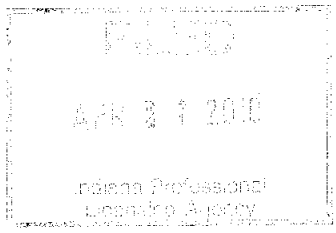
BEFORE THE INDIANA BOARD OF PHARMACY
CAUSE NUMBER: 2010 IBP 0015

IN THE MATTER OF THE INDIANA PHARMACIST LICENSE RENEWAL APPLICATION OF:	)
CARMELLA L. MARTIN, R.PH., LICENSE NO.: 26016517A.	)



DECISION ON LICENSE RENEWAL APPLICATION

Carmella Martin ("Applicant") made a personal appearance before the Indiana Board of Pharmacy ("Board") on April 12, 2010, in Room W064 of the Indiana Government Center South, 402 West Washington Street, Indianapolis, Indiana, concerning her application for renewal of her license as a pharmacist.

The Board, after considering the file and statements of the Applicant, votes 4 to 0 to issue and place her license on probation.

BACKGROUND

1. The Applicant, whose mailing address is P.O. Box 3582, Terre Haute, Indiana 47803, applied to renew her license as a pharmacist in January 2010. Applicant, who has a history of discipline with the Board, let her license as a pharmacist lapse in June 2008.
2. The Applicant revealed that in July 2008 she was convicted in Vermillion County of possession of cocaine and maintaining a common nuisance.
3. As a result of her conviction, Applicant was incarcerated in a treatment facility for drug addiction ("CLIFF program").

4. Applicant successfully completed the CLIFF program and was released from parole in August 2009.
5. In June 2009, Applicant was evaluated by an addictions counselor at the Hamilton Center who concluded that her prognosis for a long term recovery was good.
6. In March 2010, the medical director of the Pharmacists Recovery Network ("PRN"), Dr. Richard Hinchman, evaluated Applicant and concluded that she was fit to work as a pharmacist provided she was monitored by the PRN.
7. 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 license:

1. The Applicant's license as a pharmacist will be placed on **INDEFINITE PROBATION after** she successfully completes the Multistate Pharmacy Jurisprudence Exam ("MPJE"). She may request withdrawal of the terms and conditions of probation three years after passing the MPJE.
2. The Applicant's practice as a pharmacist 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) Applicant's current home address, mailing address, e-mail address, and residential telephone number.

2) Applicant's place of employment, employment telephone number, employment e-mail address, and name of supervisor.

3) Applicant's occupation title and work schedule, including the 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 be responsible for causing her employer to submit written supervisor reports to the Board addressing issues of professional competence, sense of responsibility, work habits, mental attitude, and ability to work with others. These reports are to be submitted monthly for the first year she is on probation and quarterly thereafter.

d) Applicant shall make personal appearances before the Board on a monthly basis for the first year she is on probation and quarterly thereafter. These appearances will be at the Board's regular meetings.

e) Applicant shall have an affirmative duty to report any relapses. The report must be made to the Indiana Professional Licensing Agency within forty-eight (48) hours of the relapse.

f) Applicant must maintain her agreement with the Indiana Pharmacists Recovery Network and comply with its terms for at least three (3) years.

g) Applicant shall not be a qualifying pharmacist while she is on probation.

h) Applicant shall submit copies of any prescriptions she receives for personal consumption to the Board.

i) Applicant shall not work more than ten (10) hours a day, or forty-five (45) hours per week.

j) Applicant shall not violate any laws regulating the practice of pharmacy.

k.) Applicant shall notify the Board in writing of any discipline incurred in other states during the duration of her probation; including any 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.

ORDERED, this 27 day of April, 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.

Copy to:

Carmella Martin
P.O. Box 3582
Terre Haute, Indiana 47803
SENT CERTIFIED MAIL NO. 91 7190 0005 2720 0000 8159
RETURN RECEIPT REQUESTED