

David Lee Dillman, P.D.
937 Bishop Walsh Road
#9
Cumberland, Maryland 21502

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Sund eff 11/19/97

October 23, 1997

David Russo, P.D., President
Board of Examiners of Pharmacy
4201 Patterson Avenue
Third Floor
Baltimore, Maryland 21215

Re: Surrender of Pharmacist License

Dear Mr. Russo 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 13506. I understand that I may not give pharmacological advice or treatment to any individual or engage in the practice of pharmacy with or without compensation, as it is defined in the Maryland Pharmacists Act, Md. Code Ann., Health Occupations Article, §12-101 (1994). In other words, the surrender of my license means that I am in the same position as an unlicensed individual. This decision to surrender my license to practice pharmacy in the State of Maryland is IRREVOCABLE and PUBLIC. This Letter of Surrender shall become effective immediately upon the date of acceptance by the Board of Pharmacy (the "Board").

My decision to surrender my pharmacist license in Maryland is to settle the case arising out of the investigation of my activities which led the Board to summarily suspend my license on October 21, 1997. It is a resolution of said matter, which, as set forth in more detail in the attached Summary Suspension Order, includes the fact that I admitted to taking controlled dangerous substances (CDS) and paraphernalia from my former employer, Memorial Hospital of Cumberland, Maryland, to support my drug addiction. By virtue of this Surrender, I waive any right to contest the Board's findings that I have dispensed CDS without a prescription and that my substance abuse problem threatens the public health.

I understand that the Board will notify boards of other states regarding this Letter of Surrender. I also understand that if I apply for licensure in any form in any other state or jurisdiction, this Letter of Surrender and all underlying documents may be released or

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published by the Board to the same extent as a final order which would result from disciplinary action pursuant to St. Gov't Article, Md. Ann. Code, §10-611 et seq (1995 Repl. Vol.). I understand that the Board shall publish a notice of my Surrender in its newsletter and that it will release this Letter of Surrender upon the request of another State or Federal agency or in accordance with a Public Information Act request.

I affirm that I have ceased the practice of pharmacy in Maryland and that my renewal has been withheld pending resolution of this matter. I confirm that I have no current license to practice. In accordance with the terms and conditions of the Letter of Surrender, I permit the Board to advise any health care institution at which I have privileges or am otherwise affiliated or publish in its newsletter or otherwise to make known to prospective pharmacy employers, through this Letter of Surrender, that I have surrendered my license to practice pharmacy in the State of Maryland. I hereby submit my wall certificate and wallet-sized license.

Finally, I wish to make clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender. I was advised that I was entitled to be represented by an attorney, and have spoken to Attorney G. Gary Hanna regarding this Letter of Surrender. I wish to make clear that I understand both the nature of the Board's action and this Letter of Surrender fully. I acknowledge that I understand and comprehend the language, meaning, terms and effect of this Letter of Surrender and make this decision knowingly and voluntarily. I further acknowledge, that with acceptance of this Letter by the Board, I will be an unlicensed individual and unable to practice pharmacy in Maryland in any way, form or matter.

In order for my license to be reinstated, I must comply with the following conditions:

1. Successful completion of a drug rehabilitation program preapproved by the Board or by the Pharmacist Education and Assistance Committee ("PEAC"), including inpatient detoxification and treatment and outpatient (aftercare) which includes random, observed urinalysis.
2. Successful completion of a psychological treatment program, with a therapist preapproved by PEAC.
3. Completion of a contract with the PEAC for a term of no less than ~~five (5)~~ ^{three (3)} years and adherence to the terms set forth therein. I shall remain in treatment under the direction of the PEAC pursuant to an agreement that

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I will enter into with the PEAC, the terms of which shall be subject to the Board's approval. Any modifications to that agreement must be submitted to the Board for its review and prior approval. I understand that I cannot apply for reinstatement until the PEAC issues a written recommendation to the Board endorsing my reinstatement. I also understand that a petition for reinstatement must be accompanied by recommendations from my therapist endorsing my reinstatement.

4. I shall not work in a dispensing role or have access to controlled dangerous substances in any pharmacy, regardless of whether the pharmacy is located in Maryland, another state, the District of Columbia, or is under the jurisdiction of the federal government.
5. I understand that both I and my therapist shall send to the Board quarterly reports, commencing December 1, 1997. The therapist's report shall contain confirmation of my attendance at Narcotics Anonymous meetings and the results of the urinalyses I have taken.
6. I understand that I must provide to the Board a demonstration of competency in pharmacy by whatever terms the Board sets.

I understand and agree that 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 understand that by agreeing to this Letter of Surrender my license shall remain surrendered until such time as I comply with the conditions for reinstatement set forth in this letter and until I am reinstated at the Board's sole discretion. In the event that I apply for reinstatement of my Maryland pharmacist's license, I understand that the Board may set terms and conditions that shall apply to my receiving my reinstated license. I understand that if I apply for reinstatement of my license, I bear the burden of demonstrating to the Board that I am competent to practice pharmacy.

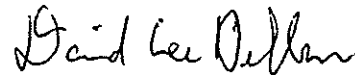
I am aware that the Board is presently investigating the case for possible charges

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under the Maryland Pharmacy Act. I acknowledge that this Letter of Surrender does not affect the Board's ability to proceed in those matters. I agree that upon my application for reinstatement the Board may consider the information obtained in these investigations of my pharmacy practice which may arise in the interim, when making its decision on my application for reinstatement.

Sincerely,



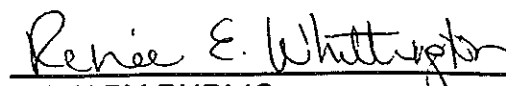
David Lee Dillman, P.D.

VERIFICATION

STATE OF MARYLAND)
~~CITY~~/COUNTY OF Allegany)

I HEREBY CERTIFY, that on this 4th day of ^{November}~~October~~, 1997, before me, a Notary Public of the State and County aforesaid, personally appeared David Lee Dillman and declared and affirmed under the penalties of perjury that signing the foregoing Letter of Surrender was his voluntary act and deed.

AS WITNESS my hand and Notarial Seal.



NOTARY PUBLIC

My Commission Expires: 09/01/01

ACCEPTANCE

On behalf of the Board of Pharmacy, on this 19th day of ~~October~~ ^{November}, 1997, I hereby accept David Lee Dillman's Public Revocable Surrender of his license to practice as a pharmacist in the State of Maryland.

David G. Russo

David Russo, P.D., President
Board of Pharmacy

cc: Norene Pease, Executive Director
David Denoyer, P.D., J.D.
Paul Ballard, Assistant Attorney General
Board Counsel
Roberta L. Gill, Assistant Attorney General
Administrative Prosecutor
G. Gary Hanna, Esquire
Timothy Paulus, Deputy Counsel
Gloria Toney, Administrative Secretary