and would be less confusing.

Reword number (9) of the definitions subsection 58-17b-102 – centralized prescription processing. Use the term remote fill processing and create a process for central fill based on the Wyoming language. For central order entry, change remote order process and write the rule using the language from North Carolina. Add to this section the two definitions from the Florida regulations (numbers 2 and 8). Change R156-17b-616 from out-of-state mail order to non-resident pharmacy.

Review E-Mails received by the Division:

Ms. Poe discussed out of state, third party logistic companies and whether or not they need to be licensed. Mr. Fitzpatrick stated these companies move the pharmaceuticals from point A to point B, taking the pharmaceutical from the wholesaler and delivering to a pharmacy in another state, they are exempt from

licensure as long as the place it is picked up from is licensed in that state, and the delivery site is licensed in that state. If the warehouse is located in Utah, then it would have to have a Class C pharmacy license. If the warehouse is located out of state, they are exempt if licensed in that state.

Ms. Poe reported she received an e-mail concerning the Indian Nation and their diabetic program. They requested clarification on who may prescribe diabetic shoes, and if diabetic shoes are considered durable medical equipment. Board members indicated any prescriber can prescribe the shoes and they are considered durable medical equipment. This would also include canes and walkers.

Ms. Poe stated she received an e-mail from a clinical coordinator indicating the facility had pharmacists certified in immunizations at one point in time, but have not kept up on the continuing education courses. Ms. Poe questioned whether or not these individuals will need to repeat the immunization course. UPhA will not give them credit for repeating the course a second time. Mr. Fitzpatrick stated the key is that they have not kept up on the continuing education and will have to repeat the live session of the course, and then make sure they maintain the continuing education.

Ms. Poe discussed issuing a license for research. The Class E license includes pharmaceutical research on animals and Class B for a research facility utilizing human subjects.

Reverse distributors are licensed under Class C Pharmacy and if handling controlled substances, they also need a controlled substance license. Board members indicated this needs to be addressed further because there are no operating standards in the current Rule. Ms. Poe indicated she could review the NABP Model Rule for possible language to address this issue. The reverse distributor would need the DEA and state licensure where it is located.

Discussion regarding controlled substance collection for disposal. There are no regulations for disposal of

controlled or non-controlled medications. Police drop offs are not regulated.

Ms. Poe indicated she received an e-mail from a research lab that tests medical devices. They use sterile water to test for bacteria, and when they tried to order the sterile water, they were told they needed to have license to order the sterile water. Ms. Poe questioned whether or not this would be a Class E license, or even why they need to be licensed. Board members indicated if they had a prescription, they could have a pharmacy order the sterile water for them. However, if they do not have a medical person who can prescribe, they would need to either be licensed or find a prescriber.

Ms. Poe reported information regarding Soma will be placed on the web site. She stated there are two ways this issue can be handled. The pharmacy can run the prescription through their system again and give it a controlled substance number and then at most refill five times. Or the pharmacist can request a new prescription from the prescriber. The decision will be up to the pharmacist.

Birch Pharmacy Technician Program:

Dr. Kemper reviewed the information provided by Birch Pharmacy. Dr. Kemper reported overall the program meets most of the requirements set forth in Rule. However, the practical training does not address sterile compounding and techniques. This training does not need to be extensive; but it does need to be included in the curriculum. Hygiene and aseptic techniques were addressed in the instructional program but does not appear to be addressed in the practical training.

Jonathan Rapp Pharmacy Technician Program:

Dr. Kemper reviewed the documentation presented. The program appears to meet most of the requirements, however, section II of course outline appears to address some state law, but it is unclear if Utah law is specifically addressed. The study materials do not include the Utah Controlled Substance Act or Pharmacy Practice Act. They need to provide more information to show that Utah law is specifically addressed in the curriculum. Dr. Kemper also stated she would recommend they create a written

	form for the teaching pharmacist to use for evaluating the accuracy and completeness of all tasks.
Target Pharmacy, Final exam update:	Dr. Kemper will review and report to the Board next month.
Adjourned:	2:45 p.m.

Note: These minutes are not intended to be a verbatim transcript but are intended to record the significant features of the business conducted in this meeting. Discussed items are not necessarily shown in the chronological order they occurred.

June 22, 2010 Date Approved	(ss) Dominic DeRose Dominic DeRose, Chairperson, Utah Pharmacy Licensing Board
June 22, 2010 Date Approved	(ss) Laura Poe Laura Poe, Bureau Manager, Division of Occupational & Professional Licensing