

MINUTES

**UTAH
PHARMACY BOARD
MEETING**

March 27, 2012

**Room 474 – 4th Floor – 8:30 a.m.
Heber Wells Building
Salt Lake City, UT 84111**

CONVENED: 8:28 a.m.

ADJOURNED: 3:30 p.m.

**Bureau Manager:
Board Secretary:**

Debra Hobbins, DNP, APRN, LSAC
Shirlene Kimball

Conducting:

Dominic DeRose, R.Ph, Chairman

Board Members Present

Dominic DeRose, R.Ph
Jan Bird, CPhT, pharmacy technician
Greg Jones, R.Ph
Derek Garn, R.Ph
David Young, Pharm D
Kelly Lundberg, PhD, public member
Andrea Kemper, Pharm D

DOPL Staff Present:

Ray Walker, Enforcement Counsel
Connie Call, Compliance Specialist
Hailee Robertson, Licensing Specialist

Guests:

Roger Fitzpatrick, Midtown Pharmacy
Claude Fenrich, Harmon's
David Nay, Medco
Jamie Peterson, Walgreen's
Greg Jensen, Target
Linda Sandberg, Omnicare
Deanna Herring OLAG
Reid Barker, UPhA
Peter Taillac, MD DOH/BEMS
Paul Patrick, DOH/BEMS
James Ammon
Missy Duke, USHP
Brad Gardner, Utah Valley Specialty Hospital
Gray Berntson, United Way Volunteer Clinic
Steffanee Wanlass, HCA
John Marble, Intermountain
Colton Dale

TOPICS FOR DISCUSSION

February 28, 2012 Minutes:

Election of Chair:

Dr. Peter Taillac, EMS Medical Director
Peter Patrick, EMS -
Discussion regarding the critical shortage of
EMS medications and strategies to mitigate the
effects of this shortage on patients:

DECISIONS AND RECOMMENDATIONS

Dr. Lundberg made a motion to approve the minutes with corrections. Mr. Garn seconded the motion. All Board members voted in favor.

Mr. Garn nominated David Young. The nomination was seconded. All Board members voted in favor of the nomination. Dr. Young's term as chairman will begin July 1, 2012.

Dr. Taillac requested a meeting with the Board of Pharmacy to discuss how the drug shortage is affecting Utah EMS agencies' ability to care for patients. Dr. Taillac reported there are national shortages of approximately 250 drug preparations and he has received notification of shortages of ten different drugs in Utah. Dr. Taillac stated that the EMS does not have the option to substitute drugs and the drugs that medics carry are specified by state rule and agency protocols. Dr. Taillac indicated that an EMS can not change medication type or concentration due to the high risk of errors. EMS agencies buy in low volumes so they are not a high priority for suppliers and a few of the medications are used infrequently and expire before being used. Mr. Patrick indicated there are about 140-150 EMS agencies in Utah that provide EMT intermediate care to the majority of the population and these agencies are looking for ideas and solutions to address the shortages. Mr. Patrick stated they have thought about sharing or exchanging medications between the agencies, however, they are not sure if the DEA would allow this option. Currently, each agency is responsible for each medication in the agency. Another thought was to stockpile the medications at a central agency and to see if the expiration dates could be extended for 3-6 months for those medications in short supply. Dr. Taillac reported Nevada allows the expiration date to be extended for a six-month period on medications in short supply. Dr. Taillac indicated the military has tested medications past their expiration date because they obtain huge stocks of medications. He reported the military has found that most medications are still good six months after the

expiration date. Dr. Young stated that the shortage of medications will be discussed at the May NABP meeting and he will find out how other states are handling this issue. Mr. DeRose stated pharmacies are also seeing a shortage with some medications. Mr. Jones questioned if the Board wanted to make the change, how would we move forward? Mr. Walker indicated the Board has rule making authority; however, this may be an issue to discuss with the Attorney General's office. If placed into rule, there would need to be some sort of limit to the kinds of medications whose expiration dates could be extended. Mr. Jones stated he does not think that the Board of Pharmacy needs to be involved. Dr. Young stated he will obtain the information from the NABP and forward the information to Dr. Taillac. Mr. Fitzpatrick indicated Dr. Taillac may want to contact the University of Utah because they monitor drug shortages. The University may be able to provide other suggestions. The University also tracks down the reason for the shortage and may be able to provide an estimate on when the shortage will end.

Ray Walker,
Legislative update:

Mr. Walker reported on the 2012 Legislation that affected Pharmacy.

-H.B. 76 Pharmacy Audit Rights passed. This bill will go into effect May 8, 2012 and requires health benefit plans, PEHP and pharmacy benefit managers to implement certain pharmacy audit procedures when auditing pharmacy claims. One issue that came up was the issue of "licensed pharmacist." Rep. Vickers indicated it was not the intent of the bill that the pharmacist must be licensed in Utah, so this will need to be cleaned up next year.

-H.B. 434: This bill allows a prescribing practitioner to provide a 30-day supply of sample drugs to a patient for non-controlled substances, are prepackaged by the original manufacturer, are provided to the prescribing practitioner free of charge and provided to the patient free of any direct or indirect charge.

-S.B. 88 Pharmacy Distribution amendments: This bill amends the definition of a cosmetic drug to include drugs that have been approved for online dispensing, whether or not dispensed online or through a physician's office; states that DOPL will consult with the Board of Pharmacy and the Online,

Prescribing, Dispensing and Facilitation Board to adopt rules to regulate labeling, record keeping, patient counseling and storage requirements, and determines which prescription drugs may be dispensed as a cosmetic drug without a pharmacy license. Mr. Walker indicated a fiscal note was attached to hire an investigator to conduct audits.

-S.B. 123: this bill removes the requirement that if convicted of a felony, an applicant for a license as a pharmacist, pharmacy intern or pharmacy technician must have completed the sentence for five or more years prior to the date of filing an application for licensure. Mr. Walker stated that this does not mean the Board can not deny an application, it just means that the Board would review the application and make the determination.

-S. B. 161: this bill permits certified oncologists or medical personnel acting under the direction of an oncologist to dispense a cancer drug regimen to a patient who is undergoing chemotherapy in an outpatient clinic setting and excludes Schedules I, II, III controlled substances. They will have to follow the rule for pharmacies and requires the practitioner to notify the division of the practitioner's intent to dispense. The bill defines a cancer drug regimen. The bill also directs DOPL to conduct a survey of the 50 states regarding physician dispensing and associated safety issues. Mr. Walker indicated Mr. Steinagel requested a thorough study of physician dispensing. Mr. Walker indicated there is money in the Education Fund which could be used to have a qualified individual complete the study. Dr. Young reported all other states allow physician dispensing and Utah is the only state that does not allow the practice and it would be interesting to find out if there are any safety issues.

-H.B. 109: This bill modifies the Utah Controlled Substance Act and specifies that the Division may grant licenses, under specified terms, to conduct research concerning Schedule I controlled substances.

-H.B. 254: This bill modifies the Controlled Substance Act and adds benzylpiperazine as a Schedule I controlled substance. Dr. Young stated it also added additional substances that were reviewed and recommended by the Controlled Substance Advisory Committee and will allow law enforcement to take action for the illegal use of these substances.

-H.B. 257: This bill modified the Controlled Substance Database Act and prohibits unauthorized use as a means of obtaining information from other states or a federal drug monitoring program; provides for the designation by a practitioner of persons who are employed at the same business as the practitioner to gain access to the database at the request of the practitioner and provides a procedure for an emergency room employee to look up information for a practitioner who is treating an emergency room patient. Dr. Young reported that NABP has available a monitoring program at no cost to the state. Mr. Walker indicated that Mr. Steinagel has joined that advisory Board. Dr. Lundberg questioned what this bill means for the federal government. Mr. Walker reported it could allow us to share the information if they agreed.

-H.B. 306: This bill allows the Division to adopt rules regarding the disposal of unused prescription drugs in accordance with federal laws and regulations.

-S.B. 127: This bill amends the effective date for controlled substances prescriber education requirements and provides that completing the controlled substance database online tutorial and online test counts as ½ hour of continuing professional education on controlled substances prescribing.

-S.B. 205: Records Access discovery Amendments. This bill permits dissemination of information in the controlled substance database and criminal background checks to a defense attorney for use in a criminal case.

-H.B.51: This bill amends the duties and functions of Division Boards that govern certain medical professions. It permits a person who wants to amend certain medical practice acts to submit the proposed amendment to the Board and permits the Board to make a recommendation to the Legislature concerning the proposed amendment.

-H.B. 122 E-prescribing amendments: This bill amends the Electronic Prescribing Act and requires a practitioner to offer the patient a choice regarding which pharmacy the prescription will be transmitted to and requires the entity transmitting the prescription to meet certain standards. It delays implementation of e-prescribing mandates until July 1, 2013.

Break at 9:35 a.m.
Reconvened at 9:45 a.m.

Tom Harper, Marv Sims,
Report on the Controlled Substances Database:

Mr. Harper indicated that the pharmacy needs to report to the Controlled Substance Database within 7 days. He indicated there are a few pharmacies who report nightly. Mr. Harper indicated there are some pharmacies that don't dispense controlled substances. In the report from the Division, these pharmacies are grouped together with the pharmacies who have failed to report. This does not provide the Division with a clear picture on the number of pharmacies that are not reporting. The Division is looking at providing a waiver for these pharmacies or requesting a report from the non-dispensing pharmacies every 7 days. This still needs to be determined. Mr. Harper indicated that weekly reporting is required for all pharmacies except Class C and Class E. Dr. Young questioned the consequences for not reporting. Mr. Harper indicated the Division has the authority to issue a fine, but is not currently in place. Once this has been put into place, the Division will notify the pharmacies that the fines will go into effect.

Mr. Sims reported on real time data reporting. He indicated there are 12 independent pharmacies participating. They report within 3 minutes and have submitted 8500 prescriptions with less than 1% failure rate. Mr. Sims stated that reporting is at the point of sale and there have been problems if the patient leaves and then realizes that the wrong information is listed on the label. Mr. Walker indicated once there are rules developed, they will be brought before the Board for approval. Mr. Sims also indicated they are looking at the bill that just passed in the Legislative session regarding the ability to share with other states. He indicated there are two programs available that the Division is looking at, one is the NABP Interconnect and the other PMIX. Mr. Jones questioned what happens if one state chooses NABP and another chooses PMIX. Mr. Sims reported that most states are leaning toward the NABP program because there is no cost for the first 5 years. Mr. Sims indicated that the federal government is not reporting because they wanted to wait for standard rules from all states.

Brad Gardner,
Utah Valley Specialty Hospital Pharmacy:

Dr. Hobbins indicated the Board reviewed an e-mail last month and reaffirmed the Rule that requires a new application if there are changes in ownership. Mr. Gardner is here today to express how that decision affects him. Mr. Gardner requested he be granted a similar standard as those of publicly traded companies. Mr. Gardner explained that the change in ownership was due to selling to a company that buys the physical structure and then leases the structures back to the original companies. Mr. Walker reviewed the Statute and Rule. The Pharmacy Practice Act, section 58-17b-614 Notification reads: (1) A pharmacy shall report in writing to the division no later than ten business days before the date of: (b) a change of name or ownership of the pharmacy facility. The Pharmacy Practice Act Rule, subsection R156-17b-618 reads: (1)(a) In accordance with Section 58-17b-614, except for changes in ownership caused by a change in the stockholders in corporations which are publicly listed and whose stock is publicly traded, a licensed pharmaceutical facility that proposes to change its location or ownership shall make application for a new license and receive approval from the Division prior to the proposed change.

Mr. Walker stated Rule requires a new application; however, the Statute requires notification 10 days prior to the change in ownership. The Rule exceeds the statute; however, since it is in the Rule, we will need to follow this Rule. Mr. Walker indicated Mr. Steinagel questioned what is really needed. Does a background check need to be done, does it require a new inspection, or would simple notification be accepted? Mr. Steinagel has requested that the Board review this Rule and provide data why a new application is necessary.

Mr. Gardner said if he obtains a new license, he has to obtain a new DEA number and provide all vendors with the new license number. It will take six weeks to obtain the new DEA number and get all the other paperwork in order. He questioned how does he continue to help patients in the hospital during this period? He stated that if everything remains the same except the ownership, why not have the pharmacy just submit a change of ownership form? Mr. Jones stated

the concern is with having a pharmacy in good standing and a new owner comes in that may not be in good standing. Mr. Garn stated he agrees that the rule needs to be reviewed, but for now the current rule requires a new application and he is required to submit a new application. Mr. Jones suggested Mr. Gardner speak with Fresh Market Pharmacies. They went through this process about a year or so ago and may have some suggestions to help him in the process. Mr. Walker stated he will need to submit a new application, indicate who the new owners are, and have the chairman of the Board submit the fingerprints. Mr. Gardner requested the Board allow him to continue under the old license until everything is in order. Board members indicated they can not say it is okay to violate a rule. The Board will look at changing the rules, but for now, he will need to meet the current requirements.

Dr. Hobbins stated that when this issue first came up, she spoke with Mr. Memmott and he indicated that a new company should trigger a new application. There needs to be a clear picture of who the owners are. Dr. Hobbins indicated she received an e-mail involving the grey market where pharmacies often change names or open new pharmacies so they can continue to dispense medications if there are problems with one pharmacy.

Connie Call,
Compliance Report:

Ms. Call reported the following individuals are out of compliance: Dennis Beasley; Diann Millikan; David Abrams and William Cordova.

Ms. Call indicated Suresh Boodram re-submitted his essay. Dr. Lundberg stated the essay is only marginally acceptable. He also re-submitted the Thinking Errors report and it was not accepted. The reports still do not address the impact of what he did on himself and others, or what he learned from the process. There are only three sentences in the whole report that apply to his situation.

Dr. Hobbins indicated she looked at the workload for the Pharmacy Board and discussed with Ms. Call the possibility of having those probationers who are in compliance only visit with the Board every six months

or yearly. Dr. Lundberg stated if there is a history of compliance it would be okay, but if in compliance only one month, then again out of compliance the next, she would still like to meet with them on a quarterly basis. She suggested looking at a history of 6 months compliance and then determine on a case by case basis, especially for substances use disorder issues.

David Barrow,
Quarterly Interview:

Mr. Barrow provided the Board with an update on where he is at this time. Mr. Barrow reported he is doing well and is grateful he has a license. He indicated he now has his sixteen-year old son living with him. Dr. Lundberg questioned whether or not he is using all resources available to him? She stated it is a good opportunity to speak with a therapist when things appear to be going well and this interaction will help him pick up on the small things that may become challenges later. Dr. Lundberg questioned how he would feel meeting with the Board every six months instead of quarterly. Mr. Barrow stated he likes to meet with the Board quarterly. **Mr. Barrow is in compliance with the terms and conditions of his Order.** He will be seen again June 26, 2012.

Paul Martz,
Quarterly Telephone Interview:

Mr. Martz reported things are going well, and that he enjoys southern Utah. Mr. Martz reported he does not have cravings, just the thought of relapse once in a while. Mr. Martz stated he has not relapsed. Mr. Martz stated he does not find therapy helpful and has not felt a connection with the therapist. He indicated he finds it more helpful to speak with family members and friends. Mr. Martz stated he did meet with the therapist last night and feels some things have been cleared up. He indicated the therapist had him set goals and he will be meeting with the therapist every two weeks for a period of time. Mr. Martz questioned why his request for general supervision was denied. Dr. Lundberg stated he has not been in compliance with his Order since he moved to southern Utah and Board members felt with the stress of moving and with his delay in finding a therapist, it would be best to keep him on direct supervision. **Mr. Martz is in compliance with the terms and conditions of his Order.** His next meeting will be June 26, 2012.

Diann Millikan,
Quarterly Interview:

Ms. Millikan stated she feels she is doing well. She indicated she extended her treatment program from 30 days to 75 days. She then entered a residential treatment program part time and entered a second residential house for another month. She stated she left the residential house in January and moved to Missouri in February. She stated she has not felt this good in 8 or 9 years. Ms. Millikan indicated the difference this time is that she has surrendered for the first time and has decided who she wants to be. She stated she now realizes that addiction is very powerful and that addiction took over her life and uprooted everything. Ms. Millikan stated she has an excellent counselor whom she sees twice a week, has a sponsor and has just started working the 12-Steps. Ms. Millikan reported that voc-rehab will be paying for her therapy and they are sending her to the University of Utah Counseling Center. She stated she will not be able to see her current therapist because she does not have the money to pay the therapist and voc-rehab will not approve payment. Dr. Lundberg indicated the University of Utah Counseling is limited to 5-8 weeks and questioned what she will do after that period is up. Ms. Millikan stated she would like to continue to see her current therapist because she has a good relationship with her. Ms. Millikan stated she has been in complete abstinence from all drugs for 6 ½ months. Ms. Millikan indicated she is employed outside of pharmacy and is taking one step at a time to get back into society. She indicated she still volunteers at the hospice agency and is trying to find balance. Mr. Berntson stated he has seen a great improvement in Ms. Millikan and her outlook has changed. Dr. Lundberg questioned why she has missed calling into Affinity 22 times. Ms. Millikan stated she has no excuses other than she remembers too late or forgets to call. Dr. Lundberg reminded her it is part of recovery and she needs to find a way to remember to call everyday and make it a priority. Self-discipline is necessary and the Board wants to see her succeed. Ms. Millikan stated she will come into compliance. **Ms. Millikan is out of compliance with the terms and conditions of her Order.** She will be seen again May 22, 2012.

Break for Lunch at 12:00 p.m.

Reconvened at 12:45 p.m.

Dennis Beasley,
Quarterly Interview:

Mr. Beasley met with the Board. **He is out of compliance with the terms and conditions of his Order.**

Brent McFadden,
Quarterly Telephone Interview:

Mr. McFadden is in compliance with the terms and conditions of his Order. He will be interviewed again in six months.

Colton Dale,
New application:

Mr. Dale met with the Board to explain the circumstances regarding his “yes” answers on the qualifying questionnaire of his application. Mr. Dale indicated he has three charges of underage drinking and is currently on a Plea-in-Abeyance. Ms. Bird questioned whether or not he has changed his group of friends? Mr. Dale stated he just recently realized he needed to change. He indicated he is working at Medsource in a non-pharmacy position and rarely sees that group of friends. Mr. Jones stated he was caught three times, how many times did he actually drink? Mr. Dale stated he realizes it doesn’t look good, but his last drink was on July 22, 2011. Dr. Lundberg stated he had three offenses in 13 months. He is not quite 21, was sentenced the end of February and has until next February to complete the court requirements. He is currently under court supervision and Dr. Lundberg questioned if he has thought about what he will do to maintain vigilance when he is no longer monitored by the court? He stated he knows he would lose his job if he drinks and he stated it is not worth the risk. Mr. Garn questioned if the Board and the Division granted a license and he slips back into old habits, does he understand what the consequences would be? Mr. Dale stated he understands the consequences. Ms. Lundberg made a motion to issue the license on a 2-year probation with the standard terms and conditions. When the court probation is completed and the Division has received official notification, he would be required to sign up with Affinity. He would not be required to attend PIR or 12-Step meetings. He could petition the Board to terminate the probation once he has completed the court probation. Mr. Garn seconded the motion. All Board members voted in favor. Dr. Hobbins indicated he needs to read the Stipulation very

carefully and understand the conditions that will be placed on the license.

Kallie Oliver,
New application:

Ms. Oliver reported she completed an approved technician training program in Utah, received her national certification and then moved to Oregon before she was licensed in Utah. She indicated she received her Oregon license and worked there for 650 hours. She has now moved back to Utah and since she has not completed the 1000 hours of work in Oregon, she does not meet the requirements for licensure by endorsement. She is requesting that the Board accept her qualification. She began the DATC program March 2010 and completed the 180 hours over a year ago, but has worked as a licensed pharmacy technician in Oregon. Mr. Garn made a motion that Ms. Oliver meets the qualifications and approve her for licensure. Ms. Bird seconded the motion. All Board members voted in favor of the motion.

Break at 1:50 p.m.
Reconvened at 2:00p.m.

Review of Division E-mails:

Dr. Hobbins indicated that Cody Jones requested the Board consider allowing the issuance of a controlled substance handler – individual license to allow him to train canines to detect controlled substances. Dr. Hobbins indicated that the Division is not issuing any new licenses, either for individuals or facilities until a decision is reached regarding who should be licensed. If the individual/facility had been issued a controlled substance handler license in the past. The Division allows them to renew the license until a decision is made on how to proceed. Dr. Hobbins questioned whether or not these types of licenses should be limited to law enforcement individuals or should we consider allowing private individuals to have a license. Board members indicated they would not issue a license to individuals at this time.

Review proposed Rule Changes:

Section R156-17b-302(3)(a). Board members reviewed the proposed Rule change regarding the passing score on the pharmacy technician law and rule examination. Since it is an open book examination, the Division would like to see a passing score of 88%.

Dr. Lundberg made a motion to change the passing score on the pharmacy technician law and rule examination to 88%. Mr. Jones seconded the motion. All Board members voted in favor of the motion. Section R156-17b-302(3)(b). Board members indicated they do not feel it is necessary to have the certification exam passed within one year of beginning the training program and adding a maximum number of attempts to take the exam. Board members also indicated it does not matter if the individual takes the certification exam before completing the program.

Board members also indicated they don't feel it is necessary to limit the number of times an individual can take the NAPLEX examination.

R156-17b-304 Education Requirements: Board members suggested changing the language in (i) from "exposed" to a pharmacy to "worked in a pharmacy and approved the addition of the language "less than 2 years since the initial start date of the program". In section (iii) add "may not serially reapply for enrollment in pharmacy technician training program". Mr. Jones indicated if a student has not worked in a pharmacy for more than two years, they would have to repeat the entire program, not just 180 extern hours. All Board members in favor of the changes.

Board members also approved adding to rule the Rural Hospital protocol from 1999.

R156-17b-601 Operating Standards – Pharmacy Technicians: (1)(k) accepting new prescription drug orders left on voicemail for a pharmacist to review. Eliminated the wording "telephonically or electronically submitted." (3). Added the wording "per shift" so that the sentence reads: no more than one pharmacy technician-in-training "per shift" shall be supervised on-site by a pharmacist.

R156-17b-618 Change in Ownership or Location. Added to section (1)(a) that a change in name will also require a new application. Eliminated section (2)(a) and (b).

R156-17b-621(4) incorporates the Vaccine

Administration Protocol by date and as posted on the Division's web site.

Dr. Hobbins also requested the Board think about whether or not a fee should be charged for a remodel inspection.

Dr. Young stated that since the rule was changed regarding the pharmacy technician-to-pharmacist ratio, the numbers of pharmacy technicians have been reduced. He indicated that Dr. Munger will be giving a presentation at the UPhA regarding this issue.

Missy Duke reported that a group of health system pharmacy leaders have been conducting research related to the technician checking other technicians and will report their findings to the Board.

Dr. Young stated the pressing issues to be discussed are the Central Fill Pharmacies and also repackaging issues. Dr. Young suggested that the board invite Roger Fitzpatrick, Betty Yamashita, Linda Sandberg and others interested to help in developing rules for these issues. Mr. Jones suggested we check with other State Boards to see how they deal with these issues. Dr. Young also suggested the Board review the Model Pharmacy Practice Act.

Dr. Hobbins indicated that next month the Board could work on defining re-package, pre-package and convenience packaging.

Dr. Hobbins indicated a definition for Class E pharmacies need to be developed for: Analytical Laboratory; Animal Euthanasia or animal Scientific Research Facility; Central Order Entry Pharmacy (or Remote Order and Remote fill); DME; Human Clinical Investigational Drug Research Facility; Law Enforcement Canine Handler Facility, Medical Gas Provider. Mr. Fitzpatrick stated that Remote Order Processing and Central Fill would have to have a PIC. Central Order is different from Central Fill. Currently, there are pharmacist verifying orders for patients in Utah, but are not licensed in Utah. Remote Order processing is electronically linked to a hospital and the pharmacist must be familiar with Utah law. There

was a question whether or not the pharmacist should be licensed in Utah if the pharmacist is out of state reviewing Utah patient records electronically. Several Board members indicated yes because the pharmacist should be familiar with Utah law. Board members will need to determine which category to place the pharmacies currently under the Class E pharmacy that require a PIC.

Reid Barker:

Mr. Barker stated he wanted to discuss SB 161. Mr. Barker stated it worked very well to have a workgroup meet the same day as the Board so that a recommendation could be made to the Interim Committee. Mr. Fitzpatrick stated it sounded like the Division would be using money from the Education Fund for an outside agency to conduct the research, put together a report and work with the Board to come up with procedures. Dr. Young stated we need to look at how other states are handling the issue and have a plan in place because there will be other groups that will want an exemption.

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.

April 24, 2012
Date Approved

(ss) Dominic DeRose
Dominic DeRose, Chairperson,
Pharmacy Licensing Board

April 24, 2012
Date Approved

(ss) Debra Hobbins
Debra Hobbins, Bureau Manager,
Division of Occupational & Professional Licensing