

*Melvin N. Rubin*

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Date

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Melvin N. Rubin, P.D.  
Secretary  
Board of Pharmacy

VOLUNTARY SURRENDER

I, John Hoelscher, agree to voluntarily surrender my license to practice pharmacy in Maryland. I further agree that the terms of this agreement are to be considered public information and may be communicated to the national Association of Boards of Pharmacy's Clearinghouse and the boards of pharmacy of any other State(s) in which I may be licensed as a pharmacist.

I further agree that the Maryland State Board of Pharmacy is not required to reinstate my license unless I am able to demonstrate at a reinstatement hearing that I am physically, mentally, and professionally competent to practice pharmacy. I must also demonstrate that I have a record of compliance with the conditions, requirements, and recommendations specified by the Maryland Pharmacists Rehabilitation Committee.

6/30/95  
Date

*John Hoelscher*

6/30/95  
Date

*[Signature]*  
Witness