

JOAN SULLIVAN, Pharm.D.

Date: July 15, 2022

Jennifer Hardesty, Pharm.D., President
Maryland Board of Pharmacy
4201 Patterson Avenue
Baltimore, Maryland 21215

RE: Surrender of Pharmacy License
License Number: 13342
Case Number: 22-164

Dr. Hardesty and Members of the Board:

Please be advised that I have decided to **SURRENDER** my license to practice pharmacy in the State of Maryland, License Number: 13342, effective immediately. I understand that upon surrender of my license, I may not practice pharmacy, with or without compensation, or otherwise engage in the practice of pharmacy in the State of Maryland as it is defined in the Maryland Pharmacy Act (the "Act"), Md. Code Ann., Health Occupations Article. ("Health Occ.") §§ 12-101 *et seq.*, and other applicable laws. In other words, as of the effective date of this Letter of Surrender, I understand that I am in the same position as an unlicensed individual in the State of Maryland.

I understand that this Letter of Surrender is a **PUBLIC DOCUMENT**, and on the Maryland 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 my move out of the State of Maryland and the Board's investigation of a complaint alleging that I created and submitted false records in the practice of pharmacy in violation of Health Occ. Art. § 12-313(b)(7). In lieu of a formal hearing from the Board's investigation of the complaint, and in accordance with Health Occ. Art. § 12-312, I am voluntarily surrendering my license. This Letter of Surrender shall not be construed as an admission by Dr. Sullivan of any wrongful or unlawful act. I wish to make clear that I have voluntarily, knowingly, and freely chosen to submit this Letter of Surrender to avoid the potential prosecution under the Act.

I understand that by executing this Letter of Surrender I am waiving any right to a formal evidentiary hearing at which I would have had the right to counsel, to confront

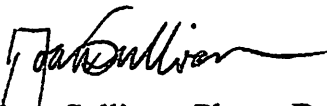
witnesses, to give testimony, to call witnesses on my own behalf and all other substantive and procedural protections provided by law, including the right to appeal.

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 the potential 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., Gen. Prov. Art. § 4-333, Health Occ. Art. § 12-205(b)(3) and COMAR 10.34.27, 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 pharmacist license. I understand and agree that I will not apply for reinstatement of my Maryland license for at least THREE (3) YEARS. If I apply for reinstatement of my Maryland pharmacist license, the Board has full discretion to grant or deny my reinstatement. If the Board does grant reinstatement, it may impose any terms and conditions the Board considers appropriate for public safety and the protection of the integrity and reputation of the profession. In the event the Board grants reinstatement, I understand that I would, at minimum, have to comply with the reinstatement requirements set forth in COMAR 10.34.13 as well as any conditions the Board determines to be appropriate. 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. If the Board denies my application for reinstatement of my license, I do not have the right to a hearing or to appeal the Board's decision.

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 throughout proceedings before the Board, including the right to counsel with an attorney prior to signing this Letter of Surrender. I understand both the nature of the Board's actions and this Letter of Surrender fully. I acknowledge that I understand and comprehend the language, meaning and terms and effect of this Letter of Surrender. I voluntarily choose to surrender my Maryland license to practice pharmacy pursuant to the terms and conditions set out herein. I make this decision knowingly and voluntarily.


Very truly yours,


Joan Sullivan, Pharm.D.

NOTARY

I HEREBY CERTIFY that on this 18 day of July
2022, before me, a Notary Public of the State Florida and City/County Daytona
Volusia aforesaid, personally appeared, **Joan Sullivan, Pharm.D.** and
declared and affirmed under the penalties of perjury that signing the foregoing Letter of
Surrender was her voluntary act and deed.

AS WITNESS my hand and Notarial seal.



Notary Public

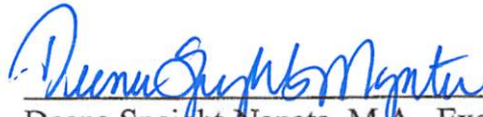
My Commission expires: 6/8/2025



Sabrina Fugate
Notary Public
State of Florida
Comm# HH139765
Expires 6/8/2025

ACCEPTANCE

On this 20th day of July, 2022, I, Deena Speights-Napata, MA., Executive Directive for Jennifer Hardesty, Pharm.D., President, on behalf of the Maryland Board Pharmacy, accept the **SURRENDER** of the license of **Joan Sullivan, Pharm.D.** to practice pharmacy in the State of Maryland.



Deena Speight-Napata, M.A., Executive
Director
for Jennifer Hardesty, Pharm.D., President
Maryland Board of Pharmacy