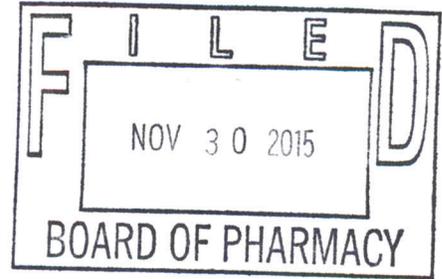


JOHN J. HOFFMAN
ACTING ATTORNEY GENERAL OF NEW JERSEY
Division of Law
124 Halsey Street, 5th Floor
P.O. Box 45029
Newark, New Jersey 07101
Attorney for the State Board of Pharmacy



By: Megan Cordoma
Deputy Attorney General
(973) 648-4730

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF PHARMACY

IN THE MATTER OF THE SUSPENSION OR :
REVOCAION OF THE LICENSE OF :
: :
Radia Hill-Owens : ADMINISTRATIVE ACTION
License No. 28RW02150800 : :
: **PROVISIONAL ORDER OF**
: **DISCIPLINE**
TO PRACTICE AS A PHARMACY :
TECHNICIAN IN THE STATE :
OF NEW JERSEY :

This matter was opened to the New Jersey State Board of Pharmacy (the "Board") upon receipt of information which the Board has reviewed and on which the following preliminary findings of fact and conclusions of law are made:

FINDINGS OF FACT

1. Radia Hill-Owens ("Respondent") is a registered pharmacy technician in the State of New Jersey and has been a licensee at all times relevant hereto. (See License 2000

printout, attached hereto and made a part hereof as **Exhibit A**).

2. The Board received a flagging notice indicating that Respondent was arrested on May 9, 2015 by the Newark Police Department for violating N.J.S.A. 2C:12-10 [Stalking]. (See Flagging Notice dated 5/19/15 attached hereto and made a part hereof as **Exhibit B**).

3. Upon receipt of the flagging notice, the Board sent a letter of inquiry, requesting certain information and submission of documents, to Respondent's address of record at 533 Valley Street, Orange, New Jersey, via regular and certified mail on or about May 29, 2015. A response was due within fifteen (15) days. (**Exhibit C**).

4. To date, Respondent has not provided a response to the Board's request for information.

CONCLUSIONS OF LAW

Respondent's failure to respond to the Board's request for information constitutes a failure to cooperate with a Board investigation, in contravention of N.J.A.C 13:45C-1.2,-1.3, in violation of N.J.S.A. 45:1-21 (e), subjecting Respondent to disciplinary action pursuant to N.J.S.A 45:1-21 (h).

ACCORDINGLY, IT IS on this 30th day of NOVEMBER, 2015,

ORDERED that:

1. Respondent's certification to practice as a pharmacy technician be and hereby is suspended until such time as Respondent cooperates with the Board's investigation by providing answers to the Board's request for information to the Board's satisfaction.

2. Respondent shall refrain from practicing as a pharmacy technician and shall not represent herself as a registered pharmacy technician until such time as her registration is reinstated. Any practice in this State prior to such reinstatement shall constitute grounds for a charge of unlicensed practice. For the purposes of this Order, practice as a pharmacy technician includes, but is not limited to the following: respondent shall not retrieve prescription files or patient files; shall not prepare medication labels; shall not engage in data entry for any pharmacy, shall not count, weigh, measure, pour or compound prescription medication or stock prescription legend drugs or controlled substances; shall not fill an automated medication system; shall not accept authorization for a prescription refill or renewal; shall not handle anything requiring a prescription, including devices and medications; respondent shall not handle prescriptions; and

shall not be present within a prescription filling area of a pharmacy.

3. Respondent shall pay a civil penalty in the amount of \$250.00 within 15 days of the filing of a Final Order in this matter. Payment shall be made by bank check, money order, wire transfer or credit card made payable to the New Jersey Board of Pharmacy and mailed to the New Jersey State Board of Pharmacy, ATTN: Anthony Rubinaccio, Executive Director, 124 Halsey Street, P.O. Box 45013, Newark, New Jersey 07101. Any other form of payment will be rejected and will be returned to the party making the payment. In the event that respondent fails to make timely payment, interest shall begin to accrue at the annual court rule rate, a Certification of Debt shall be issued, and the Board may institute such other proceedings as are authorized by law.

4. The within order shall be subject to finalization by the Board at 5:00 p.m. on the 30th day following entry hereof unless Respondent requests a modification or dismissal of the above stated Findings of Fact or Conclusions of Law by:

a) Submitting a written request for modification or dismissal to Anthony Rubinaccio, Executive Director, State Board of Pharmacy, 124 Halsey Street, P.O. Box 45013, Newark, New Jersey 07101.

b) Setting forth in writing any and all reasons why said findings and conclusions should be modified or dismissed.

c) Submitting any and all documents or other written evidence supporting Respondent's request for consideration and reasons therefor or offered in mitigation of penalty.

5. Any submissions will be reviewed by the Board and the Board will thereafter determine whether further proceedings are necessary. If no material discrepancies are raised through a supplemental submission during the thirty-day period, or if the Board is not persuaded that the submitted materials merit further consideration, a Final Order of Discipline will be entered.

6. In the event that Respondent's submissions establish a need for further proceedings, including, but not limited to an evidentiary hearing, Respondent shall be notified with regard thereto. In the event that an evidentiary hearing is ordered, the preliminary findings of fact and conclusions of law contained herein may serve as notice of the factual and legal allegations in such proceeding. Further, in the event a hearing is held and upon review of the record, the Board shall not be limited to the findings, conclusions, and sanctions stated herein.

NEW JERSEY STATE BOARD OF PHARMACY

By: Thomas F.X. Bender, Jr. RPH
Thomas F.X. Bender, R.P.H.
Board President

Exhibit A

RADIA HILL-OWENS

Date of birth: [REDACTED]
Date of death:
License No.: **28RW02150800**
Profession: Pharmacy
License type: Pharmacy Technician

License status: **Active** Last renewal date:
Date this status: 06/23/2014 Expiration date: 08/31/2016
Issue date: 06/23/2014

Address of Record

Education

School name:
Degree/Certificate:
Date Graduated:
Major:

Prerequisite License(s)

None

Report generated on 11/17/15 9:33:50 AM

Exhibit B



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Criminal History Review Unit



JOHN J. HOFFMAN
Acting Attorney General

STEVE C. LEE
Acting Director

Mailing Address:
P.O. Box 186
Trenton, NJ 08625
(609) 826-7184

FLAGGING

May 19, 2015

Pharmacy Tech

ACTIVE

#28 RW02150800

To: Pharmacy Technicians Committee

REF: Radia Hill-Owens

DOB: 01/07/76

SS# [REDACTED]

Applicant #: 1791496

As a result of the Flagging System, the following information has been revealed:

1. The above individual was arrested on 04/13/15 by Newark Police Department for 2C:12-10 Stalking, Agency Case #: C15016355.

Please contact this office at 609-826-7126 if you have any questions, concerning the above or dispute any of this information.

Sincerely,
Louis J. Krofka, Chief
Criminal History Review Unit (ju)

[REDACTED]

Exhibit C

9/2/15-Exec-SE-9



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark, NJ 07102



JOHN J. HOFFMAN
Acting Attorney General

STEVE C. LEE
Acting Director

May 29, 2015

Radia Hill-Owens
[REDACTED]
[REDACTED]

Mailing Address:
P.O. Box 45013
Newark, NJ 07101
(973) 504-6450

Via Regular and Certified Mail

Re: Criminal History Flagging

The Board of Pharmacy has been notified by the New Jersey State Police that you were arrested on April 13, 2015 by the City of Newark police department for stalking.

Before this matter is reviewed by the Board of Pharmacy to determine if the offense warrants disciplinary action under N.J.S.A.45:1-21(f), please forward the following information within fifteen (15) business days to the Division Consumer Affairs, Health Care Reporting Unit at P.O. Box 46019, Newark, NJ 07101 using the self-addressed envelope enclosed:

A legible copy of the police report with all supporting statements, which can be obtained by visiting the police station where you were arrested.

A legible copy of the court complaint and disposition. This should include the charges, your plea, the court's judgement and the court's assessment of costs, fines, jail time and / or probation (if any). If you have completed probation, this information can be obtained by calling and visiting the Clerk of the Court where the case was heard.

However, if the case is still pending, provide the status of the case and keep this office apprized of any major developments including dismissal, transfer to the Superior Court (county level), grand jury indictment, trial dates, plea agreements, etc. Keep this office apprized of any major changes in the case status.

The name and address of your current employer, your job title and dates of employment.

A narrative statement from you regarding your version of the underlying conduct which gave rise to the underlying crime/offense for which you were arrested.

Failure to respond and provide these items within fifteen (15) business days from receipt of this letter will constitute a violation of the afore stated provisions and may result in the filing of a provisional order of discipline for suspension and imposition of monetary penalties.

Sincerely,

Anthony Rubinaccio
Executive Director

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece or on the front if space permits.

1. Article Addressed to:

Radia Hill-Owens

2. Article Number

(Transfer from service label)

7010 0780 0001 6654 3927

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15-

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Radia Hill-Owens

Agent

Addressee

B. Received by (Printed Name)

Radia Hill-Owens

C. Date of Delivery

D. Is delivery address different from Item 1? Yes

If YES, enter delivery address below No

JUN 05 2015

3. Service Type **CHANGE**

Certified Mail Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

U.S. Postal Service

CERTIFIED MAIL - RECEIPT

(Domestic Mail Only. No Insurance Coverage Provided)

For delivery information, visit our website at www.usps.com

OFFICIAL USE

7010 0780 0001 6654 3927

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage

Postmark Here

Sent To

Radia Hill-Owens

Street, Apt. No. or PO Box No.

City, State, ZIP

PS Form 3800