

Stephen Cappelli, R.Ph.

[REDACTED]

Date

1/24/14

Lenna Israbian-Jamgochian, Pharm.D.
President, Maryland Board of Pharmacy
4201 Patterson Avenue
Baltimore, Maryland 21215

Re: Surrender of Pharmacist License
License No. 17402

Dear Dr. Israbian-Jamgochian and Members of the Board:

Please be advised that I have decided to surrender my license to practice pharmacy in the State of Maryland, License Number 17402. I understand that I may not provide pharmaceutical care to any individual (with or without supervision and/or compensation), cannot dispense or administer drugs or assist in the dispensing of administration of drugs, and may not otherwise engage in the practice of pharmacy in Maryland, as it is defined in the Maryland Pharmacy Act (the "Act"), Md. Code Ann., Health Occ. § 12-101 *et seq.* In other words, as of the effective date of this Letter of Surrender, I understand that I am in the same position as an unlicensed individual.

I understand that this Letter of Surrender is a PUBLIC document and that upon the Board's acceptance and execution, this Letter of Surrender becomes a FINAL ORDER of the Board.

My decision to surrender my license to practice pharmacy in Maryland has been prompted by my desire to no longer be subject to the Consent Order, dated September 20, 2013, (attached hereto an Exhibit A) under which I was ordered to submit to random urine screens, continue substance abuse treatment and therapy, and participate in a twelve-step program. My desire for relief from the terms and conditions of the above Consent Order is due to my decision to leave the State of Maryland and relocate in New York.

The Board has granted my request to surrender my license to practice pharmacy in the State of Maryland in accordance with the terms herein. I wish to make it clear that I have voluntarily, knowingly, and freely chosen to submit this Letter of Surrender to

avoid further monitoring and compliance with the Consent Order, dated September 20, 2013. I understand that by executing this Letter of Surrender, I am waiving any right to 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 acknowledge that the findings contained in the Consent Order were charges against me, the Office of the Attorney General could prove by a preponderance of the evidence the findings in the attached Consent Order at an administrative hearing, and that such findings constitute a violation of the Act as set forth therein.

I understand that the Board will advise the National Practitioner Data Bank of this Letter of Surrender and in response to any inquiry will advise that I have surrendered my license. I understand that this Letter of Surrender will be posted on the Board's website along with all other formal disciplinary actions. I understand that, in the event that I apply for licensure in any form in any other state or jurisdiction, this Letter of Surrender, and all underlying investigative documents, may be released by the Board to the same extent as a Final Order pursuant to Md. Code Ann., State Gov't § 10-611 *et seq.* Finally, I understand that this Letter of Surrender is considered disciplinary action by the Board.

I affirm that enclosed with this Letter of Surrender is my original Maryland pharmacist's license, number 17402, and my recent wallet-sized renewal card.

I understand and agree that I must fulfill the following conditions before the Board may act upon any application for reinstatement of my Maryland license to practice pharmacy:

1. I may not have my license reinstated for a minimum of five (5) years from the date of this Letter of Surrender;
2. Prior to any possible reinstatement, I must submit to an evaluation by a Board-appointed evaluator, at my expense, to determine my fitness to practice; and
3. I must comply with the minimum licensure requirements for reinstatement, which may include fees, continuing education, and reexamination.

In the event that I apply for reinstatement to practice pharmacy, I fully understand that the Board has full discretion to grant or deny my application for reinstatement, even after my fulfillment of the above conditions. If the Board does grant my petition for reinstatement, I understand that the Board may set terms and conditions that shall apply to my receiving a reinstated Maryland license, including but not limited to a probationary period or limited practice settings. I also understand that if I petition for reinstatement I bear the burden of demonstrating to the Board that I am competent to practice pharmacy and possess good moral character, as specified in Md. Code Ann., Health Occ. §§ 12-302 and 12-310. I understand that if I determine I would like to once again practice pharmacy in Maryland, I will approach the Board in the same posture as one whose license has been revoked for violation of the Act.

I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason whatsoever. Finally, I wish to make clear that I have been advised I have the right to consult with an attorney before signing this Letter of Surrender and have been given an opportunity to do so. I fully understand the nature of both the Board's actions and this Letter of Surrender. I acknowledge that I understand and comprehend the language, meaning, and terms and effect of this Letter of Surrender. I make the decision to sign this Letter of Surrender knowingly and voluntarily.

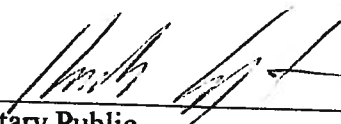
I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of the foregoing Letter are true:


Stephen Cappelli

STATE OF NEW YORK,
COUNTY/CITY OF Oneida:


I hereby certify that on this 24 day of January, 2014, before me, a Notary Public of the State of New York and County/City aforesaid, personally appeared STEPHEN CAPPELLI and made an oath in due form that the foregoing Consent was his voluntary act and deed.

BRAHIM KAJTEZOVIC
No. 01KA6076710
Notary Public, State of New York
Qualified in Oneida County
My Commission Expires 7/10/14


Notary Public
My commission expires: 07.01.14

ACCEPTANCE

On behalf of the Maryland Board of Pharmacy, on this 19 day of February, 2014, I accept Stephen Cappelli's PUBLIC SURRENDER of his license to practice pharmacy in the State of Maryland.


Lenna Israbian-Jamgochian, Pharm.D.
President, Maryland Board of Pharmacy