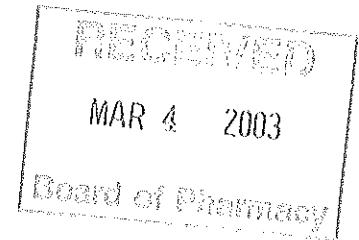


February 21, 2003



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

Re: Surrender of Pharmacist's License
Thomas C. Shern, P.D.

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 Art. §12-101 *et seq.*, and/or emergency disciplinary action under Md. Code Ann., State Government Art. §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 Maryland Code Ann., Health Occupations Art. § 12-101. In other words, I understand that I am in the same position as an unlicensed individual. 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 Healthcare 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 of 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 Md. Code Ann., State Gov't Art. §10-611 *et seq.*, 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 healthcare institution and healthcare 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 Occ. §12-101 *et seq.*, and Md. Code Ann., State Gov't §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 public health because it renders me mentally and physically incompetent to practice pharmacy. I further agree for the limited purpose 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 Gov't §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 understand that the following conditions must be met prior to petitioning the Board for reinstatement of my license:

1. I agree that prior to considering a reinstatement petition, the Board shall require that I undergo at my expense a mental status evaluation to be performed by a licensed mental healthcare 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 I must enter into a contract with the Pharmacist Education and Assistance Committee ("PEAC") and demonstrate a minimum of two (2) years of documented compliance, commencing no earlier than the date of this Letter of Surrender.

I agree that the Board will not consider a petition for reinstatement of my license until I have met the above conditions and have personally appeared before the Board and answered 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 Board may consider the following factors in deciding whether to reinstate my license: (1) my original offense; (2) the nature and outcome of any criminal proceedings brought against me that result from or relate to my substance abuse problem; (3) conduct subsequent to my original offense; (4) the extent of rehabilitation; and (5) my professional competency to practice pharmacy.

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 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 understand and agree that if I apply for a license to practice pharmacy in another state of jurisdiction prior to my reinstatement as a pharmacist in Maryland, this Letter of Surrender will be released. 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. Code Ann., State Government §10-611 *et seq.*

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 12286:

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Thomas C. Shern".

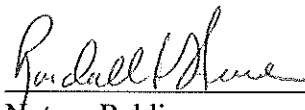
Thomas C. Shern, P.D.

VERIFICATION

STATE OF MARYLAND

CITY/COUNTY OF Allegany :

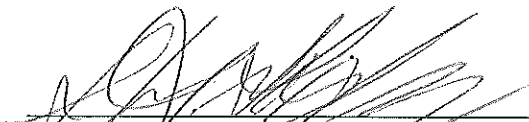
I HEREBY CERTIFY that on this 3rd day of March, 2003, before me, a Notary Public of the State and City/County aforesaid, personally appeared THOMAS C. SHERN, P.D., and declared and affirmed under the penalties of perjury that signing the aforesaid Letter of Agreement was his voluntary act and deed.



Notary Public

My commission expires: 1/1/2007

ON BEHALF OF THE BOARD OF PHARMACY, on this 4th day of March, 2003, I accept Thomas C. Shern's Public letter surrendering his license to practice pharmacy in the State of Maryland.



Stanton G. Ades, President
Maryland Board of Pharmacy