

IN THE MATTER OF
THOMAS CLOSSON, P.D.
LICENSE NO. 14131

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BEFORE THE MARYLAND
MARYLAND BOARD OF
PHARMACY

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ORDER LIFTING SUSPENSION

The Maryland Board of Pharmacy (the "Board") is in receipt of a petition from Thomas Closson, License No. 14131, requesting to lift the suspension of his license as set forth in a Consent Order, dated November 15, 2011. The Consent Order provides that Mr. Closson may petition to lift the suspension after March 1, 2012, provided that he submit to a substance abuse evaluation. Mr. Closson submitted to a substance abuse evaluation by a Board-appointed evaluator who made specific recommendations regarding Mr. Closson's re-entry into pharmacy practice, which have been adopted herein. On March 21, 2012, the Board voted to lift the suspension and place Mr. Closson's license on immediate probation with terms as set forth below.

ORDER

It is this 16th day of April, 2012, by an affirmative vote of the Maryland Board of Pharmacy, hereby,

ORDERED that the suspension of Mr. Closson's license be LIFTED; and be it further,

ORDERED that Mr. Closson's license be placed on immediate PROBATION for at least FOUR (4) YEARS during which:

1. As a dispensing pharmacist, Mr. Closson:
 - (a) May work a maximum of 40 hours per week, with a maximum of 8 hour shifts;
 - (b) May only work during day shifts;

- (d) May not work as a floater or for a staffing agency;
- (e) May not function as a pharmacy manager;
- (f) Must provide a copy of this Consent Order to his employer prior to commencing employment and must insure that the employer submits the attached employer verification form; and be it further,

2. Mr. Closson shall continue individual therapy and shall insure that his therapist submits quarterly progress reports to the Board;

3. Mr. Closson shall insure that his pharmacy employer submits quarterly performance reports to the Board;

4. Mr. Closson shall submit to random, Board-ordered urines on a weekly basis;

5. Mr. Closson may continue to receive support services provided by PEAC;

6. Mr. Closson shall provide the Board with written notification in advance of any period of time during which he may be unreachable due to travel or other reason; and be it further,

ORDERED that after one (1) year of probation, Mr. Closson may petition the Board to modify his probationary terms provided that he has fully complied with the terms of probation and does not have any pending complaints filed against him; and be it further,

ORDERED that after four (4) years of probation, Mr. Closson may petition the Board to terminate probation provided that he has fully complied with the terms of probation and does not have any pending complaints filed against him; and be it further,

ORDERED that all urine screens under this Order shall be:

(1) Submitted by Mr. Closson within 24 hours of the Board staff instructing him to submit a urine sample;

(2) Submitted at a CLIA-certified laboratory;

(3) Observed; and

(3) Negative for any controlled dangerous substance, narcotics, cocaine, or other mood-

altering substance, except as provided below; and be it further,

ORDERED that Mr. Closson shall abstain from the ingestion of controlled dangerous substances, narcotics, cocaine, or other mood-altering substances, except that Mr. Closson may only ingest prescribed controlled dangerous substances for legitimate medical reasons under the following conditions:

- (1) Mr. Closson must be a bona fide patient of a licensed Maryland prescriber who is aware of this Order;
- (2) The medication must be lawfully prescribed by Mr. Closson's physician or other authorized medical practitioner;
- (3) Mr. Closson must provide the Board, in writing, within seventy-two (72) hours of receiving the medication: (a) the name and address of the prescriber; (b) the illness or medical condition diagnosed; (c) the type, strength, amount and dosage of the medication; (d) and a signed statement consenting to the release of all medical information about Mr. Closson from the prescriber to the Board; and be it further,

ORDERED that Mr. Closson's execution of this Order shall constitute a release of any and all medical records, substance abuse treatment records, and psychological/psychiatric records pertaining to Mr. Closson to the Board in complying with the terms and conditions set forth herein. Further, Mr. Closson agrees and consents to the release by the Board of any information or data produced in relation to this Order to any treatment provider; and be it further,

ORDERED that Mr. Closson shall at all times cooperate with the Board in the monitoring, supervision, and investigation of Mr. Closson's compliance with the terms and conditions of this Order; and be it further,

ORDERED that Mr. Closson's failure to fully cooperate with the Board shall be deemed


a violation of the probationary terms and a violation of this Order; and be it further,

ORDERED that in the event the Board finds for any good faith reason that Mr. Closson has violated any of the conditions of probation herein, or relapsed, or in the event that the Board finds for any good faith reason that Mr. Closson has committed a violation of Title 12 of the Health Occupations Article or regulations adopted thereunder, the Board may immediately summarily suspend Mr. Closson's license prior to a hearing, provided that Mr. Closson is given the opportunity for a show cause hearing within a reasonable time of such action; and be it further,

ORDERED that Mr. Closson shall bear the expenses associated with this Order; and be it further,

ORDERED that this is a formal order of the Maryland Board of Pharmacy and as such is a public document pursuant to the Maryland Annotated Code, State Government Article, Section 10-617(h).

4/16/2012
Date


LaVerne G. Naesea, Executive Director
for
Michael Souranis, P.D.
President, Board of Pharmacy

PHARMACY EMPLOYER VERIFICATION FORM

TO BE COMPLETED BY PHARMACY EMPLOYER
AND RETURNED TO THE MARYLAND BOARD OF PHARMACY:
4201 PATTERSON AVENUE, BALTIMORE, MD 21215

I hereby acknowledge that I am in receipt of a copy of the Order Lifting Suspension pertaining to the pharmacist's license of THOMAS CLOSSON.

I further acknowledge that I have read and understand the terms and restrictions placed upon Mr. Closson's ability to practice pharmacy.

Signature

Printed Name

Title

Name of Pharmacy/Company