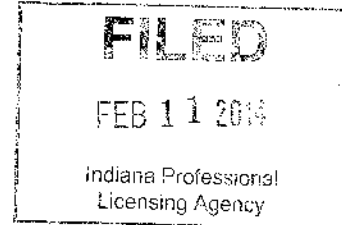


**BEFORE THE INDIANA
BOARD OF PHARMACY
CAUSE NO.: 2014 IBP 0005**

**IN THE MATTER OF THE PHARMACY
TECHNICIAN-IN-TRAINING PERMIT
APPLICATION OF:**

**LAKISHA BUSH
PERMIT NO.: 99060802A**

)
)
)
)
)
)



DECISION ON TECHNICIAN CERTIFICATION APPLICATION

Lakisha Bush made a personal appearance before the Indiana Board of Pharmacy ("Board") on February 10, 2014, in Room W064 of the Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana, concerning her application for a pharmacy technician-in-training permit.

The Board, after considering the file and statements of the Applicant, by a vote of 6 to 0, issues her permit on probation.

BACKGROUND

1. The Applicant, whose mailing address is 2137 North Lesley Avenue, Indianapolis, Indiana 46218, applied for certification as a pharmacy technician in December 2013.
2. The Applicant revealed that in the past she has been arrested on multiple occasions for driving with a suspended license. She has now paid all her fines and costs to the court but may not obtain a valid driver's license until November 2014.
3. Applicant has demonstrated to the Board that she is able to practice with reasonable skill and safety to the public provided she complies with the probationary terms set out below.

TERMS AND CONDITIONS

Based upon the foregoing Information, the Board imposes the following Terms and Conditions on the Applicant's technician-in-training permit:

1. The Applicant's pharmacy technician-in-training permit will be issued on **INDEFINITE PROBATION**. She may apply to have the probation withdrawn after she obtains a valid driver's license.

2. The Applicant's practice as a pharmacy technician-in-training shall be governed by the following **TERMS AND CONDITIONS**:

a) **CONTACT INFORMATION**: Applicant must keep the Board apprised of the following information in writing and update it as necessary:

1. Current home address, mailing address, e-mail address, and residential telephone number.
2. Current place of pharmacy employment, employment telephone number, employment e-mail address, and name of supervisor.
3. Occupation and work schedule, including number of hours worked per week.

b) Applicant shall provide a copy of all Board orders imposing discipline or limiting practice to any pharmacy employer who shall sign and return a copy of such orders to the Board within ten (10) days of employment or receipt of this order.

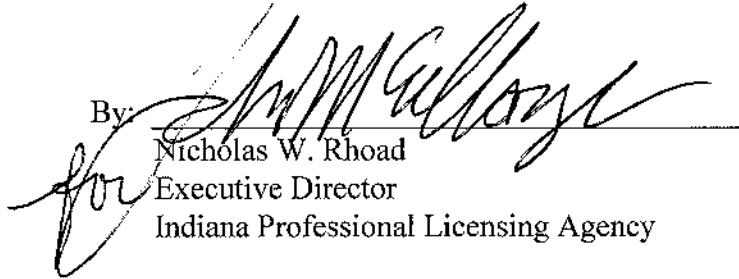
c) Applicant shall not violate any laws regulating the practice of being a pharmacy technician.

d) Applicant shall notify the Board in writing of any discipline incurred in other states during the duration of her probation; including any relevant criminal or licensing charges pending.

3. The failure of Applicant to comply with the terms of this decision may subject her to a show cause hearing and the imposition of further sanctions.

ISSUED this 11th day of February, 2014.

INDIANA BOARD OF PHARMACY

By: 
for Nicholas W. Rhoad
Executive Director
Indiana Professional Licensing Agency

NOTICE OF RIGHT TO PETITION FOR REVIEW OF THIS DECISION

You may petition for review of this decision under IC 4-21.5-3-7. The petition must be filed with the Indiana Board of Pharmacy in writing, identifying the reasons for review and demonstrating that you have been aggrieved or adversely affected by the Board's decision. The petition for review must be filed no later than eighteen days from the issuance of this decision unless such date is a Saturday, a Sunday, a legal holiday under state statute or a day the Indiana Professional Licensing Agency's offices are closed during regular business hours in which case the deadline would be the first day which is not a Saturday, a Sunday, a legal holiday under state statute or a day the Indiana Professional Licensing Agency's offices are closed during regular business hours.

If your petition for review is timely filed and review granted, you will receive notification of an administrative hearing. You or your representative must be present at that hearing. You have the right to be represented by an attorney at your own expense. A deputy attorney general may be present to represent the state of Indiana. As petitioner, you will have the burden of proving that the Board's decision is incorrect.

CERTIFICATE OF SERVICE

I certify that a copy of the "Decision on Technician Certification Application" has been duly served upon:

Lakisha Bush
2137 North Lesley Avenue
Indianapolis, IN 46218
Service by U.S. Mail

2/11/2014
Date


Jessi N. Rager, Litigation Specialist

Indiana Board of Pharmacy
Indiana Government Center South
402 West Washington St., Room W072
Indianapolis, IN 46204
Phone: 317-234-2067
Fax: 317-233-4236
Email: pla4@pla.in.gov

Explanation of Service Methods

Personal Service: by delivering a true copy of the aforesaid document(s) personally.

Service by U.S. Mail: by serving a true copy of the aforesaid document(s) by First Class U.S. Mail, postage prepaid.

Service by Email: by sending a true copy of the aforesaid document(s) to the individual's electronic mail address.