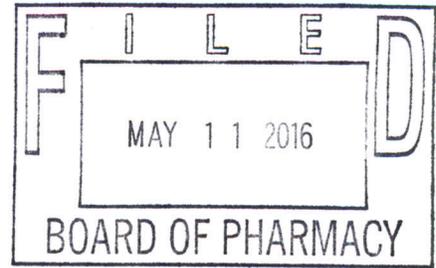


ROBERT LOUGY
ACTING ATTORNEY GENERAL OF NEW JERSEY
124 Halsey Street, 5th Floor
PO Box 45029
Newark, New Jersey 07101
Attorney for New Jersey Board of Pharmacy
By: Delia DeLisi
Deputy Attorney General
(973) 648-4741
Attorney ID.008972004



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

IN THE MATTER OF THE SUSPENSION OR :
REVOCATION OF THE REGISTRATION OF :
: Administrative Action
CANDICE M. TOMLIN :
Registration No. 28RW00873300 : **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:

PRELIMINARY FINDINGS OF FACT

1. Candice M. Tomlin ("Respondent") became a registered pharmacy technician in the State of New Jersey on January 15, 2009. Her registration expired on August 31, 2010. Respondent did not renew during the 2010-2012 renewal period. Respondent applied for reinstatement of her pharmacy technician registration on February

14, 2013 with an expiration of that registration on August 31, 2014. A renewal letter and a reminder letter were sent to Respondent on June 30, 2014 and August 12, 2014, respectively. A certified copy of the Board's record, indicating Respondent's registration status as of March 8, 2016, is attached hereto as Exhibit B and made a part hereof.

2. On October 28, October 29 and October 30, 2015, the Enforcement Bureau of the Division of Consumer Affairs ("EB") conducted an inspection of Little Falls Pharmacy, located at 75 Newark Pompton Turnpike, Little Falls, New Jersey 07424. At the time of this inspection, Respondent was employed at Little Falls Pharmacy.

3. On October 28, 2015, as part of EB's inspection, Respondent completed a "Pharmacy Personnel Identification Form." On this form, Respondent wrote "Pharmacy Technician" as her job description and left the space designated for her license number blank. See Certification of EB Investigator Robert Rokosz, R.P., and a copy of the Pharmacy Personnel Identification Form, filled out by Respondent, attached hereto, as Rokosz Certification and Exhibit A respectively, and made a part hereof.

4. Also on October 28, 2015, EB Investigator Robert Rokosz, R.P., observed Respondent performing duties limited to pharmacy technicians or pharmacists, i.e., counting prescription medications and filling cardboard "bingo" cards (blister packs) and affixing

prescription labels to the cards, in violation of N.J.A.C. 13:39-6.5(b)(5) and (6). (See Rokosz Certification)

5. On that same date, Respondent was not wearing the required identification tag for personnel working in the pharmacy, in violation of N.J.A.C. 13:39-6.3. (See Rokosz Certification)

6. On February 3, 2016, Respondent submitted her "Application for Reinstatement of Pharmacy Technician Registration" to the Board of Pharmacy. Respondent listed Little Falls Pharmacy as her employer from February 2014 to present. A copy of the Application, filled out by Respondent, is attached hereto as Exhibit C and made a part hereof.

PRELIMINARY CONCLUSIONS OF LAW

Respondent has violated N.J.A.C. 13:39-6.3 by failing to wear an identification tag displaying her name and job title while working at Little Falls Pharmacy. Furthermore, Respondent violated N.J.A.C. 13:39-6.5(b)(5) and (6) by continuing to work as a pharmacy technician, performing such duties as handling and labeling prescription medications, despite her pharmacy technician registration having expired more than a year prior.

Respondent's failure to wear an identification tag and her continued performance of the duties of a pharmacy technician, although not registered with the Board, provides grounds to take disciplinary action against Respondent's license to practice as a

pharmacy technician and refusal to reinstate her registration in the State of New Jersey, pursuant to N.J.S.A. 45:1-21 (b), (e) and (h), in that Respondent has engaged in the use or employment of dishonesty, fraud, deception, misrepresentation, false promise or false pretense; has engaged in professional misconduct; and has violated or failed to comply with the provisions of any act or regulation administered by the Board.

**IT IS THEREFORE ON THIS 11th day of May 2016,
ORDERED that:**

1. Respondent's registration to practice as a pharmacy technician in the State of New Jersey is hereby provisionally suspended.

2. Respondent's pharmacy technician registration shall not be reinstated prior to the beginning of the 2016 renewal period, August 31, 2016.

3. A civil penalty in the amount of \$1,000.00 is provisionally imposed upon Respondent. Payment shall be made by wire transfer, bank check, money order or certified check made payable to the State of New Jersey, delivered to Anthony Rubinaccio, Executive Director, State Board of Pharmacy, P.O. Box 45013, Newark, New Jersey 07101. Payment shall be made no later than 15 days after the entry of any Final Order of Discipline in this matter. In the event Respondent fails to make a timely payment, a certificate of debt shall be filed in accordance with

N.J.S.A. 45:1-24 and the Board may bring such other proceedings as authorized by law.

4. The Board shall not consider an application for reinstatement of Respondent's pharmacy technician registration until she has paid the \$1,000.00 penalty.

5. Respondent shall immediately cease and desist from engaging in practice as a pharmacy technician, which 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 legend drugs and 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; shall not handle prescriptions; and shall not be present within a prescription filling area of a pharmacy.

6. Any practice in this State in violation of the above conditions shall constitute unregistered practice, and provide further grounds for discipline and a bar to reinstatement extending beyond the period required here.

7. Respondent shall surrender her original registration and the most recent renewal card to the Executive Director of the Board by mailing same to Anthony Rubinaccio, Executive Director, Board of

Pharmacy, 124 Halsey Street, P.O. Box 45013, Newark, New Jersey 07101.

8. 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 therefore or offered in mitigation of penalty.

9. 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.

10. 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., R.Ph.
Thomas F.X. Bender, R.Ph.
Board President

EXHIBIT A

PHARMACY PERSONNEL IDENTIFICATION FORM



LITTLE FALLS PHARMACY
75 NEWARK POMERON TURNPIKE, LITTLE FALLS, NJ 07424
PHONE: (973) 638-1561

Date: 10/28/15

Candice Tomlin

Pharmacy Technician
(R.P. -in-Charge, Staff R.P., Supportive Personnel)

SIGNATURE:

Candice Tomlin

INITIALS:

CT

PRINT NAME:

Candice Tomlin

LICENSE NUMBER:

HOME ADDRESS:

[REDACTED]

TELEPHONE NUMBER(S)

[REDACTED]

DATE OF BIRTH:

[REDACTED]

SOCIAL SECURITY NUMBER:

[REDACTED]

HOURS EMPLOYED/WEEK:

40hrs/wk

JOB DESCRIPTION:

Pharmacy Technician

DATE OF EMPLOYMENT:
(MONTH/YEAR)

2/2014

Case File# 8-6116-15-X
Page 3 of 5
Exhibit # 1

EXHIBIT B

License #	Type	Status	Probation? Limited? Restricted?
	Pharmacy Technician		

Asst of Record	Issue Date: 01/15/2009	Applicant Number: 1362878
Detail	Obtained By: Application	MyLicense Number: 031927
Supp #/0	From State/Prov.:	From Country:
Additional	Expiration Date: 08/31/2014	Last Renewal Date: 06/23/2010
Documents	Date This Status: 10/05/2014	Renewal ID:
	Reason Changed: Terminated	
	Date Archived:	
	Effective Date: 01/15/2009	
	Last Reprint Date:	
	Reprint Count: 0	
	Remarks:	

EXHIBIT C



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

Application for Reinstatement of Pharmacy Technician Registration

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

You may not work as a pharmacy technician in the State of New Jersey until your Registration is Reinstated

Please type or print clearly. You must answer all of the questions on this application.

Personal Information:

1. Tomlin Candice M.
Last name First name Middle initial

2. Date of birth: [REDACTED] SSN#: [REDACTED]

3. Address:
[REDACTED] NJ [REDACTED]
Street or P.O. Box City State ZIP code

(973) 873-4248
Telephone number (include area code)

[REDACTED]
E-mail address

[REDACTED]
Cell phone number

973-638-1562
Work telephone number

28RW00873300
License number

8/23/10
Date of last Renewal

2001627

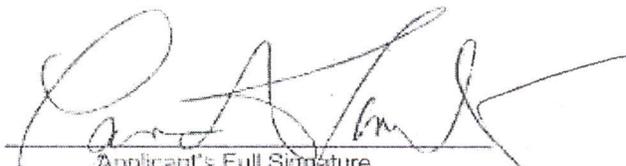
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Answer all questions from the time period that you were last registered in New Jersey

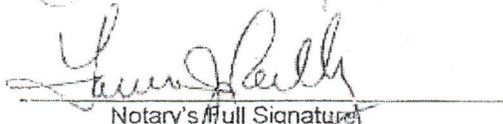
1. Have you been convicted of a crime? Yes No
2. Are there any criminal charges against you now pending? (Parking or speeding violations do not require you to answer "Yes," but all other motor vehicle offenses must be disclosed) Yes No
3. Has your professional license been revoked or suspended (whether active or stayed) by any licensing board? Yes No
4. Is any action now pending against your professional license or have you been permitted to surrender or otherwise relinquish your license to avoid inquiry, investigation or action by any state licensing board? Yes No

AFFIDAVIT OF APPLICANT

I, Candice Tomlin, being duly sworn, depose and say under penalty of false statement, I am the person described and identified in this application; that the information given in this application and all submitted materials contain no willful misrepresentations and that the information is true and complete. I understand that should an investigation at any time disclose otherwise, my application may be rejected, and I may face legal sanctions if I am already licensed. I understand that in signing this application for reinstatement, I am consenting to any reasonable inquiry that may be necessary to verify the information I have provided on this form or may provide in conjunction with this application.


Applicant's Full Signature

1/28/16
Date


Notary's Full Signature

1/28/16
Date

LAURA J REILLY
Notary Public
State of New Jersey
My Commission Expires Jan. 31, 2017

Notary's Commission Expires: 1/31/2017

Affidavit of Employment

Complete affidavit of employment listing each job held during the period of expired /suspended registration within State of NJ, includes the names, address, and telephone numbers of each employer.

1. Did you work as pharmacy technician in any other state while being in *expired status* or *suspended status* in the State of New Jersey ?

Yes No If yes, please complete the following information:

Employer Name _____

Address _____

Telephone # _____

Current Dates from _____ to _____ Total Number of hours _____

Employer Name _____

Address _____

Telephone # _____

Current Dates from _____ to _____ Total Number of hours _____

2. List all other employers for this time period (*whether Pharmacy related or not*) that are not included in question # 1 above.

Employer Name Little Falls Pharmacy

Address 75 Newark-Pompton Tpk
Little Falls, NJ 07416

Telephone # 973-638-1561

Current Dates from 2/14 to present Total Number of hours 40 hrs/wk

Employer Name _____

Address _____

Telephone # _____

Current Dates from _____ to _____ Total Number of hours _____

AFFIDAVIT OF APPLICANT

Candice Tomlin, being duly sworn, depose and say under penalty of false statement, I am the person described and identified in this application; that the information given in this application and all submitted materials contain no willful misrepresentations and that the information is true and complete. I understand that should an investigation at any time disclose otherwise, my application may be rejected, and I may face legal sanctions if I am already licensed. I understand that in signing this application for reinstatement, I am consenting to any reasonable inquiry that may be necessary to verify the information I have provided on this form or may provide in conjunction with this application.

Applicant's Full Signature [Signature]

Date 1/28/16

Notary's Full Signature [Signature]

Date 1/28/2016

Notary's Commission Expires: 1/31/2017

LAURA J REILLY
Notary Public
State of New Jersey
My Commission Expires Jan. 31, 2017

Official Use Only
 Dual License
 License Type 1

Applicant's Number

License Type 2

Applicant's Number



Official Use Only
 Resubmit

Board or Committee

New Jersey Office of the Attorney General
 Division of Consumer Affairs
 Board of Pharmacy
 P.O. Box 45013
 Newark, New Jersey 07101
 (973) 504-6450

**CERTIFICATION AND AUTHORIZATION FORM
 FOR A CRIMINAL HISTORY BACKGROUND CHECK**

Directions: Answer all of the questions on this form.

1. Name Mr. Tomlin Cardia M (Maiden Name)
 Mrs.
 Ms.

2. Address _____ NJ _____
Street or P.O. Box City State ZIP Code

3. Date of birth _____ Sex: Male Female
Month Day Year

4. Social Security number _____

5. Have you completed the fingerprinting process for any Board or Committee of the New Jersey Division of Consumer Affairs since November 2003?
 Yes No
 If "No," you will receive a separate mailing from the Board or Committee regarding the criminal history record background check process. No payment is necessary as of now.
 If "Yes," please provide the following information and follow the instructions outlined below:
New Jersey Board of Pharmacy 2008 _____
Board or Committee requiring the fingerprinting Month and Year you were fingerprinted

If you were fingerprinted after November 2003 as part of the criminal history background process for licensure or certification by any other Board or Committee of the New Jersey Division of Consumer Affairs (a background check conducted for the Department of Education, another state agency or another state does not apply) you will not be required to be fingerprinted a second time. However, the Division must perform a criminal history background check each time you apply for licensure or certification. **The fee for this service is \$20.25.** Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

6. Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.)
 Yes No

Every such conviction on record must be disclosed. A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, must be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation must be submitted with this form. **Failure to follow these instructions may result in the denial of an initial application.**

Note: Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

Your continuing responsibility to disclose convictions of crimes or offenses: You must notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

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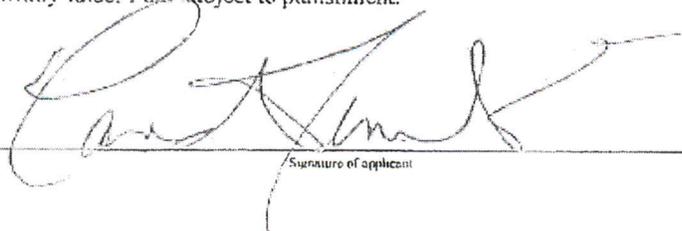
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CERTIFICATION

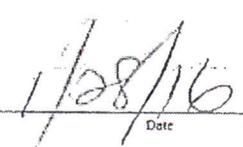
I, Candice Tomlin in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

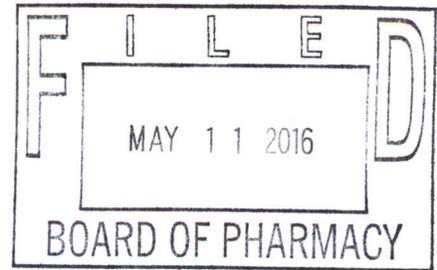


Signature of applicant



Date

ROBERT LOUGY
ACTING ATTORNEY GENERAL OF NEW JERSEY
Division of Law, 5th Floor
124 Halsey Street
P.O. Box 45029
Newark, New Jersey 07101
By: Delia DeLisi
Deputy Attorney General
Tel. (973) 648-4741
Attorney ID.008972004



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

IN THE MATTER OF THE SUSPENSION OR
REVOCATION OF THE REGISTRATION OF

CANDICE M. TOMLIN
Registration No. 28RW00873300

TO PRACTICE AS A PHARMACY TECHNICIAN
IN THE STATE OF NEW JERSEY

ADMINISTRATIVE ACTION

CERTIFICATION OF
ANTHONY RUBINACCIO, R.P.

I, Anthony Rubinaccio, of full age, hereby certify as follows:

1. I am the Executive Director of the New Jersey State Board of Pharmacy ("the Board"), with offices located at 124 Halsey Street, Newark, New Jersey, and a mailing address of P.O. Box 45013, Newark, NJ 07101 and I am the official custodian of the records of the Board.

2. I have directed that a diligent search be made of Board records for any information regarding Candice M. Tomlin.

3. A review of the Board's file shows that Ms. Tomlin was originally registered as a Pharmacy Technician in January 2009.

4. The Board's records show that a renewal letter was sent to Ms. Tomlin's address of record on June 30, 2014. A reminder letter was sent to Ms. Tomlin's address of record on August 12, 2014. Ms. Tomlin did not renew her Pharmacy Technician registration for the August 2014 - August 2016 period.

5. The Board did not receive Ms. Tomlin's Application for Reinstatement of Pharmacy Technician Registration until February 2, 2016.

I certify that all the foregoing statements made by me are true and that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

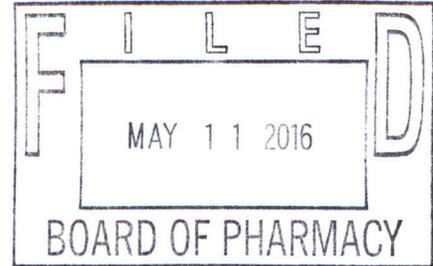


Anthony Rubinaccio
Executive Director

Dated:

5/10/16

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
By: Delia DeLisi
Deputy Attorney General
(973) 648-4741
Attorney ID.008972004



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 REGISTRATION OF :
: Administrative Action
CANDICE M. TOMLIN :
Registration No. 28RW00873300 : **CERTIFICATION OF**
: **ROBERT ROKOSZ, R.P.**
TO PRACTICE AS A PHARMACY TECHNICIAN :
IN THE STATE OF NEW JERSEY :
_____:

I, Robert Rokosz, R.P., of full age, hereby certify as follows:

1. I am employed by the State of New Jersey, Division of Consumer Affairs - Enforcement Bureau (EB) as an Investigator. I have been assigned to investigate the above-captioned matter and as such, I am fully familiar with the facts and circumstances pertaining thereto.

2. On October 28, 2015, I, along with other investigators of the EB, went to the Little Falls Pharmacy to conduct an inspection.

3. As part of this inspection, I had Little Falls

Pharmacy employee Candice Tomlin fill out a "Pharmacy Personnel Identification Form." (See Exhibit A)

4. On this form, Ms. Tomlin wrote "Pharmacy Technician" in the blank space next to "Job Description." Ms. Tomlin did not fill in the blank space next to "License Number." Ms. Tomlin also wrote "2/2014" in the space for "Date of Employment." (See Exhibit A)

5. On October 28, 2015, I observed Ms. Tomlin at Little Falls Pharmacy:

- a) counting prescription medications and filling "bingo" cards with these medications for patients;
- b) affixing prescription labels to the "bingo" cards and
- c) performing the above duties without wearing an identification tag.

I certify that the foregoing statements made by me are true. I understand that if any of the foregoing statements are willfully false, I am subject to punishment.



Robert Rokosz, R.P.
Investigator

Date: 5/2/2016