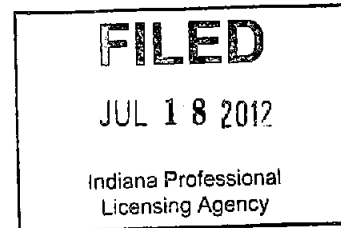


**BEFORE THE INDIANA
BOARD OF PHARMACY
CAUSE NUMBER: 2012 IBP 0063**

**IN THE MATTER OF THE PHARMACY)
TECHNICIAN CERTIFICATION)
APPLICATION OF:)
)
DAVID WEBSTER)
)
CERTIFICATION NUMBER: 99052791A.)**



DECISION ON CERTIFICATION APPLICATION

David Webster made a personal appearance before the Indiana Board of Pharmacy ("Board") on July 9, 2012 in Room C of the Conference Center of the Indiana Government Center South, 302 West Washington Street, Indianapolis, Indiana concerning his application for certification as a pharmacy technician.

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

BACKGROUND

1. The Applicant, whose mailing address is 8270 Ethan Drive, Fishers, Indiana 46038, applied for certification as a pharmacy technician in June 2012.
2. The Applicant revealed that on January 25, 2012, he was convicted in Belleville, Illinois, of driving under the influence of alcohol. Webster maintains that he was not driving under the influence of alcohol and that his physical condition at the time of his arrest was the result of a sinus infection and the medications he was taking for that illness. He also claims the guilty plea was an "Alford Plea" and that he only entered into it as an expedient.

3. Regardless, as a result of the guilty plea he will be under court supervision for two years.

4. 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 certification:

1. The Applicant's certification as a pharmacy technician will be issued on **INDEFINITE PROBATION**. He may apply to have the probation withdrawn after the completion of his criminal probation.

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 cause his pharmacy employer to submit quarterly reports to the Board indicating the Applicant's professional competence, sense of responsibility, work habits, mental attitude, and ability to work with others.

c) Applicant shall provide a copy of all Board orders imposing discipline or limiting practice to any pharmacy employer or treating physician 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) Applicant shall not violate any laws regulating the practice of being a pharmacy technician or the terms of his criminal probation.

e) 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.

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

ISSUED, this 18 day of July, 2012.

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 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.

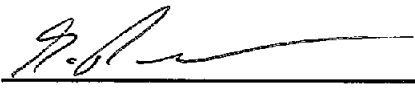
If your petition for review is timely filed and review granted, you will receive notification of an administrative hearing. You or your representative must be present at that hearing. You have the right to be represented by an attorney at your own expense. A deputy attorney general may be present to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

David Webster
8270 Ethan Drive
Fishers, IN 46038
Service by U.S. Mail

7/19/12
Date


Greg Pachmayr

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.