

June 14, 1999

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

Re: Voluntary Irrevocable Surrender of Pharmacist's License  
Jeffrey Lewis, P.D. - License Number 8484

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 upon its acceptance by the Board of Pharmacy (the "Board").

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 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 affirm that I have ceased the practice of pharmacy in Maryland. 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 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 in the State of Maryland.

Based upon my admitted dispensing of medications pursuant to illegitimate prescriptions and my mental health problems, I understand and agree that I should not be dispensing drugs as a pharmacist due to the resulting potential 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 legitimate prescription and that due to my mental health problem my continued practice of pharmacy would threaten the public safety, health, and welfare. I further agree for the limited purposes of considering my petition for reinstatement 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. (1995 Repl. Vol.).

I fully concur and agree that at the end of five months following the date the Board accepts this Letter of Surrender, the Board shall reevaluate my progress in therapy and my prognosis for full recovery. Based upon its review of certain reports by the Pharmacist and Education and Assistance Committee ("PEAC"), my therapists, and a Board-appointed mental health evaluator, the Board shall set terms at its sole discretion regarding preconditions for the eventual reinstatement of my license, including setting a minimum period of time for treatment prior to considering any petition for reinstatement. I further understand and agree that the following conditions must be met prior to the Board's reevaluation of my progress in treatment and my prognosis for recovery:

1. My treatment shall be monitored by PEAC, which shall issue a report on my progress to the Board five months from the date this Letter of Surrender is accepted by the Board.

2. I will be treated by a psychiatrist for medication management and by a licensed mental health professional who will provide appropriate psychotherapy. Both of these therapists shall provide quarterly reports to the Board regarding my progress in therapy.

3. I will submit to a mental health evaluation by a Board-appointed licensed mental health professional four months after the date that the Board accepts this Letter of Surrender.

4. I will continue to comply with the probationary conditions set forth in the Board's Consent Order issued on February 18, 1999 concerning my failure to complete continuing education requirements.

5. I will keep up to date with all continuing education requirements.

6. Five months following the date of this Letter of Surrender I shall meet with Board representatives regarding my progress in therapy and my prognosis for recovery.

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.

I agree and understand that the Board shall not grant reinstatement of my license until I have met the above conditions 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 may 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.

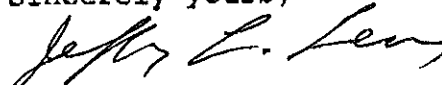
I wish to make clear that I have been given an opportunity to consult with Mark Chandlee, Esquire, an attorney of my choosing, before signing this letter, which letter constitutes the IRREVOCABLE SURRENDER of my license to practice pharmacy in the State of Maryland. I understand both the nature of the 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 8484:

- 1. My wall license;
- 2. My wallet license; and
- 3. My display certificate.

Sincerely yours,


  
 Jeffrey Lewis

VERIFICATION

STATE OF MARYLAND


CITY/COUNTY OF ANNE ARUNDEL

I HEREBY CERTIFY that on this 14th day of June, 1999, before me, a Notary Public of the State of Maryland and County aforesaid, personally appeared Jeffrey Lewis, and declared and affirmed under the penalties of perjury that signing the foregoing Irrevocable Letter of Surrender was his voluntary act and deed.

  
 Notary Public  
 Deborah J. Warren

My Commission Expires: May 1, 2003

ON BEHALF OF THE BOARD OF PHARMACY, on this 16 day of June, 1999, I accept Jeffrey Lewis' PUBLIC IRREVOCABLE surrender of his license to practice pharmacy in the State of Maryland.

  
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STANTON GLADES, PRESIDENT  
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Maryland State Board of Pharmacy