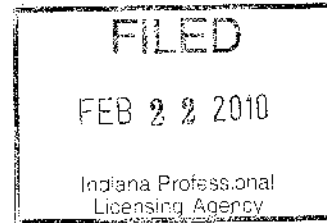


**BEFORE THE INDIANA
BOARD OF PHARMACY
CAUSE NUMBER: 1996 IBP 0004**

STATE OF INDIANA,)
)
PETITIONER,)
)
V.)
)
KATHERINE WALTERS, R.PH.,)
LICENSE NUMBER: 26016812A,)
)
RESPONDENT.)



FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

The Indiana Board of Pharmacy ("Board") held an administrative hearing on February 8, 2010, in Room W064 of the Indiana Government Center South, 402 West Washington Street, Indianapolis, Indiana, concerning Katherine Walters ("Respondent") request to reinstate her license.

The State of Indiana was represented by Deputy Attorney General, Morgan Burton. Respondent appeared in person and by counsel, Michelle Baldwin.

The Board, after considering the evidence presented and taking official notice of its file in this matter, voted 7 in favor, 0 against, and 0 abstaining to issue the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. Respondent resides at 8686 Calhoun Place, Crown Point, Indiana 46307.
2. The Indiana Professional Licensing Agency sent, and Respondent received, timely and proper notice of the date, time, and location of this hearing pursuant to Ind. Code § 4-21.5-3-20.

3. The Board is empowered to hold this administrative hearing pursuant to the authority of Ind. Code § 25-1-9-9 and Ind. Code § 4-21.5-3.
4. The Board suspended Walter's license in 1996 because she had become unfit to practice and had diverted drugs. In 1997 the Board reinstated her license on probation. In 1998, however, she surrendered her license. The Board did not place any conditions on the reinstatement of her license and she applied for reinstatement in January 2010.
5. At the hearing on reinstatement, Respondent testified that although she has not practiced since 1996 she recently passed the NAPLEX and MPJE exams. She had been treated for depression but no longer takes medication. A Board approved addictionologist, Doctor Frick, has determined that she is fit to practice.
6. The Board concluded that the evidence demonstrates that Respondent may practice pharmacy with reasonable skill and safety to the public, but only under restrictions.

CONCLUSIONS OF LAW

1. "[T]he board may impose any conditions appropriate to the . . . reinstatement of a surrendered license." Ind. Code § 25-1-9-14.
2. Because Respondent has established that she may practice with reasonable skill and safety to the public if she complies with the terms of her probation, she qualifies for reinstatement of her license on probation.

ORDER

Based upon the above Findings of Fact and Conclusions of Law the Board issues the following Order:

Respondent's license shall be placed on **INDEFINITE PROBATION**. Respondent may not seek withdrawal of the probationary status of her license until three years after the date of this order.

1. During the Probationary Period, Respondent's pharmacist license shall be governed by the following **TERMS and CONDITIONS**:

- a. Respondent shall keep the Board apprised of her home address, mailing address, email address, and residential telephone number at all times;
- b. When she is employed as a pharmacist, Respondent shall keep the Board apprised of her place of employment, employment telephone number, and name of her supervisor at all times.
- c. When she is employed as a pharmacist, Respondent shall keep the Board informed of her occupation title, work schedule, including the number of hours worked at all times.
- d. Respondent shall contact the Pharmacists Recovery Network ("PRN") for an evaluation. If PRN determines that she needs to be monitored, she shall enter into a three year monitoring contract with PRN and comply with its terms including submitting to drug screens at their direction.
- e. Respondent 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 seven (7) days of employment or receipt of the Order.

- f. Respondent shall make personal appearances before the Indiana Board of Pharmacy on a monthly basis for the first year she is on probation and quarterly thereafter.
- g. Respondent shall cause her pharmacy employer to submit supervisory reports to the Indiana Board of Pharmacy in care of the Indiana Professional Licensing Agency addressing her 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.
- h. Regardless of her employment status, Respondent shall submit a personal report to the Board every month addressing where she is in her life and career.
- i. Respondent may not work in a pharmacy position for more than forty-five (45) hours a week or ten (10) hours a day while on probation.
- j. Respondent shall submit to the Board a copy of all prescriptions written to Respondent for her personal consumption.
- k. Respondent may not be a qualifying pharmacist while she is on probation.
- l. Respondent shall inform the Board of any relapse or use of mood altering substances within forty-eight (48) hours.
- m. Respondent shall complete twelve (12) hours of community service annually and submit written documentation of her having done so to the Board at least once a year.

2. It is further Ordered that:

- a. Any information received by any other regulatory agency that indicates non-compliance with the statutes or regulations regarding the competent practice of pharmacy;
- b. a positive urine drug screen; or
- c. a violation of the Final Order,

may result in the State requesting an emergency suspension of Respondent's license, as well as possible reinstatement of the initial action giving rise to this resolution, an Order to Show Cause as may be issued by the Board, or a new cause of action being filed pursuant to Ind. Code § 25-1-9-4(a)(10), any or all of which could lead to additional sanctions, up to and including a revocation of Respondent's license.

ORDERED this 22 of February 2010.

INDIANA BOARD OF PHARMACY

By: _____

Frances L. Kelly
Executive Director
Indiana Professional Licensing Agency

Copies to:

Katherine Walters, R.Ph.

8686 Calhoun Place

Crown Point, Indiana 46307

SENT CERTIFIED MAIL NO. 91 7190 0005 2720 0000 2348

RETURN RECEIPT REQUESTED

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