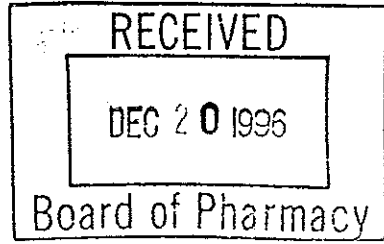


NL 4/97



November 15, 1996

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

Re: Irrevocable Surrender of Pharmacist's License
License Number: ~~14077~~ 14007 AA

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 immediately upon my signing it.

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 which recently resulted in my hospitalization and which serious substance abuse problem dates back many years, 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.

I fully concur and agree not to petition the Board for reinstatement of my license for at least one year following the date that I agreed to surrender my license to the Pharmacist's Rehabilitation Committee, that is, September 9, 1996. 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 must remain in treatment under the direction of the Pharmacist's Rehabilitation Committee ("PRC"). I understand that I cannot apply for reinstatement until the PRC issues a written recommendation to the Board endorsing my reinstatement. I also understand that a petition for reinstatement must be accompanied by recommendations from my therapist and employer endorsing my reinstatement.

2. I will abide by the agreement I previously signed with the PRC on September 9, 1996. Any proposed modifications to that agreement must be submitted to the Board for its review and prior approval.

3. 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.

The Board will not grant reinstatement of my license until I have met the above conditions 1 through 3 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 if I apply for a license to practice pharmacy, or continue to practice 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 upon receipt of any written request, 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 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 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.

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 14077:

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

Sincerely yours,

Andrew Rickerfor P.D.

Andrew Rickerfor, P.D.

VERIFICATION

STATE OF Maryland

CITY/COUNTY OF Rockville / Montgomery

I HEREBY CERTIFY that on this 13th day of December, 1996, before me, a Notary Public of the State of and City/County aforesaid, personally appeared Andrew Rickerfor, and declared and affirmed under the penalties of perjury that signing the foregoing Irrevocable Letter of Surrender was his voluntary act and deed.

Jane E. Johnston
Notary Public

My Comm. Exps. 12/10, 1997

My Commission Expires: _____

12/19/96

ON BEHALF OF THE BOARD OF PHARMACY, on this _____ day of _____, 1996, I accept Andrew Rickerfor's PUBLIC IRREVOCABLE surrender of his license to practice pharmacy in the State of Maryland.

George C. Voxakis Pharm D.
George Voxakis, P.D., President
Board of Pharmacy