

Helen McFarland O'Sullivan



Members of the State Board of Pharmacy  
4201 Patterson Avenue  
Baltimore, Maryland 21215

Re: Surrender of License to Practice Pharmacy  
License Number: 114632  
Case Number: 17-128

Dear Members of the Board:

Please be advised that I have decided to voluntarily surrender my license to practice pharmacy in the State of Maryland, under license number: 114632, effective immediately. I understand that upon surrender of my license, I may not practice pharmacy with or without compensation, and cannot otherwise engage in the practice pharmacy as it is defined in the Maryland Pharmacy Act, Md. Code Ann., Health Occ. II ("H.O.") §§ 12-101 *et seq.*, (2014 Rep. Vol. & 2017 Supp.) I understand that, as of the effective date of this Letter of Surrender, the surrender of my license means that I am in the same position as an unlicensed individual.

I also understand that this Letter of Surrender is a **PUBLIC DOCUMENT** which upon the Maryland State Board of Pharmacy's (the Board") acceptance becomes a **FINAL ORDER** of the Board.

My decision to surrender my license to practice pharmacy in the State of Maryland has been prompted by an investigation of my license by the Board. The results of the Board investigation led to the summary suspension of my license to practice pharmacy on July 19, 2017. The Board determined that summary suspension of my license to practice pharmacy was necessary to protect public health, safety, or welfare.

I have decided to surrender my license to practice pharmacy in the State of Maryland to avoid further prosecution by the Board. I acknowledge that the Board initiated an investigation of this matter and could issue disciplinary charges against me under the Act.

On or about May 15, 2017, the Board initiated an investigation, after receiving a report that on April 28, 2017 that I arrived intoxicated at Establishment A. where I worked as an oncology pharmacist supervisor. I acknowledge that the Board's investigation determined that when I arrived to work on April 28, 2017, my co-workers noticed that I appeared disheveled, spoke loudly, and made strange comments. I acknowledged that prior to coming to work, I took Benadryl and Claritin. I also admit that I drank a half a bottle vodka the previous night. I further acknowledged that a blood test taken by my employer on August 28, 2017 correctly indicated that I had a blood alcohol level of 0.29g/dl.

I understand that based on my actions the Board could charge me with violating violated the following provisions of the Act:

**H.O §§ 12-313**

- (5) (Provides professional services while:(i) Under the influence of alcohol)
- (21) (Is professionally, physically, or mentally incompetent),
- (25) (Violates any rule or regulation adopted by the Board) [.]

**Code Md. Regs.10.34.10. Patient Safety and Welfare.**

.01 B. A pharmacist may not:

- (1) Engage in conduct which departs from the standard of care ordinarily exercised by a pharmacist;
- (2) Practice pharmacy under circumstances or conditions which prevent the proper exercise of professional judgment; or
- (3) Engage in unprofessional conduct.

I wish to make clear that I have voluntarily, knowingly, and freely chosen to submit this Letter of Surrender to avoid prosecution of the aforementioned charges under the Act. I acknowledge that if the case were to proceed to an evidentiary hearing, the Board would be able to prove by a preponderance of the evidence that I violated the Act as charged. I acknowledge that for all purposes relevant to pharmacy licensure, those investigative findings will be treated as if proven.

I understand that by executing this Letter of Surrender I am waiving any right to contest the charges 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 all other substantive and procedural protections provided by law, including the right to appeal.

I understand that the Board will advise the National Practitioners' Data Bank of this Letter of Surrender, and in any response to any inquiry, that I have surrendered my license in lieu of further disciplinary action under the Act. I also understand that in the event I would apply for license in any form in any other state or jurisdiction, that this Letter of Surrender and the underlying investigative documents may be released or published by the Board to the same extent as a final order that would result from disciplinary action, pursuant to Md. Code Ann., State Gov't. II § 10-611 *et seq.*, (2014 Repl. Vol.), and that this Letter of Surrender is considered a disciplinary action by the Board.

I affirm that on or before the date of Board's acceptance of this Letter of Surrender, I will provide to Board staff my pharmacy licenses. I further recognize and agree that by submitting this Letter of Surrender, my license will remain surrendered for a minimum period of one (1) year from the October 6, 2017. I also recognize that I will not be able to apply for reinstatement of my licensure to pharmacy before October 6, 2018. As a condition of petitioning for reinstatement of my Maryland License, I will submit to an evaluation by a Board-assigned evaluator at my expense. If I apply for reinstatement of my Maryland License, I understand that the Board is not required to grant reinstatement and, if it does grant reinstatement, may impose any terms and conditions the Board considers appropriate for public safety and the protection of the integrity and reputation of the profession. I understand that when applying for reinstatement, I will approach Board in the same posture as one whose license has been revoked. I also understand that if I apply for reinstatement, I bear the burden of demonstrating my professional competence and fitness to practice pharmacy to the satisfaction of the Board.

I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason whatsoever. Finally, I wish to make clear that I have been advised of my right to be represented by the attorney of my choice, including the right to consult with an attorney prior to signing this Letter of Surrender. I understand the nature and effect of both the Board's actions and this Letter of Surrender fully. I acknowledge that I understand the language, meaning, terms, and effect of this Letter of Surrender. I make this decision knowingly and voluntarily and without any duress.

Sincerely,



Helen McFarland O'Sullivan

**NOTARY**

STATE OF Maryland

CITY/COUNTY OF Baltimore

I HEREBY CERTIFY that on this 18<sup>th</sup> day of January, 2018, before me, Twana Hughes, a Notary Public of the State and City/County aforesaid, personally appeared Helen McFarland O'Sullivan and declared and affirmed under the penalties of perjury that signing the foregoing Letter of Surrender was <sup>her</sup> ~~his~~ voluntary act and deed.

AS WITNESS my hand and notarial seal.

Twana Hughes  
Notary Public

My Commission Expires: 9/30/20

**ACCEPTANCE**

On this 21<sup>st</sup> day of February, 2018, the State Board of Pharmacy accepts Helen McFarland Sullivan's **PUBLIC SURRENDER** of her license to practice pharmacy in the State of Maryland.

Mitra Gavani  
Mitra Gavani, Pharm.D.  
President  
State Board of Pharmacy