

**BEFORE THE INDIANA
BOARD OF PHARMACY
CAUSE NO.: 2014 IBP 0019**

**IN THE MATTER OF THE PHARMACIST)
INTERN PERMIT APPLICATION OF:)
)
ROHIT PATEL)
PERMIT NO.: 45018640A)**



DECISION ON PHARMACIST INTERN PERMIT APPLICATION

Rohit Patel made a personal appearance before the Indiana Board of Pharmacy (“Board”) on April 14, 2014, in Room W064 of the Indiana Government Center South, 402 West Washington Street, Indianapolis, Indiana, concerning his application for a permit as a pharmacist intern.

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

BACKGROUND

1. The Applicant, whose mailing address is 100 The Woods, Bedford, Indiana 47421, applied for a permit as a pharmacist intern in February 2014.
2. The Applicant revealed that he was arrested for operating a vehicle while intoxicated in October 2013. The criminal case against him is still pending.
3. Applicant has demonstrated to the Board that he is able to practice with reasonable skill and safety to the public provided he 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 pharmacist intern permit:

1. The Applicant's permit as a pharmacist intern will be issued on **INDEFINITE PROBATION**. He may apply to have the probation withdrawn after he documents the complete resolution of his criminal case including any possible period of probation.

2. The Applicant's practice as a pharmacist intern 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 cause his pharmacy employer to submit supervisory reports to the Board in care of the Indiana Professional Licensing Agency addressing his 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 quarterly.

c) Applicant shall provide a copy of all Board orders imposing discipline or limiting practice to any pharmacy employer and/or the Northeast Ohio Medical University College of Pharmacy who shall sign and return a copy of such orders to the Board within ten (10) days of employment or receipt of this order.

d) He shall inform any preceptor that he is on probation.

e) The Applicant shall forward a copy of this order to the licensing authorities in Ohio.

f) Applicant shall submit self reflections/reports detailing his current status, his progress in recovery, issues or problems he is experiencing, and the value he has gained by attending counseling or group recovery sessions. The reports are to be submitted quarterly.

g) Applicant shall immediately notify the Board in writing of any relapse.

h) Applicant shall not violate any laws regulating the practice of being a pharmacist intern.

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

j) Applicant shall perform one hour of community service a month while he is on probation and submit written proof thereof when he makes his quarterly reports.

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

ISSUED this 17th day of April, 2014.

INDIANA BOARD OF PHARMACY

By: _____

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.

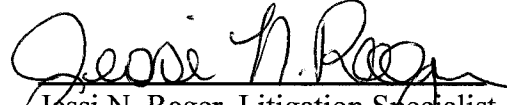
If your petition for review is timely filed and review granted, you will receive notification of an administrative hearing. You or your representative must be present at that hearing. You have the right to be represented by an attorney at your own expense. A deputy attorney general may be present to 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 Pharmacist Intern Permit Application" has been duly served upon:

Rohit Patel
100 The Woods
Bedford, IN 47421
Service by U.S. Mail

4/17/14
Date


Jessi N. Rager, Litigation Specialist

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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.