

IN THE MATTER OF * BEFORE THE MARYLAND
JOHN SCHLOSBERG, P.D. * STATE BOARD OF
LICENSE NO. 15210 * PHARMACY

* * * * *

ORDER OF MODIFICATION

The Maryland Board of Pharmacy is in receipt of a petition from John Schlosberg, License No. 15210, requesting modification of certain terms of probation as set forth in the Consent Order Lifting Suspension, dated February 22, 2007. The Consent Order provides that Mr. Schlosberg may petition for modification of the probationary terms after one (1) year of probation. Specifically, Mr. Schlosberg requests lifting the 40 hour per week limitation on his practice as a dispensing pharmacist, and terminating the prohibition against access to controlled dangerous substances. Upon consideration of Mr. Schlosberg's request, the Board voted to modify the terms of probation as ordered below.

ORDER

It is this 4th day of April, 2008, by an affirmative vote of the Maryland Board of Pharmacy, hereby,

ORDERED that Mr. Schlosberg may practice pharmacy as a dispensing pharmacist no more than 50 hours per week; and be it further,

ORDERED that Mr. Schlosberg may have access to controlled dangerous substances; and be it further,

ORDERED that Mr. Schlosberg shall submit to Board-ordered random urine screens twice monthly at a CLIA-certified laboratory; and be it further,

ORDERED that Mr. Schlosberg may not practice pharmacy during nightshifts (11:00 p.m. – 7:00 a.m.); and be it further,

ORDERED that Mr. Schlosberg shall provide a copy of this Order of Modification,

together with a copy of the Consent Order dated February 22, 2007, to his pharmacy employer prior to commencing employment and shall insure that the attached verification form is completed by the employer and returned to the Board prior to commencing employment; and be it further,

ORDERED that all other terms of the February 22, 2007, Consent Order remain in full force and effect; and be it further,

ORDERED that this is a formal 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).

April 4, 2008
Date

LaVerne G. Naesea
LaVerne G. Naesea, Executive Director
for
Donald Taylor, P.D.
President, Board of Pharmacy

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 Terminating Suspension, dated February 22, 2007, AND the subsequent Order of Modification, pertaining to the pharmacy license of JOHN SCHLOSBERG.

I further acknowledge that I have read and understand the terms and restrictions placed upon Mr. Schlosberg's ability to practice pharmacy.

Signature

Printed Name

Title

Name of Pharmacy/Company