BEFORE THE INDIANA
STATE BOARD OF PHARMACY
CAUSE NUMBER: 2021 BOP 0002

IN THE MATTER OF THE LICENSE)
RENEWAL APPLICATION OF:)
)
RAYANN MARIE NOBLE, C.PH.T.,)
)
LICENSE NUMBER: 67032718A)

DECISION ON APPLICATION TO RENEW LICENSE

The Indiana State Board of Pharmacy ("Board") requested that RayAnn Noble ("Applicant") personally appear before the board on October 5, 2020, at a meeting held virtually pursuant to Executive Order 20-09. The Applicant came for the purpose of providing information and answering questions concerning the Applicant's application to renew the Applicant's license as a pharmacy technician.

☒ The Applicant appeared in person and without counsel.

☐ The Applicant appeared in person and represented by counsel _____.

The Board, after considering the Board member's recommendation and reviewing its file in this matter, voted 6 to 0 to issue the following decision:

FACTS

1. The Applicant's mailing address on file is 502 N Davidson Street, Greensburg, Indiana 47240.

2. The Applicant submitted an application to the Board to renew the Applicant's license as a pharmacy technician.

3. The Applicant, at the personal appearance before the Board member, revealed the following:

☐ The Applicant's license expired in _____.

☐ The Applicant was arrested or charged with a crime: _____

☒ The Applicant pled guilty in Cause Number: 16D01-2001-CM-000158 to Class A misdemeanor Operating A Vehicle With a BAL Of .15 Or More. The trial court sentenced her to six months' probation.

☒ The Applicant is currently on criminal probation.

☐ The Applicant was terminated in the scope of their practice :_____

☐ The Applicant was reprimanded, disciplined or demoted in the scope of their practice as a _____ or as another health care professional for _____.

☐ That disciplinary action was taken against a license, certificate or permit held by the Applicant in another jurisdiction.

☒ Other: The Applicant works at CVS and reports no problems with her practice due to the incident. She states she has learned her lesson and has purchased her own breathalyzer machine so she will never drive while intoxicated again.

4. The Applicant has demonstrated to the Board that the Applicant may be able to practice competently and safely if the Applicant complies with the probationary terms set out below. The Applicant agrees to the terms of probation.

PROBATION

Based upon the foregoing and pursuant to Ind. Code § 25-1-5-4, the Board renews the license of the Applicant on probation. The following **TERMS AND CONDITIONS** govern the Applicant's practice while on probation:

LENGTH OF PROBATION

1. The Applicant's license as a pharmacy technician is renewed on **INDEFINITE PROBATION.**

ALL terms and conditions governing the length of probation must be completed before the Board will be receptive to a petition to withdraw the probation on the license. The Applicant may petition to have this probationary order withdraw after:

☐ Documenting the successful completion of the RMA with IPRP if they are a candidate for that program.

☐ Documenting _____ of full continuous compliance with their RMA with IPRP.

☒ Documenting the successful completion of their criminal matter including her probation in Cause Number 16D01-2001-CM-000158.

☐ Documenting the successful completion of _____ of active pharmacy technician practice.

TERMS AND CONDITIONS:

☒ **The 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.

☒ **The Applicant shall provide a copy of all Board orders, including this one, imposing discipline or limiting practice to any pharmacy technician 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.**

☐ The Applicant shall cause the person evaluating their pharmacy technician practice to submit quarterly reports to the Board indicating their professional competence, sense of responsibility, work habits, mental attitude and ability to work with others. If Applicant is unemployed while on probation, they will submit a written personal report to the Board.

☒ **The Applicant shall comply with all statutes and rules regulating the practice of pharmacy technicians and report any future arrests, work discipline or terminations to the Board immediately in writing.**

☒ **The failure of the Applicant to comply with the terms of this decision may subject them to a show cause hearing and the imposition of further sanctions, including emergency suspension of their license.**

☐ The Applicant must enroll into a _____ RMA with IPRP. The Applicant must fully comply with the terms of the RMA until completion.

☐ The Applicant must immediately contact IPRP and sign a recovery monitoring agreement with that organization if the Applicant is deemed eligible. If the Applicant enters into an agreement with IPRP the Applicant must comply with its terms.

☐ The Applicant must maintain the RMA with IPRP and comply with its terms until completion.

☐ The Applicant may not practice as a pharmacy technician until the Applicant enrolls into an RMA with IRPR.

☒ The Applicant must comply with the terms of the criminal probation until completion.

☐ The Applicant must document completion of _____ hours of continuing education Credits.

☐ The Applicant must not practice as a _____ in a supervisory position or role until after _____ of active practice.

☐ The Applicant must practice as a _____ under supervision until they successfully completes the _____ RMA.

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

ISSUED this 8th day of January 2021.

INDIANA BOARD OF PHARMACY

By: *Maureen Bennett*
for Matt Balla, R.Ph.. President
Indiana Board of Pharmacy

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.

[BALANCE OF PAGE INTENTIONALLY LEFT BLANK]

CERTIFICATE OF SERVICE

I certify that a copy of the "Decision on Application to Renew License" has been duly served upon:

RAYANN MARIE NOBLE, C.PH.T.
502 N Davidson St.
Greensburg, IN 47240
Service by U.S. Mail

1.8.21
Date

Christine Maslan Cowdin, 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.