

July 11, 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: 12555

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 reports of abnormal behavior on my part which gave the Board reason to believe that I have certain mental conditions which may impair my ability to practice pharmacy safely, 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 consists of letters I wrote to the Board of Physician Quality Assurance ("BPQA"), which letters contained statements the nature of which prompted BPQA to order that a psychiatric examination be performed on me regarding my current mental health. Given the conclusions of the psychiatrist that my mental condition seriously impaired my ability to appropriately exercise my professional judgment, BPQA found I could not practice medicine safely and consequently ordered that my medical license be summarily suspended.

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Based on the information contained both in BPQA's Order and the psychiatrist's report, the Board of Pharmacy initiated proceedings to summarily suspend my pharmacist's license. The Board of Pharmacy held a show cause hearing on July 9, 1996, at which hearing I agreed to voluntarily surrender my license.

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 shall participate in a mental health status evaluation provided by a board-certified psychiatrist, licensed in Maryland and approved by the Board of Pharmacy.
- 2. If recomended by the psychiatrist, I shall participate in psychotherapy with a mental health professional licensed in Maryland and approved by the Board for a period of time to be determined by the mental health professional.
- 3. I shall participate in a follow-up mental status evaluation provided by a board-certified psychiatrist licensed in Maryland and approved by the Board of Pharmacy to determine my mental health status and ability to function and adapt to routine daily tasks free from delusions and paranoid thinking or other mental health problems that would impair my ability to practice pharmacy safely and conscientiously.
- 4. I shall provide written quarterly reports to the Board of Pharmacy discussing my progress in psychotherapy.
- 5. I shall assure that the mental health professional providing psychotherapy in accordance with Paragraph No. 2 above submits quarterly mental health progress reports to the Board describing my current mental status, and appropriate mental health interventions provided to me by that mental health professional.
- 6. I shall retake the State and Federal Law examination administered by the Board with a passing grade of 75.

The Board will not grant reinstatement of my license until I have met the above conditions 1 through 6 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 that

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time, the Board may impose further conditions upon my practice as it deems necessary to protect the public health and safety.

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 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 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 12555:

1. My wall license; and

2. My wallet license.

Sincerely yours,
Little Cottle Man Mal 1. D.

Dorothy Cothran, M.D., P.D.

P.S. I would like to add further, that this action is being taken solely because of some people's objection to my religious beliefs, and not based on my performance as a pharmacist, which has been completely adequate.

Sincerely,

Crothy Cothan No. P.D.

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STATE OF		Serryland
CITY/COUNTY	OF	Hentgowens

HEREBY CERTIFY that on this day of 1996, before me, a Notary Public of the State of and City/County aforesaid, personally appeared Dorothy Cothran, and declared and affirmed under the penalties of perjury that signing the aforegoing Irrevocable Letter of Surrender was her voluntary act and deed.

Motary Public

My Commission Expires: _\ulletuly

July 7, 1999

ON BEHALF OF THE BOARD OF PHARMACY, on this day of 1996, I accept Dorothy Cothron's PUBLIC IRREVOCABLE surrender of her license to practice pharmacy in the State of Maryland.

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