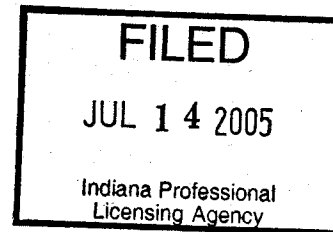


BEFORE THE INDIANA
BOARD OF PHARMACY
CAUSE # 2005 IBP 0036

IN THE MATTER OF THE
CERTIFICATION APPLICATION OF
DONNIELLE SHEAD



DECISION ON CERTIFICATION APPLICATION

Donnielle Shead ("Applicant") made a personal appearance before the Indiana Board of Pharmacy ("Board") on July 11, 2005, in Room W064 of the Indiana Professional Licensing Agency, Indiana Government Center South, 402 West Washington Street, Indianapolis, Indiana, concerning her application for certification as a pharmacy technician in training.

The Board, after considering the statements of the Applicant, will place her certificate on probation.

BACKGROUND

1. The Applicant, whose mailing address is 5602 East Karlsway, Columbus, Indiana 47201, applied to become a certified pharmacy technician in training in Indiana.
2. In her application, she revealed that she had been discharged from the Marine Corps in 2004 for incidents related to substance abuse. She is chemically dependent.
3. At the request of the Board, the Applicant obtained a medical evaluation from Dr. Richard Hinchman, who is an addictionologist and the medical director of the Pharmacy Recovery Network. The Dr. Hinchman recommended that Applicant be allowed to practice but that her practice needed to be monitored.
4. 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 certificate:

1. The Applicant's certificate as a pharmacy technician in training/pharmacy technician will be placed on **INDEFINITE PROBATION**. Applicant may petition to have the probationary terms withdrawn after five (5) years from the date of this order.

2. The Applicant's practice as a pharmacy technician in training/pharmacy technician shall be governed by the following **TERMS AND CONDITIONS**:

a) Applicant shall keep the Board informed of her residential address, mailing address and telephone number at all times.

b) Applicant shall keep the Board informed of her pharmacy employer's or employers' name, address telephone number, and name of supervisor at all times.

c) Dr. Richard Hinchman will monitor the Applicant's recovery. He will be responsible for ordering random urine drug screens on at least a quarterly basis. The results of the screens will be forwarded to the Board and the Pharmacists Recovery Network. If Dr. Hinchman releases the Applicant from his care, she shall immediately notify the Board and the Board shall schedule a hearing to consider modifying the terms of probation.

d) Applicant shall provide a copy of all Board decisions imposing discipline or limiting practice to any pharmacy employer who shall sign and return a copy of such decisions to the Board within seven (7) days of employment or receipt of this decision.

e) Applicant shall cause her pharmacy employer to submit to the Board supervisor reports monthly for the first six months she is on probation and quarterly thereafter. The written reports must address her work habits, job performance, professional competence, sense of responsibility, attitude and ability to work with others.

f) Applicant shall make personal appearances before the Board quarterly during the first six months she is on probation and every six months thereafter. These appearances will be at the

Board's regular meetings and the Board will provide notice of all such meetings.

g) Applicant shall attend at least three Alcoholics Anonymous/Narcotics Anonymous meetings a week. Applicant shall submit reports of attendance at these meetings monthly for the first six months she is on probation and quarterly thereafter. Reports shall indicate the chapter attended, its address, telephone number, the person in charge (or contact person), the dates and times of meetings attended, and verification of attendance by a responsible member of the facility. Applicant shall also include her comments regarding the degree to which she finds these meetings helpful.

h) Applicant shall not violate any laws regulating the practice of being a pharmacy technician.

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 14th day of July, 2005.

INDIANA BOARD OF PHARMACY

By: _____

Frances 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 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 (18) 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:

Donnielle Shead

5602 East Karlsway

Columbus, Indiana 47201

CERTIFIED MAIL NUMBER:7002 2410 0002 4112 2374

RETURN RECEIPT REQUESTED