

April 10, 2002

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

Re: Surrender of Pharmacist's License  
Kimberly Ann McCullough, P.D., License Number: 11469

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 may 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 I am in the same position as an unlicensed individual.

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 this Letter of Surrender is a PUBLIC document. I understand that the Board will notify the National Association of Boards of Pharmacy, the federal Health Care Integrity and Protection Data Bank, and boards of other states regarding this Letter of Surrender and the fact that I have surrendered my license in lieu of disciplinary action under the Maryland Pharmacy Act. 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 (2000 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. 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.

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 my substance abuse problem threatens the public health because it renders me mentally and physically incompetent to practice pharmacy. 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 understand that by executing this Letter of Surrender, I am waiving any right to contest these findings in a formal evidentiary hearing at which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf, and to all other substantive and procedural protections provided by law, including the right to appeal.**

I fully concur and agree not to petition the Board for reinstatement of my license until I have successfully completed a substance abuse treatment program approved by the Pharmacist Education Assistance Committee ("PEAC"). I understand and agree that the Board may consider the outcome of any criminal proceedings brought against me for the violation of any federal or State laws regarding the unlawful dispensing and possession of controlled dangerous substances as a factor in determining whether reinstatement of my license would be appropriate. 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 agree that prior to considering my reinstatement application, the Board shall require that I undergo at my expense a mental status evaluation to be performed by a licensed mental health care provider selected by the Board, which evaluation shall concern my physical and mental conditions as they relate to my ability to safely practice pharmacy, with a primary focus on the status of my substance abuse problem.

2. 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 that the Board will 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 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 the decision to reinstate my license is solely at the Board's discretion and that I have no right to appeal the Board's decision regarding my reinstatement.

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 and accompanying investigative materials in the Board's file

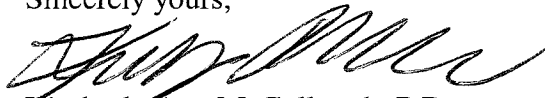
may be released by the Board in accordance with Md. State Gov't. Code Ann. §10-611 et seq. (1995 Repl. Vol.).

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 PUBLIC 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 11469:

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

Sincerely yours,



Kimberly Ann McCullough, P.D.


VERIFICATION

STATE OF MD

CITY/COUNTY OF BALTIMORE

I HEREBY CERTIFY that on this 1 day of JULY, 2002, before me, a Notary Public of the State of Maryland and County aforesaid, personally appeared Kimberly Ann McCullough and declared and affirmed under the penalties of perjury that signing the foregoing Letter of Surrender was her voluntary act and deed.

As witness my hand and notarial seal.



Notary Public

My Commission Expires: 8-1-2003

ON BEHALF OF THE BOARD OF PHARMACY, on this 17 day of July, 2012, I accept Kimberly Ann McCulloch's PUBLIC surrender of her license to practice pharmacy in the State of Maryland.

W. Irving Lottier, Jr.  
Maryland State Board of Pharmacy  
W. IRVING LOTTIER, JR