

IN THE MATTER OF

*

BEFORE THE STATE

TABITHA M. PALM

*

BOARD OF

RESPONDENT

*

PHARMACY

REGISTRATION NO. T05697

*

CASE NO. PT-13-013/13-213

AFFIDAVIT OF SURRENDER

THE UNDERSIGNED, Tabitha M. Palm, hereby makes oath and affirmation as follows:

1. That I am over the age of 18 and competent to make this oath and affirmation.
2. That I hereby surrender my registration to practice as a pharmacy technician in the State of Maryland, Registration Number T05697.
3. I understand that my registration is currently expired and I further acknowledge that I may not practice as a pharmacy technician with or without compensation or engage in the practice as a pharmacy technician in the State as it is defined in Maryland Health Occupation Code Annotated Sections 12-101 *et seq.*
4. I understand that I am in the same position as an unlicensed individual and that this Affidavit is a public document and constitutes a FINAL ORDER upon the Board's acceptance.
5. I acknowledge that I was originally registered to practice as a pharmacy technician in the State of Maryland on or around June 9, 2009. That registration expired on May 31, 2013.

6. On or around September 18, 2012, I was employed as a pharmacy technician at Pharmacy A. ¹ The pharmacy had discovered that I had created fictitious prescriptions for various drugs using my name and others and had submitted pharmacy labels to third party insurance companies to receive cash rebates.
7. The Pharmacy also discovered that I had removed a prescription from the pharmacy without paying the co-pay.
8. Upon being confronted with these allegations, I admitted my involvement and to receiving between \$2,500 and \$3,000 in reimbursements from insurance companies.
9. Based on these allegations, the Board has charged me with violations of HB Sections 12-6B-09, to wit:
 - (3) Fraudulently uses a pharmacy technician's registration;
 - (6) Submits a false statement to collect a fee;
 - (17) Violates any label requirements in this title;
 - (23) Violates any provision of this title;
 - (25) Violates any regulation adopted by the board; and
 - (27) Participates in any activity that is grounds for Board action under Sections 12-313 or 12-409 of this title.
10. I acknowledge that the Attorney General could prove these allegations by a preponderance of the evidence at an administrative hearing. I understand that the surrender of my license means that there would be no administrative hearing and that the Attorney General would not have to prove these allegations by a preponderance of evidence.

¹ Pharmacy A is not identified in this document for privacy reason, but this information will be provided upon request.

11. I further understanding that by virtue of this Affidavit, I waive my right to contest the investigative findings described herein. I understand that by executing this Affidavit I am waiving any right to contest the findings set forth herein in a formal evidentiary hearing at which time I would have 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.

12. I understand that the Board will advise the National Practitioner's Data Bank and the Healthcare Integrity and Protection Data Bank of this Affidavit of Surrender, and any other individuals requesting information regarding the status of my pharmacy technician registration, that I have surrendered by registration and agreed not to renew or reapply for a registration as a resolution of the Board's charges in this matter.

13. I also understand that in the event I apply for licensure, registration, or certification in any form in any other state or jurisdiction, that this Affidavit of Surrender may be released or published by the Board to the same extent as a final order, pursuant to Maryland State Government Article of the Annotated Code of Maryland Sections 10-611 *et seq.* and furthermore, that my file may be shared with any other licensing board as permitted by Maryland law.

14. I further recognize and agree that by tendering this Affidavit of Surrender, my registration will remain surrendered permanently.

15. I acknowledge that I may not rescind this Affidavit of Surrender in part or in its entirety for any reason whatsoever.

16. I further state that I have been advised by counsel prior to signing this Affidavit and fully understand the nature and effect of this document. I am signing this knowingly,

intelligently and with a full knowledge of its consequences and am doing so voluntarily and without any inducements, coercion or duress.

DATE: 4/9/14 Tabitha M. Palm
TABITHA M. PALM

STATE OF MARYLAND)
COUNTY OF ANNE ARUNDEL)

I HEREBY CERTIFY that on this 9th day of APRIL, 2014, before me, GAYLE M. GRAFT, a Notary Public of the State and County aforesaid, personally appeared TABITHA M. PALM, and declared and affirmed under the penalties of perjury that signing the foregoing Affidavit of Surrender was her voluntary act and deed.

WITNESS my hand and notarial seal.



Gayle M. Graft
NOTARY PUBLIC

My Commission Expires: 9/9/2016

ACCEPTANCE

On behalf of the State of Maryland Board of Pharmacy, on this 24th day of April, 2014, I accept the Affidavit of Surrender from Tabitha M. Palm of her registration to practice as a pharmacy technician in the State of Maryland.

Salome G. Moore
PRESIDENT & Executive Director
STATE BOARD OF PHARMACY