

license was surrendered and prior to applying for restoration of her license, Respondent was required to appear before the Board, demonstrate her fitness and competence to practice pharmacy, demonstrate rehabilitation, and provide documentation of the disposition of the criminal matter, including completion of criminal sentencing and probation terms and payment of criminal fines.

On November 28, 2012, Respondent appeared and testified before the Board in support of her application for reinstatement of her license to practice pharmacy in New Jersey. Respondent provided documentation attesting to her successful participation in the Camden County Pretrial Intervention (PTI) Program and the dismissal of all charges by the Superior Court of New Jersey on May 29, 2012. Respondent explained that her addiction was caused, in part, by her inability to cope with mental health issues from which she suffered. After her employment termination and arrest for theft of CDS, Respondent admitted herself to a detoxification facility, underwent in-patient rehabilitation, and enrolled in an intensive outpatient therapy program. She states that she joined the PAP and continues to adhere to all of the program's requirements. She provided information on her non-pharmacy related employment over the last year and a half. Respondent testified that she has learned to deal with the problems which led to her addiction and states that she will continue her efforts to stay healthy and abstain from drug abuse.

Dr. Louis Baxter, Executive Medical Director, Professional Assistance Program (PAP), by correspondence dated October 1, 2012, supported Respondent's petition for reinstatement stating that Respondent has been an active participant in the PAP since December 2011, is compliant with all stipulations in the Consent Order filed on July 21, 2011, follows all aspects of her monitoring plan including attendance at Narcotics Anonymous support groups each week,

and has a sponsor with whom she is in contact on a daily basis. In addition, the results of Respondent's random monitoring have been negative for the presence of non-prescribed, psychoactive substances. Dr. Baxter also provided documentation of Respondent's successful completion of an Intensive Outpatient Program in July 2012. Respondent is under the care of Dr. Joel Glass, psychiatrist, for ongoing psychiatric counseling and medication management; Dr. Laurie Deerfield, an addiction psychiatrist, for group therapy and individual counseling; and she participates in ongoing counseling with Ms. Tia Baxter, MA, LA, NCC. PAP correspondence to the Board included evaluations from Dr. Deerfield and Dr. Glass dated August 13, 2012. Dr. Deerfield states that Respondent has worked hard to sustain sobriety and she supports Respondent's return to work contingent upon her continuing in the recovery program. Dr. Glass states that he has continued to provide psychiatric treatment to Respondent on a monthly basis since November 2008 for mental health issues and opioid abuse, noting that Respondent is committed to continuing her therapeutic opportunities and he supports Respondent's return to work as a pharmacist.

Respondent, being desirous of resolving this matter without the necessity of further formal proceedings, and agreeing to waive any right to same, and the Board having determined that this Order is sufficiently protective of the public health, safety and welfare, and all parties agreeing to the terms of this Order;

**ACCORDINGLY, IT IS on this 4th day of JANUARY, 2013,
ORDERED THAT:**

1. Respondent's license to practice pharmacy in the State of New Jersey is hereby suspended for a period of one year retroactive to and effective on July 21, 2011, the date of Respondent's surrender of her license.

2. Respondent's license shall be reinstated following her provision to the Executive Director of the Board of the following which shall all be to the satisfaction of the Board:

- a. Proof of successful completion of all application requirements including a criminal history background check, and payment of all reinstatement fees;
- b. Documentation of completion of continuing education credits required by N.J.A.C. 13:39-3A.1 to 13:39-3A.7.

3. After Respondent has complied with all of the above requirements to the satisfaction of the Board, Respondent's license to practice pharmacy shall be reinstated and placed on probation for a minimum of two (2) years from the date of reinstatement subject to the conditions outlined below.

4. Respondent shall continue to enroll in and comply fully with the monitoring program established for her by the Professional Assistance Program of New Jersey (PAP), during her period of probation and thereafter until further Order of the Board. Such monitoring program shall include but not be limited to:

- a. Respondent shall attend support group meetings of Alcoholics Anonymous at a frequency of not less than three meetings per week. Respondent shall provide evidence of attendance at such groups directly to the PAP on a form or in a manner as required by the PAP.
- b. Absolute abstinence from all psychoactive substances including alcohol unless prescribed by a treating health care professional for a documented medical condition and with notification from the treating health care professional to the executive medical director of the PAP of the diagnosis and treatment regime within five days of issuing the prescription. Respondent shall advise all of her treating health care practitioners, who prescribe medications, of her addiction history and shall be responsible to ensure that the treating health care professional notifies the PAP of any prescription for a psychoactive substance within five days of issuance of the prescription. Respondent shall also personally notify the PAP of any prescription for psychoactive substance within five days of issuance of the prescription.

- c. Respondent shall undergo random witnessed urine monitoring under the supervision of the PAP on an unannounced basis, at a frequency of no less than 2 times per week for the first twelve months following Respondent's return to practice followed by random, weekly screens for the subsequent year. The urine monitoring shall include but not be limited to, screening for antabuse and alcohol. Subsequent reductions in the frequency of urine screens shall be at the direction of the Executive Medical Director of the PAP consistent with Respondent's duration in recovery with prior notification to the State Board of Pharmacy. All test results shall be provided in the first instance directly to the PAP and any positive result shall be reported immediately by the PAP to the Executive Director of the Board.
- d. The Board reserves the right to require a modification of the manner of the random witnessed urine testing by the PAP in the event technical developments or individual requirements indicate that a different methodology or approach is required to guarantee the accuracy and reliability of the testing.
- e. Respondent's failure to submit to or provide a urine sample within twenty-four hours of a request shall be deemed to be the equivalent of a confirmed positive urine test and shall be deemed a violation of this Order unless Respondent is unable to appear for a scheduled urine test due to illness or other impossibility. Respondent must advise the Board in writing within two (2) days, and cause the PAP to so advise the Board in writing within (2) days, of a claimed illness or impossibility. If Respondent fails to appear for a scheduled urine test due to illness, Respondent shall provide to the Board, written substantiation of the illness in the form of a physician's report, within two (2) days. "Impossibility" means an obstacle beyond the control of Respondent that is insurmountable or that makes her appearance for the urine test so infeasible that a reasonable person would waive Respondent's requirement to give the urine sample that day.
- f. All random witnessed alcohol and drug screens shall be negative for the presence of alcohol or drugs, unless the drugs detected by screening were taken for a documented illness pursuant to a valid prescription from a health care practitioner aware of Respondent's substance abuse history. All positive results shall be confirmed by the Gas Chromatography Mass Spectrometry (GC/MS) testing method. Chain of custody documentation must accompany all laboratory reports and/or the laboratory reports must indicate that chain of custody procedures have been followed.
- g. Any urine test result showing creatinine levels below 20 mg/dl and a specific gravity below 1.003 shall create a rebuttable presumption of a confirmed positive urine test, and shall be followed by a confirming test. The method of the confirming test shall be determined by the PAP.

- h. Respondent shall become familiar with all foods, food additives or other products (such as poppy seeds) which may affect the validity of urine screens, be presumed to possess that knowledge, and shall refrain from the use of such substances. Respondent specifically agrees that ingestion of such substances shall not be an acceptable reason for a positive urine screen and/or failure to comply with the urine monitoring program.
 - i. Respondent shall submit to continued monitoring by the PAP and shall meet with the PAP on a face-to-face basis at least once a month for the first year following Respondent's return to practice, and once every two months for the next 12 months, with subsequent reductions at the direction of the Executive Medical Director of the PAP consistent with Respondent's duration in recovery and with prior notification to the State Board of Pharmacy.
 - j. Respondent shall be responsible to ensure that the PAP shall supply reports every ninety (90) days beginning on the "filed" date of this Order to the Board regarding her progress with the monitoring program.
 - k. Respondent shall obtain the agreement of the PAP via a signature of its representative on this Order to notify the Board within 24 hours of its receipt of information of any noncompliant behavior, slip or relapse of impairment, including but not limited to any positive urine screen or failure to appear for urine monitoring or any scheduled appointment or any discontinuance of the PAP rehabilitation program whether initiated by Respondent or by the PAP.
 - l. Respondent expressly waives any claim to privilege or confidentiality that she may have concerning reports and disclosures to the Board, and use by the Board of that information in any license proceedings, including reports and disclosures by the urine monitoring program, or the PAP, or any other person or entity involved in her rehabilitation program.
 - m. All costs associated with the monitoring outlined above shall be the responsibility of, and paid directly by, Respondent.
 - n. Respondent shall remain under the care of her psychiatrists, Dr. Glass and Dr. Deerfield, until such time as they, in consultation with the Executive Director of the PAP, agree that it is no longer required.
5. During the period of probation, a copy of this Order shall be provided to all respondent's employers where a pharmacy license is required for employment or where the Respondent has access to medication, prescriptions or patient profiles. Prior to Respondent

beginning employment, Respondent shall ensure that each employer notifies the Board in writing that he or she has received this Order and agrees to report to the PAP and the Board immediately if Respondent diverts drugs, there is indication Respondent may have diverted medication, or Respondent appears at work in an impaired state. The Respondent shall inform the Board in writing of any employment changes, including periods of unemployment, and shall also provide a detailed description of her job, role and responsibilities.

6. During the period of probation, Respondent shall not act as a preceptor or pharmacist-in-charge (RPIC) at any pharmacy, and shall not own or have an ownership interest in any pharmacy.

7. Respondent hereby consents to the entry of an Order of automatic suspension of license without notice, upon the Board's receipt of any information which the Board in its sole discretion deems reliable that Respondent has failed to comply with any of the conditions set forth above, any other provision of this Order, any report of a confirmed positive urine, or a prima facie showing of a relapse or recurrence of the use of alcohol or a psychoactive substance which is not prescribed by a treating health care professional with notification to the PAP as described above.

8. Respondent shall have the right to apply for removal of the automatic suspension on five (5) days notice but in such event shall be limited to a showing that the urine tested was not hers or was a false positive in the case of urine testing, or that other information submitted was false.

9. Failure to comply with any of the terms of this Consent Order may result in further disciplinary action.

NEW JERSEY STATE BOARD OF PHARMACY

By: Edward G. McGinley
Edward G. McGinley, R.P. ✓
President

I have read the within Order and understand its terms. I consent to the entry of this Order by the New Jersey Board of Pharmacy.

Nicole Ardite, R.P. Date

Agreed as to the monitoring and reporting requirements of this Consent Order on behalf of the Professional Assistance Program

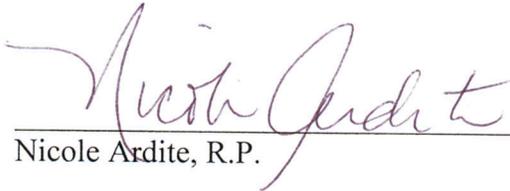
Louis E. Baxter, Sr., M.D., FASAM Date
Medical Director
Professional Assistance Program

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NEW JERSEY STATE BOARD OF PHARMACY

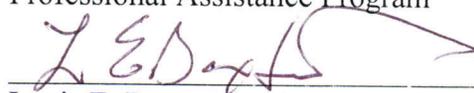
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