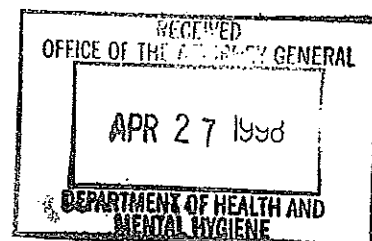


February 26, 1998



State Board of Pharmacy
Department of Health and Mental Hygiene
4201 Patterson Avenue
Baltimore, Maryland 21215-2299

Re: Irrevocable Surrender of Pharmacist's License
Richard Scott Flaggs, License Number:

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.

I understand that the Board will notify boards of other states regarding the 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 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. (1994 Repl. Vol.), and that this Letter of Surrender may be considered to constitute a disciplinary action by the Board. I affirm that I have ceased the practice of pharmacy in Maryland and that my renewal has been withheld pending resolution of this matter. In accordance with the terms and conditions of this Letter of Surrender, I permit the Board to advise any health care institution and health care

Board of Pharmacy
RE: Letter of Surrender
Richard Scott Flaggs
Page 2

professionals that I have surrendered my license to practice pharmacy. I hereby submit my display and wallet licenses. I confirm that I have no current license to practice pharmacy.

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 my admitted substance abuse problem, I understand and agree that I should not be dispensing drugs as a pharmacist due to the resulting danger to the public health and safety. By virtue of this Letter of Surrender, I waive any right to contest the Board's finding that I have dispensed drugs without a prescription and that my substance abuse problem threatens the public health. I further agree for the limited purposes of considering my petition for reinstatement of my license that the Board may deem this to be a finding of fact and conclusion of law just as if the Board had held a full contested case hearing under the Administrative Procedure Act, Md. Code Ann., State Government Article, §§10-201, et seq.

I fully concur and agree not to petition the Board for reinstatement of my license for at least two years. 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 be in treatment under the direction of the Pharmacist's Education and Assistance Committee ("PEAC"). 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 and my employer endorsing my reinstatement.

2. I will abide by the agreement I sign with the PEAC. Any proposed modifications to that agreement must be submitted to the Board for its review and prior approval. Said agreement will include a rehabilitation program, including random, observed urinalysis.

3. I agree and understand that the Board may condition reinstatement of my license by attaching preconditions, probationary conditions or other restrictions on my license that the Board deems appropriate for the protection of the public.

Board of Pharmacy
RE: Letter of Surrender
Richard Scott Flaggs
Page 3

The Board will not grant reinstatement of my license until I have met the above conditions 1 through 3 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 and agree 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 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 knowingly and voluntarily. I have voluntarily consented to submit this Letter of Surrender.

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 :

1. My wall license; and
2. My wallet license.

Sincerely yours,



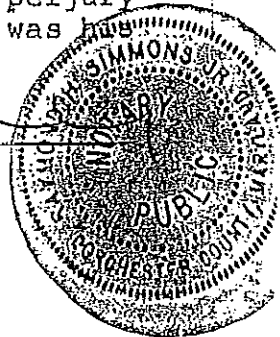
Richard Scott Flaggs

VERIFICATION

STATE OF Maryland
CITY/COUNTY OF Dorchester

I HEREBY CERTIFY that on this 10th day of March, 1998, before me, a Notary Public of the State of Maryland and County aforesaid, personally appeared Richard Scott Flaggs, and declared and affirmed under the penalties of perjury that signing the foregoing Irrevocable Letter of Surrender was his voluntary act and deed.

[Signature]
Notary Public



My Commission Expires: 10/1/98

ON BEHALF OF THE BOARD OF PHARMACY, on this 22nd day of April, 1998, I accept Richard Scott Flaggs' PUBLIC IRREVOCABLE surrender of his license to practice pharmacy in the State of Maryland.

David M. Russo, P.D. 1407
President
Maryland State Board of Pharmacy