Fall 2010

Maryland Board of Pharmacy news

In This Issue

The Mission of the Maryland Board of Pharmacy is to protect Maryland consumers and to promote quality healthcare in the field of pharmacy through licensing pharmacists and registering pharmacy technicians, issuing permits to pharmacies and distributors, setting pharmacy practice standards and through developing and enforcing regulations and legislation, resolving complaints, and educating the public.

Maryland Board of Pharmacy
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From The Executive Director's Desk

LaVerne Naesea

During the Thanksgiving season I recall learning how the Pilgrims and Native Americans feasted together after a magnificent fall harvest to give thanks for a plentiful bounty. The Pilgrims endured great hardship the first year after they landed in Plymouth, but managed to survive, in a large part due to the help of the indigenous population who taught them how to survive in the 'new world.' That first Pilgrim Thanksgiving in 1621 was bountiful, but they overestimated the expected harvest in preparation for the upcoming winter. The Pilgrims suffered the two following winters while waiting for the next bountiful harvest, consuming only what few fish, nuts and animals that could be hunted.

A few analogies may be drawn between Pilgrims' experience and the recent experiences of the Board of Pharmacy. Like the Pilgrims, the Board of Pharmacy celebrated bountiful seasons of growth between 2003 and 2007 with many new patient safety initiatives and expansions of pharmacists' roles. New and amended laws and regulations relating to quality assurance, pharmacy inspections, wholesale distribution monitoring, registration of pharmacy technicians, drug therapy management, administration of vaccines, prescription drug repositories, and many other successful *harvests* were great causes for celebration. Like the Pilgrims, the Board suffered the next two *winters* (FY 2008 and FY 2009) because some strategies developed to implement the new initiatives were underestimated. Resources to support the Board's exponential growth did not arrive as anticipated and several unavoidable occurrences affected the Board's ability to operate efficiently. Nonetheless, as with the Pilgrims, Board members and staff persevered and continued to plant many hearty *seeds* while enduring the harsh *winters*.

Well *Pilgrims*, judging from early signs, it appears that the 2010 fall harvest will yield the fruits of the Board and staff members' labor! Thus far, early signs of a successful harvest have included: physical renovations to the Board's offices to provide greater customer service and security; reorganization of the Board's Compliance Unit, thanks to the commitment of former Compliance Manager Kimberly France; a signed contract with a systems automation vendor that is implementing a new and proven successful SQL-based system to accommodate processing and record retention of the Board's significantly increased number of license, permit, registration, and certification records; acquisition of two new customer service Senior Aides through the Baltimore City Department of Health (welcome Shera Williams and Lawrence Tate); successful revisions to regulations that addressed many of the unanticipated inspection and surety bond issues related to wholesale distributor application process; and two new ready-to-go- to work Board members. (Welcome new consumer Commissioner Zeno St. Cyr and new home infusion pharmacist Commissioner Mitra Gavgani!)

Learn more about this year's early *harvest* in this newsletter issue, which includes: articles that answer questions for pharmacy technicians, and provides information regarding writing and filling partial prescriptions, introduce licensees to the Board's Inspectors and lists the top 10 inspection findings, summaries of events like the very successful Board-sponsored continuing education Brunch recently held and the upcoming Emergency Preparedness Volunteer training on November 21, 2010, as well as more answers for wholesale distributors currently engaged in the Board's permit renewal process.

I am pleased to announce that Michael Souranis was elected as the new Board President, following the great leadership of former President Donald Taylor. Don planted and harvested many seeds during his tenure as Board President; most recently advancing the emergency protocol allowances for pharmacists and other responders during State declared emergencies. The protocols were years in development. Don Taylor, as well as many current and former Board members, is to be patted on the back for the hard work and continuous urgings that have culminated

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PRACTICE COMMITTEE - Controlled Substance Information

Reid Zimmer, Chairman of Practice Committee and Board Commissioner

The Practice Committee receives many informational requests on a daily basis. They are researched by our Legislative and Regulations Manager, Anna Jeffers, and brought to the Committee for composing a response. Most of the answers can be found in our current regulations. However, the issues involving Controlled Dangerous Substances (CDS) are regulated at the federal government level by the Drug Enforcement Administration (DEA) and at the State level by the Division of Drug Control (DDC). The following information is a compilation of the answers to recent questions that have been asked and answered multiple times. It is being provided as a general source of information to the practicing pharmacist and pharmacy technician.

The majority of changes to a prescription can be made only after the pharmacist contacts the prescribing practitioner. The pharmacist is permitted to make additions to information that is provided by the patient or bearer, such as the patient's address. Any such additions should be verified. The pharmacist may change or add the dosage form, drug strength, drug quantity, directions for use, or issue date only after the consultation with and the agreement of the prescribing practitioner. Such consultations and corresponding changes should be noted on the prescription as well as the patient's medical record. Pharmacists and practitioners must comply with any federal or state laws, regulations, or policies prohibiting any of these changes to controlled substance prescriptions.

The pharmacist is never permitted to make changes to the patient's name, controlled dangerous substance prescribed (except for generic substitution permitted by state law) or the prescriber's signature. (http://www.deadiversion.usdoj.gov/faq/general.htm#rx_change).

If the prescriber does not put his/her DEA number on the prescription, the pharmacist should call, verify and document with whom they verified the prescriber's DEA number (even though the pharmacy may have the DEA number on file and/or on the mini label).

"When a prescription is written, a separate prescription form is required for each controlled dangerous substance. If a pharmacist is otherwise satisfied that a prescription is valid the pharmacist may fill the prescription if the pharmacist promptly writes out and files a prescription for each substance and also files the original prescription." See Health - General Article, 21-220, Annotated Code of Maryland. Keep in mind that only one CII prescription may be included with a group of prescriptions on one pad. The prescription would then serve as the original prescription for the CII. See COMAR 10.19.03.08.

The partial filling of a prescription for a controlled dangerous substance listed in Schedule II is permissible, if the pharmacist is unable to supply the full quantity called for in a written or emergency oral prescription, and the pharmacist makes a notation of the quantity supplied on the face of the written prescription (or written record of the emergency oral prescription). The remaining portion of the prescription may be filled within 72 hours of the first partial filling; however, if the remaining portion is not or cannot be filled within the 72-hour period, the pharmacist shall so notify the prescribing individual practitioner. No further quantity may be supplied beyond 72 hours without a new prescription. See Partial Filling of Prescriptions—Schedule II (21 CFR §1306.13). There is no maximum days supply limit for controlled dangerous substances. Many third party insurers, however, have guidelines that limit the supply to 90 days. Medicare and Medicaid may also have supply limits.

The Controlled Substances Act (CSA) and its implementing regulations do not specifically address the manner of payment regarding controlled substance prescriptions. Neither is the procedure of assigning numbers to prescriptions addressed. However, due to the abuse potential of schedule II controlled substances and the regulation cited below, DEA has advised that the practice of split payment for schedule II prescriptions by assigning two different prescription numbers is not permissible.

The only time a CII script may be faxed is set forth in COMAR 10.19.03.08A (5) - (7). In each instance, it is the practitioner that faxes the prescription to the pharmacy.

The Board of Pharmacy has recently revised the regulations concerning electronic prescriptions. Publication has been in the Maryland Register and comments have been received during the comment period. You may access COMAR 10.34.20 Format of Prescription Transmission, on the Board's website at: www.dhmh.maryland.gov/pharmacyboard. Click on Laws, Regulations, Legislation and Reports on the left menu. Scroll down and click on "Search the Code of Maryland Regulations." Please be advised to enter all eight numbers in the box provided: 10.34.20.01 and so forth.

For your information, the Board of Pharmacy and the Board of Physicians have placed on their web sites information for prescribers and pharmacists concerning prescription transmission and valid signatures on prescriptions. The document is titled "Prescription Signature Options Chart" on the Board of Pharmacy web site above and "Guidelines for Physicians Writing Prescriptions" on the Board of Physician's web site http://www.mbp.state.md.us/. On the Board of Pharmacy website, scroll down and click on "Legislation/Regulation - Go to What's New." The chart is the first item. On the Board of Physician's website the chart is on the homepage.

The list of scheduled drugs in Maryland may be found in Criminal Law Article, 5 - 402 - 406, Annotated Code of Maryland, and with the exception of Fioricet, is identical to the federal list. Please be advised that a combination of butalbital, a derivative of barbituric acid, and acetaminophen known by the brand name Fioricet was never a scheduled drug under federal regulations, yet it is under Maryland Law. See Criminal Law Article, 5-404, Annotated Code of Maryland.

There are Maryland Board of Pharmacy regulations concerning a hospital's use of DEA numbers. An individual practitioner exempted from registration under 21 CFR §1301.22(c) shall include on all prescriptions issued by the individual practitioner the registration number of the hospital or other institution and the special internal code number assigned to the individual practitioner by the hospital or other institution, as provided in 21 CFR §1301.22(c), instead of the registration number of the practitioner required by this regulation. Each written prescription shall have the name of the individual practitioner stamped, typed, or hand printed on it, as well as the signature of the individual practitioner.

You may access 21 CFR 1301.22(c) in the Code of Federal Regulations on the Board's website at www.dhmh.maryland.gov/pharmacyboard. Click on Laws, Regulations, Legislation and Reports on the left menu and click on Federal Laws in the blue box at the top of the page. Scroll down and click on Code of Federal Regulations. Please contact the Office of Health Care Quality (OHCQ) since they regulate hospitals in Maryland and may be able to provide additional information.

Schedule II prescriptions may not be transferred under any circumstances (refer to COMAR 10.34.04.03).

Schedule III - V prescriptions may be transferred on a one time basis only (refer to 21 CFR 1306.25).

In June 2010, the Drug Enforcement Administration (DEA) revised regulations effective this date to provide practitioners with the option to use electronic prescription technologies (75 FR 16236).

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LICENSING CORNER - Technician Registration

Reid Zimmer, Licensing Committee Member, Board Commissioner

Applicants applying for a Pharmacy Technician Registration can be:

1) Non-Nationally Certified

Pharmacy technician applicants must be at least 17 years old (or at least 16 years and 6 months old when beginning the fulfillment of their registration requirements). Documentation must include the following:

- Evidence that the applicant is a high school student, high school graduate or has a GED.
- Satisfactory evidence of successful completion of a Board–approved pharmacy technician training program that does not exceed six months and includes 160 hours of work experience.
- Evidence of having passed a Board approved technician examination.
- A completed State Criminal History Records Check.

2) Nationally Certified

Pharmacy technician applicants currently certified by a national technician certification program must be at least 17 years old. Documentation must include evidence of current certification by a national pharmacy certification program and a completed State Criminal History Records Check.

3) Reciprocity

Pharmacy technician applicants who are licensed or registered in another state must be at least 17 years old. Documentation must include the following.

- Evidence of registration in good standing in another state under requirements similar to the registration requirements of this chapter or
- Evidence of having worked as a pharmacy technician in another state for at least six months.
- A completed State Criminal History Records Check.

As of January 1, 2008, pharmacy technician grandfather applications are not valid. Those persons performing delegated pharmacy acts who are not registered as pharmacy technicians with the Board may have disciplinary action taken against them and their employer.

COMPLIANCE CORNER

Focus on Inspections
Kimberly France, Former Pharmacy Compliance Officer
Meet your Board of Pharmacy Inspectors

Pictured (from left to right)
Jeanelle McKnight, CPhT; Nancy Richard, CPhT;
Shanelle Young, CPhT.
Not pictured: Emory Lin, Pharmacist Inspector

Regulations and Laws regarding Inspections
Health Occupations (HO) §12-604(b) requires the Secretary of DHMH, the Board of Pharmacy (the Board), or the agents of either to perform annual inspections of pharmacies operating in Maryland that have been issued a permit by the Board. The Board of Pharmacy may inspect its pharmacies and wholesale distributors at any reasonable time:

§12-604(b) *Annual inspection.* – Any pharmacy issued a permit by the Board and subject to inspection under subsection (a) of this section shall be inspected annually.

§12-604(c) *Hindrance prohibited.* – A person may not hinder an inspection conducted under this section. (An. Bode 1957, art. 43, § 255; 1981, ch. 8, §2; 1990, ch. 6, § 11; 1997, ch. 615; 2002, ch. 157, § 2.)

In addition, the Code of Maryland Regulations (COMAR) has numerous references to documents required to be available for inspection, many of which are listed in the section on inspection documentation.

Inspection Documentation
Once a Board inspector has identified himself/herself and has announced that he/she is there to conduct an inspection, please have available and provide the following documents to the inspector for review:

- Documentation for quality assurance and 2 years of documentation on training for pharmacy staff (pharmacists and technicians)
- Written policies and procedures
  - o duties performed by ancillary personnel
  - o removal of expired drugs
  - o investigating discrepancies and reporting theft/loss
  - o analyzing and recording medication errors
- Reprinted label of a recent CII prescription
- Power of attorney papers
- Most recent biennial inventory of CII-CV medications
- Invoices for CIII-CV medications for last 3 months
- Recent CII prescriptions
- Last two P & T Committee meetings minutes (hospital only)
- Pharmacy and wholesale distributor permits
- Pharmacist(s) license
- Technician(s) registration, or documentation of trainee status

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COMPLIANCE CORNER - Continued

Other Agency Inspections
Pharmacies and wholesale distributors in Maryland will more than likely be inspected by other agencies. The Division of Drug Control, the Drug Enforcement Administration, or the Centers for Medicare and Medicaid Services are just some of the entities that may also inspect these facilities or audit records.

Type of Inspections
There are basically four types of inspections:

1. Opening
2. Annual/routine
3. Closing
4. Follow-up

Depending on the activities performed by the pharmacy, the inspector may use multiple forms. There are forms for community, hospital/institutional, and long-term care. There are also supplemental forms for sterile compounding, etc. If the pharmacy is a community pharmacy that also serves long-term care facilities, two inspection forms may require completion.

If a pharmacy also has a distributor permit, a wholesale distribution inspection form will also be completed. Depending on the inspector's schedule, these inspections may or may not be completed on the same day.

Top 10 Inspection Findings
A recent review of inspection reports revealed the following 10 most common deficiencies found upon inspection (1 being the most common):

1. Posting of licenses, registrations (technician registrations not posted) or licenses not signed
2. Expired drugs
3. Biennial inventory CII not available
4. Pharmacist/technician initials on prescriptions or drug profiles
5. Thermometers in refrigerator or freezer-missing or not registering appropriate temperature
6. No documentation of Biohazard precautions and sanitation training
7. No Quality Assurance-written policies regarding medication errors
8. Security-pharmacy is not designed to prevent unauthorized entry
9. Controlled substances-permit holder has no policies regarding theft and loss
10. Lack of training documentation for unlicensed personnel going through training

Pass/Fail
Many times inspectors are asked, "Did we pass?" Only opening inspections are rated pass/fail. If an establishment does not meet the requirements to open, a fail rating will be given and the establishment will not receive a permit.

Wholesale distributor and pharmacies are inspected on a routine basis as part of an ongoing compliance program. The wholesale distributor or pharmacy will receive a copy of the inspection report at the conclusion of the inspection. The reports are reviewed internally and deficiencies or areas of non-compliance are reviewed by the Board to determine whether further action is indicated.

What You Can Do
Verify Board Inspector's credentials.

Upon arrival, the inspector should present his or her business card and indicate he or she is representing the Board of Pharmacy and is there to conduct an inspection. If you suspect the person is not an inspector with the Board of Pharmacy, you should call our offices at 410-764-4755 to verify. The inspectors will not provide driver's licenses as proof of identification. If the inspector is out of business cards, he or she may show their badge.

- Review the most recent inspection report.

Look for any comments from inspectors or any deficiencies noted. Address anything that was identified and document any remedies. File that documentation with your inspection report, so that the pharmacy is prepared for the next inspection or follow-up contact from the Board.

- Complete an Inspection Evaluation Form.

The Board would like to receive feedback on your inspection experience. At the conclusion of the inspection, the inspector will review the inspection and report and ask if you have any questions. The inspector will also leave an inspection evaluation form that goes directly to the pharmacist compliance officer. Please take the time to complete the evaluation and return it to the Board. We would appreciate hearing from you.

Did You Know?
In FY2009, there were 1,602 pharmacies and 735 wholesale distributors permits (includes in and out of state) issued by the Maryland Board of Pharmacy.

PRACTICE COMMITTEE - Continued

The regulations also permit pharmacies to receive, dispense and archive these electronic prescriptions. This rule change allows practitioners with another method for prescribing a controlled dangerous substance to their patients, including those residing in a Long Term Care Facility (Comprehensive Care Facility). The rule allows a practitioner to send a prescription to a pharmacy using a computer, laptop or personal digital assistant (PDA) from a remote location. The regulations, however, contain many security requirements that must be met before a pharmacy may begin receiving electronic prescriptions for controlled substances.

Faxed Hospice Care Patient Prescriptions

Medications that are given to hospice patients must be able to be supplied with a quick turnaround time from the issuance of the physician's order to the patient receiving the dose. For this reason there is an exception in the method of dispensing a prescription for Schedule II medications. COMAR 10.19.03.08.A (7) states that a prescription prepared in accordance with 21 CFR § 1306.5 written for a schedule II narcotic substance for a patient enrolled in a hospice program certified and/or paid for by Medicare under Title XVIII or a hospice program which is licensed by the State, may be transmitted by the practitioner or the practitioner's agent to the dispensing pharmacy by facsimile equipment. The practitioner or the practitioner's agent shall write on the prescription that the prescription is for a *hospice patient*. The facsimile received by the facsimile equipment in the pharmacy serves as the original written prescription for purposes of § A (7) of this regulation and the facsimile received by the facsimile equipment shall be maintained in accordance with 21 CFR § 1304.04(h).

DISCIPLINARY CORNER

Pharmacists	**Lic. #**	**Status**	**Date**
Jeffrey Sherr	08902	Probation for 3 years with conditions, fine $10,000	7/15/10
John Newton	09835	Revoked	7/21/10
Michael Ball	09572	Suspended until 12/31/12, Probation with conditions	7/21/10
Michael Baker	06733	Voluntary Surrender	9/15/10
David Lee	18121	Revoked	10/20/10
Pamela Arrey	11345	Revoked	10/20/10
Lisa White	12969	Suspended for 1 year beginning 11/1/09, Probation	9/1/10
Pharmacy Technicians	**Reg. #**	**Status**	**Date**
Kirk Eastham	T06380	Suspended	8/25/10
Shirley Matthews	T03950	Suspended	9/28/10
Love Ireland	Applicant	Denied	10/20/10
Nekia Moore	T00854	Revoked	10/20/10
Holly Roe	T04464	Revoked	10/20/10
Establishments	**Permit #**	**Status**	**Date**
Apple Discount Drugs	P01701	Probation for 3 years with conditions, fine $10,000	7/15/10
ASCO Healthcare (dba Neighborcare/Omnicare)	PW0153/ PW0140	Fine $10,000	8/25/10

ERRATA: In the past two newsletters the phrase 'Pharmacy Technicians' was mistakenly printed as 'Pharmacist Technicians.' Please note this correction.

LEGISTLATIVE/REGULATIONS UPDATE

FAQ's Regarding the Wholesale Distribution Permitting and Prescription Drug Integrity Act Amended Regulations

Shiu Kwan, UMB Student Pharmacist, Maryland Board of Pharmacy Student Intern

During the 2009 and 2010 Maryland legislative session, the Wholesale Distribution Permitting and Prescription Drug Integrity Act (the "Act") was amended. New requirements for out-of-state distributor permits went into effect on October 1, 2010. An out-of-state distributor must be either (1) accredited by an accreditation organization recognized by the Board; or (2) located in a state with laws that are substantially equivalent to Maryland's laws. Distributors operating in states that may qualify for the latter category may include AZ; CO; FL; GA; ID; IL; IN; KY; NE; NV; OK (for human drugs only); OR, and WY.

In addition, in the 2009 legislative session the Act was amended to allow a wholesale distributor with documented annual gross receipts less than $10,000,000 to obtain a $50,000 surety bond instead of a $100,000 bond as required for distributors with annual gross receipts of $10,000,000 or more.

Below are a few of the most commonly asked questions the Board has received regarding wholesale distributors:

Question: When is a surety bond required for a wholesale distributor?

Answer: A bond is always required unless the wholesale distributor applicant is a manufacturer of its own FDA-approved prescription drug.

Question: To whom may a wholesale distributor ship?

Answer: A wholesale distributor may supply prescription drugs only to a person authorized by law to dispense or receive prescription drugs (Health Occ. § 12-6C-09(b)). This may include a prescriber, a pharmacy, an institution, and the Department of Health and Mental Hygiene (Health Occ. § 12-6C-03.1(a)). A distributor may deliver drugs only to: (1) the premises listed on the recipient's license or permit; or (2) an authorized person or an agent of an authorized person at the distributor's premises if (a) the identity and authorization of the person or agent is properly established; and (2) this method of delivery is employed only to meet the immediate needs of a particular patient of the authorized person (Health Occ. § 12-6C-09(c)).

Question: From whom may a person purchase prescription drugs or devices?

Answer: According to Health Occ. § 12-6C-03(f), "A person may not purchase or obtain a prescription drug or prescription device unless the prescription drug or prescription device is purchased or obtained from a person who holds a wholesale distributor permit, a licensed pharmacist, or an authorized prescriber." In other words, a consumer or patient may not purchase directly from a distributor.

Also, a distributor may not accept payment or allow the use of a person's credit to establish an account for the purchase of prescription drugs from any person other than the owner of record, the chief executive officer, or the chief financial officer listed on the license or permit of a person legally authorized to receive prescription drugs. Health Occ. § 12-6C-09(d). Any account established for the purchase of prescription drugs shall bear the name of the licensee or permit holder.

From The Executive Director's Desk

LaVerne Naesea *continued from page 1*

in the *institutionalization* of the protocols recently approved by Governor O'Malley and Secretary Colmers.

President Michael Souranis has already begun to demonstrate the same perseverance as those who led before him; encouraging Board and staff members to continue to harvest every seed planted under his new leadership. This Thanksgiving season, the Board is thankful that its licensees who, like the Pilgrims of this great country's past, have remained steadfast during the Board's *difficult* winters. The Board also looks forward to celebrating the bountiful harvests that lie ahead!

Happy Thanksgiving Pilgrims!

HOUSE BILL 114 took effect July 1, 2010. It states:

Each health occupations board shall post on the Board's website each final, public order for a disciplinary sanction issued to a licensee or certificate holder.

As a result, you will be able to view the Board of Pharmacy's final, public orders on our website from the verifications page are on the Board's website at:

www.dhmh.maryland.gov/pharmacyboard/verifications/board_orders.htm

Keep in mind that the information contained in the order may not necessarily reflect the current status of a licensee, registrant or permit holder. For questions regarding a final public order, please email questions to mdbop@dhmh.state.md.us for follow-up.

Check out the new editions on the Board website at http://www.dhmh.maryland.gov/pharmacyboard

- Verifications
- Public Orders

BOARD EVENTS CORNER

As technology advances, so does the Maryland Board of Pharmacy. Rather than mailing newsletters to all pharmacists, pharmacy technicians, pharmacies, and distributors, we are exploring the possibility of emailing copies as well as posting to the Board website. To expedite the process, we need to ensure that the Board has your correct e-mail address. Please send an e-mail message including "E-MAIL RESPONSE" in the subject, along with your name and license or registration number to Janet Seeds at jseeds@dhmh.state.md.us.

PUBLIC RELATIONS - Continuing Education Training

Janet Y. Seeds, Public Information Officer

The 3rd Annual Maryland Board of Pharmacy Continuing Education (CE) breakfast to celebrate American Pharmacy Month was held at the Radisson Hotel at Cross Keys on Sunday, October 3, 2010. The approximately 100 pharmacists, pharmacy technicians, and pharmacy students present seemed to thoroughly enjoy the program.

The Honorable Dan Morhaim, from the Maryland House of Delegates kept the audience captivated with his presentation entitled, "Medical Marijuana." For one hour he discussed the medical uses for marijuana, the challenges for pharmacists filling prescriptions, and the stigma that surrounds this issue. After a break, pharmacists that had been licensed for 60 or more years were honored. They were given a Governor's Citation by Michael Souranis, Maryland Board of Pharmacy President and LaVerne Naesea, Executive Director. Delegate Dan Morhaim also congratulated and greeted the honorees who were present, which included Evelyn S. Yevzeroff, Alfred M. Lawson, Harold H. Mazer, Morton H. Weiner, and Ramona McCarthy Hawkins. Those that could not attend, but had Governor's Citations sent to them are: Joseph Krall, Arvilla K. Enck, Jeffie R. Langston, and Robert M. Caplan.

There was a presentation on four topics that pharmacists could explore to enhance their practice. Each topic was led by a panel member, Drug Therapy Management (Dr. Rodney Taylor), Long-Term Care Consulting (Dr. Nicole Brandt), the Drug Repository Program (Anna Jeffers) and the Maryland P3 Program (Harry Finke). After each member of the panel spoke about his/her individual topic, Dr. Lynette Bradley-Baker, who served as the session moderator, asked questions regarding the benefits, challenges and tools/information needed to start and continue work in each topic area.

This event provided each of the attendees with a total of 2.5 LIVE CEUs which satisfied the requirements needed to maintain licensure. The attendees appeared to greatly enjoy the training experience and there were many positive comments made. Not only did the participants seem to learn new concepts, they asked many questions of the keynote speaker and the panelists.

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Maryland Board of Pharmacy

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Mitra Gavgani
Mayer Handelman
Donald Taylor
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Reid Zimmer

BOARD COUNSEL

Linda Bethman, AAG
Francesca Gibbs

BOARD MEETINGS

The Pharmacy Board meetings are held the third Wednesday of each month and are open to the public from 9:00 a.m. – 12 noon at 4201 Patterson Avenue, Baltimore Maryland 21215.
The Board encourages all interested parties to attend the monthly Board Meetings. Pharmacist and Pharmacy Technician attendees may earn up to two live CEs for attending public Board meetings.

COMMITTEE MEETING DATES	
Executive Committee Meetings First Wednesday of each month	**Licensing Committee Meetings** Second Wednesday of each month
Disciplinary Committee Meetings First Wednesday of each month	**Practice Committee Meetings** Fourth Wednesday of each month
Emergency Preparedness Committee Meetings* Second Wednesday of each month	**Public Relations Committee** Fourth Wednesday of each month
***Meetings that are open to the public**	

2010 PUBLIC BOARD MEETINGS DATES

December 15, 2010 January 19, 2011 February 16, 2011