CONSENT ORDER OF REINSTATEMENT

Background

On June 25, 2004, Ms. Miller submitted a Petition for Reinstatement to the Board of Pharmacy (the “Board”) for reinstatement of her license to practice pharmacy. On August 18, 2004, Ms. Miller appeared before a quorum of the Board to present her case in support of reinstatement and to answer questions posed by the Board regarding her ability to practice pharmacy in a safe and ethical manner.

Ms. Miller entered into a Consent Order with the Board on August 15, 2001, based on the Board’s findings that Ms. Miller submitted false claims to the Maryland Medical Assistance Program (“Medicaid”) and that she took returned medications out of bubble packs and returned them to stock, thereby mixing lot numbers and expiration dates. On August 7, 2000, Ms. Miller pleaded guilty to Medicaid Fraud in the Circuit Court for Worcester County. In the Consent Order, Ms. Miller agreed to a suspension of her license to practice pharmacy for a minimum of three (3) years and to complete continuing education credits that would be required if her license was not suspended. The Consent Order further mandated that upon any reinstatement of Ms. Miller’s license, Ms. Miller would be placed on probation for a period and with terms to be determined by the Board.
FINDINGS OF FACT

1. Ms. Miller has not practiced pharmacy since the suspension of her license on August 15, 2001.

2. Ms. Miller has maintained up-to-date continuing education credits during her suspension period.

3. Ms. Miller has made monetary restitution as required by the terms of probation in her criminal case. Ms. Miller’s criminal sentence was modified to probation before judgment on December 5, 2000, and her criminal record has since been expunged.

4. Ms. Miller did not receive any monetary gain as a result of her fraudulent misconduct.

CONCLUSION

Ms. Miller has demonstrated to the Board that she has learned from her errors in professional judgment and is capable of practicing pharmacy in a safe and ethical manner, provided that she is first able to successfully complete a board-approved ethics course and the Multistate Pharmacy Jurisprudence Examination (“MPJE”).

ORDER

Based on an affirmative vote of a majority of the Board, it is this 21st day of Sept., 2004, hereby:

ORDERED that the suspension of Ms. Miller’s license be lifted PROVIDED that Ms. Miller first successfully complete the following:

1. a Board-approved ethics course; and

2. the Multistate Pharmacy Jurisprudence Examination (“MPJE”); and be it further

ORDERED that upon successful completion of the above and the lifting of the suspension, Ms. Miller’s license shall be immediately placed on INDEFINITE PROBATION,
subject to the following conditions:

1. Ms. Miller may not act as a director of pharmacy, pharmacy manager or permit holder;
2. Ms. Miller shall provide her pharmacy employer with a copy of this Consent Order, prior to commencing employment, and insure that the attached verification form is completed by the employer and returned to the Board; and
3. Ms. Miller shall inform her pharmacy employer of any federal or state restrictions and/or orders that affect her ability to dispense prescriptions that are reimbursed by the Medicare and Medicaid programs; and be it further

**ORDERED** that in the event the Board finds for any good faith reason that Ms. Miller has violated any of the conditions of probation herein, or in the event that the Board finds for any good faith reason that Ms. Miller has committed a violation of Title 12 of the Health Occupations Article or regulations adopted thereunder, the Board may take further action against Ms. Miller’s license, including suspension or revocation, after giving Ms. Miller an opportunity for a hearing; and be it further,

**ORDERED** that Ms. Miller may petition the Board for release from probation upon providing the Board with satisfactory evidence that she has been fully reinstated into the federal and state Medicaid programs and Medicare programs and that she has been compliant with all of the terms of probation herein; and be it further,

**ORDERED** that this is a final 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).

\[Signature\]
Melvin Rubin, P.D.
President, Board of Pharmacy
CONSENT

1. By signing this Consent, I hereby admit to the truth of the findings contained herein and agree to be bound by the foregoing Consent Order and its conditions.

2. By this Consent, I submit to the foregoing Consent Order as a resolution of this matter. By signing this Consent, I waive any rights I may have had to contest the findings and determinations contained in this Consent Order.

3. I acknowledge the legal authority and the jurisdiction of the Board to enter and enforce this Consent Order.

4. I sign this Consent Order freely and voluntarily, after having had the opportunity to consult with counsel. I fully understand the language, meaning, and effect of this Consent Order.

September 16, 2004
Date

Carol Miller, P.D.

STATE OF MARYLAND
COUNTY/CITY OF
MARSHALL:

I hereby certify that on this 11th day of September, 2004, before me, a Notary Public of the State of Maryland and County/City aforesaid, personally appeared CAROL MILLER, and made an oath in due form that the foregoing Consent was her voluntary act and deed.

MARIA E. VALDEZ
Notary Public
State of Maryland
Worcester County
My commission exp. November 6, 2007

My commission expires:
PHARMACY EMPLOYER VERIFICATION FORM

[TO BE COMPLETED BY PHARMACY EMPLOYER]

I hereby acknowledge that I am in receipt of a copy of the Consent Order of Reinstatement, dated ____________, pertaining to the pharmacist’s license of CAROL MILLER.

I further acknowledge that I have read and understand the terms and restrictions placed upon Ms. Miller’s ability to practice pharmacy.

__________________________________
Signature

__________________________________
Printed Name

__________________________________
Title

__________________________________
Pharmacy

__________________________________
Date