

Devon Schlieper
16½ Rosedale Avenue
Greenville, Pennsylvania 16125

4-13-11
Date

Michael Souranis, P.D., President
Maryland Board of Pharmacy
4201 Patterson Avenue
Baltimore, Maryland 21215

Re: Surrender of Pharmacist License
License No. 17864



Dear Mr. Souranis 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 17864. I understand that I may not give pharmacy advice to any individual, with or without supervision and/or compensation, cannot dispense or administer drugs or assist in the dispensing of administration of drugs or otherwise engage in the practice of pharmacy in Maryland, as it is defined in the Maryland Pharmacy Act (the "Act"), Md. Code Ann., Health Occ. Art. § 12-101 *et seq.* In other words, as of April 13, 2011, the effective date of this Letter of Surrender, I understand that the surrender of my license means that I am in the same position as an unlicensed individual.

I understand that this Letter of Surrender is a PUBLIC document and upon the Board's acceptance and execution, becomes a FINAL ORDER of the Board.

My decision to surrender my license to practice pharmacy in Maryland has been prompted by my inability to comply with the conditions of probation set forth in a Consent Order, dated October 13, 2009. The Consent Order required, among other things, that I submit to random weekly urine screenings which were negative for any controlled dangerous substances, narcotics, cocaine, or other mood-altering substances.

In lieu of proceeding with formal prosecution for violations of probation, the Board has granted my request to surrender my license to practice pharmacy in the State of Maryland in accordance with the terms herein. The Board's prosecution would have resulted in charges under the Act in accordance with § 12-313(b)(21) and the terms of the Consent Order, dated October 13, 2009.

I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender to avoid formal prosecution under the Act and to resolve this matter. 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 acknowledge that if the Board were to issue charges against me, the Office of the Attorney General could prove by a preponderance of the evidence at an administrative hearing that I violated the Act as set forth above.

I understand that the Board will advise the Health Integrity and Protection Data Bank of this Letter of Surrender, and in response to any inquiry, will advise that I have surrendered my license. I understand that this Letter of Surrender will be posted on the Board's website along with all other formal disciplinary actions. I understand that, in the event that I would apply for licensure in any form in any other state or jurisdiction, that this Letter of Surrender, and all underlying investigative documents, may be released by the Board to the same extent as a Final Order pursuant to Md. Code Ann., State Gov't Art. § 10-611 *et seq.* Finally, I understand that this Letter of Surrender is considered disciplinary action by the Board.

I affirm that enclosed with this Letter of Surrender is my original Maryland pharmacist's license, number 17864, and my recent wallet-sized renewal card.

I understand and agree that I must fulfill the following conditions before the Board may act upon my application for reinstatement of my Maryland license to practice pharmacy:

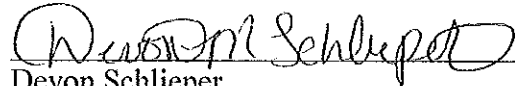
1. I may not have my license reinstated for a minimum of five (5) years from the date of this Letter of Surrender;
2. Prior to any possible reinstatement, I must submit to a substance abuse evaluation by a Board-appointed evaluator, at my expense, to determine my fitness to practice;
3. I must comply with the minimum licensure requirements for reinstatement, which will include, fees, continuing education and reexamination.

In the event that I apply for reinstatement to practice pharmacy, I fully understand that the Board has full discretion to grant or deny my application for reinstatement, even after my fulfillment of the conditions above. If the Board does grant my petition for reinstatement, I understand that the Board will set terms and conditions that shall apply to my receiving a reinstated Maryland license, including but not limited to a probationary

period and limited practice settings. I also understand that if I petition for reinstatement that I bear the burden of demonstrating to the Board that I am competent to practice pharmacy and possess good moral character, as specified in Health Occ. §§ 12-302 and 12-310. I understand that if I determine that I would like to once again practice in Maryland, I will approach the Board in the same posture as one whose license has been revoked for violation of the Act.

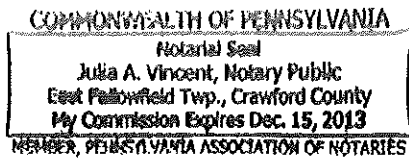
I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason whatsoever. Finally, I wish to make clear that I have been advised and given an opportunity to consult with an attorney before signing this Letter of Surrender. I fully understand both the nature of the Board's actions and this Letter of Surrender. I acknowledge that I understand and comprehend the language, meaning and terms and effect of this Letter of Surrender. I make this decision knowingly and voluntarily.

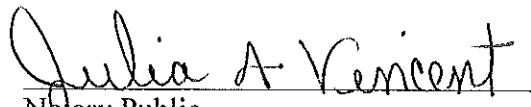
I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of the foregoing Letter of true:


Devon Schlieper

STATE OF PENNSYLVANIA
COUNTY/CITY OF Pa.:

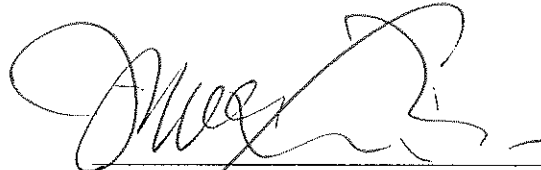
I hereby certify that on this 13 day of April, 2011, before me, a Notary Public of the State of Pennsylvania and County/City aforesaid, personally appeared DEVON SCHLIEPER, and made an oath in due form that the foregoing Consent was her voluntary act and deed.




Notary Public
My commission expires: Dec 15, 2013.

ACCEPTANCE

On behalf of the Maryland State Board of Pharmacy, on this 20TH day of APRIL, 2011, I accept Devon Schlieper's PUBLIC SURRENDER of her license to practice pharmacy in the State of Maryland.

A handwritten signature in black ink, appearing to read "Michael Souranis", written over a horizontal line.

Michael Souranis, P.D., President
Maryland Board of Pharmacy