

**BEFORE THE INDIANA
BOARD OF PHARMACY
CAUSE NUMBER: 2013 IBP 0052**

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

**SHERRIE DAVIS, P.T.I.-T.,
PERMIT NUMBER: 99057113A.**

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DECISION ON TECHNICIAN IN-TRAINING PERMIT APPLICATION

Sherrie Davis made a personal appearance before the Indiana Board of Pharmacy ("Board") on May 13, 2013, in Room W064 of the Indiana Government Center South, 402 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, votes 4 to 0, to issue her permit on probation.

BACKGROUND

1. The Applicant, whose mailing address is 3701 Glenview Drive, South Bend, Indiana 46628, applied for a pharmacy technician in-training permit in February 2013.

2. The Applicant revealed that she was convicted of Operating a Vehicle While Intoxicated in 2011 and 2012. She is on criminal probation for the latter charge which has been reduced to a misdemeanor.

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 permit as a pharmacy technician-in-training will be issued on **INDEFINITE PROBATION**. She may apply to have the probation withdrawn after she completes her criminal probation.

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 cause her pharmacy employer to submit supervisory reports to the Board in care of the Indiana Professional Licensing Agency addressing her professional competence, sense of responsibility, work habits, mental attitude, and ability to work with others throughout the probationary period. The reports are to be submitted on a monthly basis.

d) Applicant shall not violate any laws regulating the practice of being a pharmacy technician in-training.

e) Applicant shall document to the Board the completion of her criminal probation.

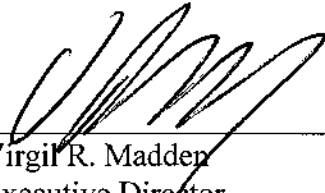
f) Applicant shall notify the Board in writing of any discipline incurred in other states during the duration of her probation; including any relevant criminal or licensing charges pending.

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 20 day of May, 2013.

INDIANA BOARD OF PHARMACY

By: _____


Virgil R. Madden
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 In-Training Permit Application" has been duly served upon:

Sherrie Davis
3701 Glenview Drive
South Bend, IN 46628
Service by U.S. Mail

5/20/13
Date


Jackie Day

Indiana Board of Pharmacy
Indiana Government Center South
402 West Washington St., Room W072
Indianapolis, IN 46204
Phone: 317-234-2067
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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.