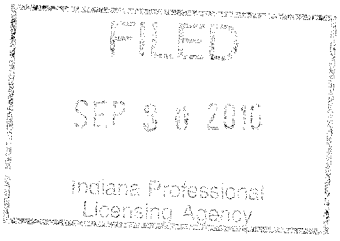
BEFORE THE INDIANA
BOARD OF PHARMACY
CAUSE NUMBER: 2010 IBP 0060

IN THE MATTER OF THE INDIANA PHARMACY TECHNICIAN RENEWAL APPLICATION OF:

JACLYN KAMINSKI, C.PH.T., CERTIFICATION NUMBER: 67009502A.



DECISION ON RENEWAL APPLICATION

Jaclyn Kaminski ("Applicant") made a personal appearance before the Indiana Board of Pharmacy ("Board") on September 13, 2010, in Room W064 of the Indiana Government Center South, 402 West Washington Street, Indianapolis, Indiana, concerning her application to renew her certification as a pharmacy technician.

The Board, after considering the file and statements of the Applicant, votes 7 to 0 to renew her certification on probation.

BACKGROUND

1. The Applicant, whose mailing address is 8621 Bison Lake Circle, Apartment G, Indianapolis, Indiana 46227, applied to renew her certification as a pharmacy technician in 2010.

2. The Applicant revealed that she was arrested for operating a vehicle while intoxicated in March 2010 and pled guilty to the charge in April, 2010. She is on 180 days probation. Applicant has taken an alcohol education class and attended a panel discussion with Advocates Against Drunk Driving. This is a first offense and her employer knows about the incident.

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. She agrees to those terms.

TERMS AND CONDITIONS

Based upon the foregoing Information, the Board imposes the following Terms and Conditions on the Applicant's certification:

1. The Applicant's certification as a pharmacy technician will be renewed on **INDEFINITE PROBATION**. She may apply to have the probation withdrawn from her certification in December 2010.

2. The Applicant's practice as a pharmacy technician 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 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 immediately notify the Board in writing of any discipline incurred in other states during the duration of the probation; including criminal or licensing charges pending.

d) At the time she applies to withdraw the probation from her license, she must present the Board with documentation of the successful completion of her criminal probation including the payment of court costs and fines.

e) Applicant shall not violate any laws regulating the practice of being a pharmacy technician and shall comply with the terms of her criminal probation.

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.

ORDERED, this 30 day of September, 2010.

INDIANA BOARD OF PHARMACY

By: _____
Frances L. Kelly
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 Ind. Code § 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.

Copies To:

Jaclyn Kaminski
8621 Bison Lake Circle
Apartment G
Indianapolis, Indiana 46227
SENT CERTIFIED MAIL NUMBER: 91 7190 0005 2720 0003 7838
RETURN RECEIPT REQUESTED.

We work to keep you working
IPLA
Professional Licensing Agency

Indiana Board of Pharmacy
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-2067
Fax: (317) 233-4236
Website: www.pla.IN.gov

Governor Mitchell E. Daniels, Jr.

September 30, 2010

Jaclyn Kaminski
8621 Bison Lake Circle, Apt. G
Indianapolis, Indiana 46227

Dear Madam,

Enclosed is a copy of the Decision on your Pharmacy Technician Certification that was issued by the Indiana Board of Pharmacy following the September 13, 2010 Board meeting.

You are ordered to keep the Board apprised of your current home, mailing and e-mail address and residential telephone number. You must keep the Board apprised of your current place of employment, employment telephone number, employment address, and supervisor's name. In addition, your occupation and work schedule, including number of hours worked shall also be included.

You have also been ordered to provide a copy of all Board orders imposing limiting practice to any Indiana pharmacy employer who shall sign and return a copy of such orders to the Board within ten (10) days of employment or receipt of the order.

Although you are not ordered to appear in person at any of the Board meetings, you may consult the Board website at http://www.in.gov/pla/pharmacy.htm for the future meeting dates. You may petition the Board to have the probation lifted from your Pharmacy Technician License in December 2010.

Please read your order carefully and contact us immediately if you need clarity on any portion of the order. In addition, make sure all materials you have been ordered to submit to the Board as a part of the terms of your probation that are detailed in the enclosed Decision, are submitted in a timely fashion so that it is documented that you are in compliance with your probation terms and conditions.

You may contact the Board at pla4@pla.IN.gov or at the address above if you have any questions or concerns.

Sincerely,

Stacie J. Barclay
Litigation Specialist
Indiana Board of Pharmacy

Shipment Request Form PBMS State of Indiana

Agency IDOA

From:

Name: IPLA W072, IGCS

Department:

Phone:

ECertified: True

EReturn Receipt: True

To:

Ship To 1: Jaclyn Kaminski

Ship To 2:

Address: 8621 Bison Lake Cir

Apt G

Indianapolis, IN 46227-0654

Country: US

Special Instructions:

Reference: **Requested Date:** 9/29/2010 11:02:41 AM

To print this form:

1) Click the Print button. (Print two copies, one to attach to your package and one to keep for your records.)

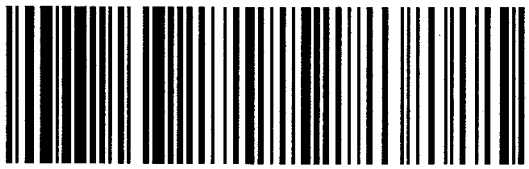
2) Place the form in a waybill pouch or attach it to your shipment so that the barcode portion of the page can be read and scanned.

3) If ECertified cover letter was selected , place letter contents along with eCertified cover letter in special certified enevelope so that Certified Bar code shows through window.

Print Close

Form (1 of 1)

State of Indiana
IPLA W072, IGCS
402 W Washington St
INDIANAPOLIS IN 46204



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Jaclyn Kaminski
8621 Bison Lake Cir
Apt G
Indianapolis IN 462270654

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