FILED
SEP - 8 2016
BOARD OF PHARMACY

CHRISTOPHER S. PORRINO
ATTORNEY GENERAL OF NEW JERSEY
Division of Law
124 Halsey Street, 5th Floor
P.O. Box 45029
Newark, New Jersey 07101

By: Wendy Leggett Faulk
Deputy Attorney General (043321996)
(973) 648-7093

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

IN THE MATTER OF: **ASHRAF T. HANNA** Pharmacy Technician Registration No. 28RW01436300 Pharmacist Intern Registration No. 28RH00025000	**Administrative Action** **AMENDED PROVISIONAL ORDER OF DISCIPLINE AND DENIAL OF LICENSURE**

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

FINDINGS OF FACT
(PRELIMINARY UNTIL ENTRY OF FINAL ORDER)

1. Respondent, Ashraf T. Hanna, is an applicant for licensure as a pharmacist in the State of New Jersey, having submitted said application on or about December 21,

2012 (the "2012 Application"). Respondent became registered as a Pharmacy Technician on November 22, 2010, and also as a Pharmacist Intern on August 1, 2012. Both registrations expired in August 2014. (Certification of Wendy Leggett Faulk, dated September 8, 2016, filed herewith and made a part hereof ("Faulk Cert."), Exhibit A).

2. On or about November 7, 2011, the Board received a criminal flagging notice indicating Respondent had been arrested by the East Brunswick Police Department on November 4, 2011, and charged with one count of Shoplifting, in violation of N.J.S.A. 2C:20-11, and one count of Criminal Mischief, in violation of N.J.S.A. 2C:17-3 (hereafter referred to as the "2011 Arrest"). (Faulk Cert., Exhibit B).

3. On the 2012 Application, Respondent answered "no" to question number eight, which asked whether he had ever been arrested for any violation of law, ordinance, felony, misdemeanor, or disorderly persons offense. (Faulk Cert., Exhibit C).

4. On or about March 20, 2013, the Board received a criminal flagging notice indicating Respondent had been arrested by the North Brunswick Police Department on March 19, 2013, and charged with five (5) counts of Distribution of a Prescription Legend Drug, in violation of N.J.S.A. 2C:35-10.5A, and five (5) counts of Theft of Movable Property, in violation of N.J.S.A. 2C:20-3A (hereafter referred to as the "2013 Arrest"). (See Faulk Cert., Exhibit D).

5. Respondent's 2013 Arrest resulted after he admitted, in writing, to having stolen prescription legend drugs from his employer. Specifically, on March 1, 2013, while employed as a Pharmacy Technician at a pharmacy in a North Brunswick Walmart store, Respondent, in a sworn written statement, admitted to stealing bottles of Tramadol and one bottle of Viagra from the Walmart pharmacy on several dates during 2012 and 2013. In the statement, Respondent said his uncle requested Respondent

take the medications from where he worked and give them to him (the uncle) to be sold at the uncle's pharmacy in New York. (See Faulk Cert., Exhibit E).

6. On or about February 7, 2014, Respondent pled guilty to one count of unlawful possession of a prescription legend drug with intent to distribute, a third degree crime, in connection with his admitted theft of Viagra. Respondent also pled guilty to a second degree crime for his admitted theft of Tramadol. (Faulk Cert., Exhibit F). Thereafter Respondent was permitted to enter the Middlesex County Pre-Trial Intervention Program, from which he was released on or about November 6, 2015. (See Faulk Cert., Exhibit G).

CONCLUSIONS OF LAW
(PRELIMINARY UNTIL ENTRY OF FINAL ORDER)

Respondent's conduct, as evidenced herein, provides sufficient grounds for discipline against Respondent's Pharmacy Technician and Pharmacist Intern registrations, as well as denial of Respondent's application for licensure as a pharmacist in New Jersey. Pursuant to N.J.S.A. 45:1-21(f), the Board may refuse to issue a license upon proof that the applicant has been convicted of, or engaged in acts constituting a crime relating adversely to the activity regulated by the Board. Respondent's guilty plea is deemed to be a conviction in accordance with N.J.S.A. 45:1-21(f). Pursuant to N.J.S.A. 45:1-21(b), the Board may suspend or revoke any registration upon proof that the applicant engaged in the use or employment of dishonesty, fraud, deception or misrepresentation. Respondent's actions while registered as a Pharmacy Technician and Pharmacist Intern, including his false statement on the 2012 Application, evidences Respondent engaged in the use or employment of dishonesty and/or misrepresentation.

ACCORDINGLY, IT IS ON THIS 8th day of September 2016, **ORDERED THAT, UPON ENTRY OF A FINAL ORDER:**

1. Respondent's application to practice as a pharmacist in the State of New Jersey is hereby denied. Respondent shall not be eligible to apply for or obtain a license to practice as a pharmacist in the State for a minimum of five (5) years from the date of entry of a Final Order.

2. Respondent's registration to practice as a pharmacy technician is hereby revoked. Respondent shall not be eligible to apply for reinstatement of his registration to practice as a pharmacy technician in the State for a minimum of five (5) years from the date of entry of a Final Order.

3. Respondent's registration to practice as a pharmacist intern is hereby revoked. Respondent shall not be eligible to apply for reinstatement of his registration to practice as a pharmacist intern in the State for a minimum of five (5) years from the date of entry of a Final Order.

4. Pursuant to N.J.S.A. 45:1-25, Respondent is assessed a civil penalty in the amount of Seven Thousand, Five Hundred Dollars ($7,500) and administrative costs in the amount of Five Thousand Dollars ($5,000), for engaging in acts relating adversely to activity regulated by the Board while registered as a Pharmacy Technician and a Pharmacist intern. Payment shall be made within thirty (30) days from the date of entry of a Final Order, and tendered in the form of bank check, money order, certified check, wire transfer or credit card. Payment tendered in any other form will be rejected, returned and deemed unremitted. All payments shall be forwarded to the attention of the Executive Director, State Board of Pharmacy, 124 Halsey Street, P.O. Box 45013, Newark, New Jersey 07101. For any assessment not paid in full as required herein, a

Certificate of Debt shall be filed pursuant to N.J.S.A. 45:1-24 to protect the judgment and the Board may bring such other proceedings as authorized by law. Interest on all assessments herein shall accrue in accordance with N.J. Court Rule 4:42-11. Full payment of all assessments is required prior to submission by Respondent of any application for reinstatement or licensure.

5. Prior to Board consideration of any application by Respondent for reinstatement of his registration to practice as a pharmacy technician or pharmacist intern, or for licensure to practice as a pharmacist in New Jersey, Respondent shall appear before the Board to show competency to practice.

6. This Order shall be finalized by the Board at 5:00 p.m. on the 30th day following initial filing hereof UNLESS the Board receives, prior to the 30-day deadline, a request by Respondent for modification or dismissal of the above stated Findings of Fact and Conclusions of Law. Respondent's request must:

a) Be submitted in writing and directed to the State Board of Pharmacy, Attention: Anthony Rubinaccio, Executive Director, 124 Halsey Street, P.O. Box 45013, Newark, New Jersey, 07101.

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

c) Include any and all documents or other written evidence supporting Respondent's request for consideration and reasons therefore, or offered in mitigation of the imposed penalty.

7. If the Board receives Respondent's submissions prior to the 30-day deadline, the Board will review and thereafter determine whether further proceedings are merited. If no material discrepancies are raised by Respondent's submission, or if the Board is not persuaded that the submissions merit further consideration, a Final

Order will be entered.

8. In the event the Board determines that Respondent's submissions merit further consideration, the Board will notify Respondent with regard thereto. If the Board orders further proceedings, including, but not limited to an evidentiary hearing, the Findings of Fact and Conclusions of Law contained herein may serve as notice of the factual and legal allegations in such proceeding. However, 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.

9. **In the event the Board receives no written request from Respondent within the 30-day deadline for a modification, dismissal or hearing, without further Board review, this Amended Provisional Order of Discipline and Denial of Licensure, including all Findings of Fact, Conclusions of Law, sanctions and penalties imposed herein, shall become a Final Order. Thereafter, Respondent's failure to comply with any sanction or penalty imposed in this Order shall be considered a violation of a Board Order pursuant to N.J.S.A. 45:1-21(e) and (h) and N.J.A.C. 13:45C-1.4 and may subject Respondent to additional sanctions and/or penalties.**

10. Entry of this Order is without prejudice to further action by this Board, the Attorney General, the Director of the Division of Consumer Affairs, or any other law enforcement entities, resulting from Respondent's conduct prior or subsequent to entry of this Order.

NEW JERSEY STATE BOARD OF PHARMACY

By: Thomas F.X. Bender, Jr., PhD

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

CHRISTOPHER S. PORRINO
ATTORNEY GENERAL OF NEW JERSEY
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124 Halsey Street, 5th Floor
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By: Wendy Leggett Faulk
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Attorney ID: 043321996
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STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF PHARMACY

IN THE MATTER OF: ASHRAF T. HANNA Pharmacy Technician Registration No. 28RW01436300 Pharmacy Intern Registration No. 28RH00025000	Administrative Action CERTIFICATION OF WENDY LEGGETT FAULK

I, Wendy Leggett Faulk, of full age, hereby certify as follows:

1. I am an attorney admitted to practice law in the State of New Jersey and am the Deputy Attorney General assigned to prosecute the above-referenced matter. As such, I am fully familiar with the facts and circumstances pertaining thereto.

2. This Certification is in support of the Amended Provisional Order of Discipline and Denial of Licensure to which it is attached, and is based upon the facts and opinions reflected in the following Exhibits, certified true copies of which are attached hereto:

Exhibit	Description
A	New Jersey Division of Consumer Affairs, Licensee Verification System, Licensee Verification of Ashraf T. Hanna, accessed August 30, 2016.
B	Division of Consumer Affairs, Criminal History Review Unit, Flagging Notice, November 7, 2011.
C	Division of Consumer Affairs, Board of Pharmacy, Application for Licensure as a Pharmacist, Applicant: Ashraf T. Hanna, dated December 12, 2012.
D	Division of Consumer Affairs, Criminal History Review Unit, Flagging Notice, March 20, 2013.
E	Handwritten statement of Ashraf T. Hanna, provided to North Brunswick Walmart, dated March 1, 2013.
F	Middlesex County Judiciary - Plea Form, Ashraf Hanna, dated February 2, 2014.
G	Middlesex County Superior Court, Pretrial Intervention Program, Order of Dismissal, dated November 6, 2015.

3. Upon my review of all of the facts evidenced in the Exhibits referenced herein, it is my belief they form the basis for the Amended Provisional Order of Discipline and Denial of Licensure regarding Ashraf T. Hanna's registrations to practice as a pharmacy technician and pharmacist intern, and denial of his license to practice as a pharmacist in New Jersey, pursuant to N.J.S.A. 45:1-21(b) and (f), and other relief pursuant to N.J.S.A. 45:1-21 et seq.

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.

Wendy Leggett Faulk
Deputy Attorney General

Date: 9/8/16

EXHIBIT A

Ashraf T Hanna

Date of birth: [redacted]
Date of death:
License No.: **28RH00025000**
Profession: Pharmacy
License type: Pharmacist Intern

License status: **Expired**
Date this status: 10/23/2013
Issue date: 08/01/2012

Last renewal date:
Expiration date: 08/01/2014

Address of Record

[redacted]

Education
School name: Dr Gamal El Etefi HS
Degree/Certificate: Diploma
Date Graduated: 06/01/2001
Major:

School name: FPGEC Certificate
Degree/Certificate: Certificate of Completion
Date Graduated: 04/06/2012
Major:

Prerequisite License(s)
Prerequisite License(s) for License **28RH00025000**

Relationship	License #	Status	Name
Supervisor	28RI02688200	Active	NADER GENDY

License Type: **Pharmacist**
Association Date:
Disassociation Date:

Qualifying No.:
Selected Prereq:
Group Renewal:

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Ashraf T Hanna

Date of birth: [redacted]
Date of death:
License No.: **28RW01436300**
Profession: Pharmacy
License type: Pharmacy Technician

License status: **Expired**
Date this status: 10/23/2013
Issue date: 11/22/2010

Last renewal date: 07/30/2012
Expiration date: 08/31/2014

Address of Record

[redacted]

Education

School name: Dr Gamal El Etefi HS
Degree/Certificate: Diploma
Date Graduated: 06/01/2001
Major:

School name: FPGEC Certificate
Degree/Certificate: Certificate of Completion
Date Graduated: 04/06/2012
Major:

Prerequisite License(s)

None

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EXHIBIT B

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Criminal History Review Unit

PAULA T. DOW
Attorney General

THOMAS R. CALCAGNI
Director

Mailing Address:
P.O. Box 186
Trenton, NJ 08625

(609) 826-7184

FLAGGING

November 07, 2011

To: Pharmacy Technicians Committee

REF: Ashraf T. Hanna
DOB: [redacted]
SS#: [redacted]
Applicant #: 1540087

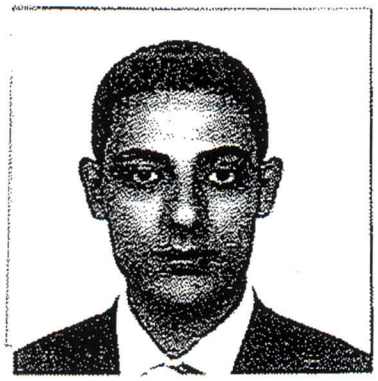
As a result of the Flagging System, the following information has been revealed:

1. The above individual was arrested on 11/04/11, by East Brunswick Twp., Police Department, for 2C:20-11, Shoplifting, 2C:17-3, Criminal Mischief. Agency Case # 33022.

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 (J.Mc.)

EXHIBIT C



New Jersey Office of the Attorney General
Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, P.O. Box 45013
Newark, New Jersey 07101
(973) 504-6450

Application for Licensure as a Pharmacist By Examination or Score Transfer

Date: 12/21/2012

A nonrefundable application filing fee of $125, in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid.)

The Board maintains, as part of its responsibilities, a record of your home address, business address and mailing address. You may choose which of these addresses will be considered as your "address of record." If you do not indicate (by putting a check in the appropriate box) which address should be used as your address of record, your mailing address will be considered to be your address of record. A post office box may be used as your address of record, but only if you provide another address which includes a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

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

Personal Information

Date of birth: [redacted] (Month Day Year)

Place of birth: ASSIUT , EGYPT (City State)

1. Name ☑ Mr. ☐ Mrs. ☐ Ms. HANNA (Last name) ASHRAF (First name) T. (Middle name) ( ) (Maiden name)

2. Address

☑ Home: [redacted] (Street or P.O. Box) [redacted] (City) [redacted] (State) [redacted] (ZIP code) USA (Country)

[redacted] (Telephone number (include area code)) [redacted]m (E-mail address)

☑ Business: WALMART PHARMACY (Name of company) 732-545-7979 (Telephone number (include area code))

979 US HWY 1 SOUTH, (Street) NORTH BRUNSWICK, (City) NJ (State) 08902 (ZIP code) USA (Country)

☑ Mailing: 50 WILLETT AVE APT 15A, (Street or P.O. Box) SOUTH RIVER, (City) NJ (State) 08882 (ZIP code) USA (Country)

3. Social Security Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal of licensure or certification.

*Social Security Number: [redacted] - [redacted] - [redacted]

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7,60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;

b. the Probation Division or any other agency responsible for child support enforcement, upon request; and

c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- ☐ U.S. citizen
- ☑ Alien lawfully admitted for permanent residence in U.S.
- ☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☑ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual payment of the loan. You will not be able to obtain a license or permit unless you provide the required documents concerning the plan for payment of your student loan.

6. Child Support

Please certify, under penalty of perjury, the following:

a.	Do you currently have a child-support obligation?	☐ Yes	☑ No
	(1) If "Yes," are you in arrears in payment of said obligation?	☐ Yes	☐ No
	(2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months?	☐ Yes	☐ No
b.	Have you failed to provide any court-ordered health insurance coverage during the past six months?	☐ Yes	☑ No
c.	Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding?	☐ Yes	☑ No
d.	Are you the subject of a child-support-related arrest warrant?	☐ Yes	☑ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

ASHRAF HANNA — Applicant's name (please print)

Ashraf Hanna — Applicant's signature

12/21/2012 — Date

7. Medical Conditions Questions

Questions a through f pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or registration will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice as a pharmacist" is to be construed to include all of the following:

a. The cognitive capacity to exercise the reasonable judgments of a pharmacist and to learn and keep abreast of professional developments; and
b. The ability to communicate those judgments and related information to consumers and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
c. The physical capability to perform the duties of a pharmacist, with or without the use of aids or devices, such as corrective lenses or hearing aids.

"Medical Condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

"Chemical substance" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or within the previous two years.

"Illegal use of controlled dangerous substance" means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

a. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? ☐ Yes ☑ No

b. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program**? ☐ Yes ☐ No ☑ Not applicable

c. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? ☐ Yes ☐ No ☑ Not applicable

d. Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No ☑ Not applicable

e. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? ☐ Yes ☑ No

f. Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that "currently" is defined as "within the last two years.") ☐ Yes ☑ No

If you answered "Yes" to question f, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? ☐ Yes ☐ No

** If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or permit should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.

Ashraf Hanna
Applicant's signature

12/21/2012
Date

8. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☑ No

9. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☑ No

   If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

10. Do you currently hold, or have you ever held, a professional license, certificate or permit of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☑ Yes ☐ No

    If "Yes," for each license, certificate or permit held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name.

Last name	First name	Middle initial

Type of license, certificate or permit	Number	State or jurisdiction that issued the license, certificate or permit	Date issued/expired
PHARMACIST INTERN	28RH00025000	NEW JERSEY	08/012012-08/01/2014
PHARMACY TECHNICIAN	28RW01436300	NEW JERSEY	11/22/2010-08/31/2014

11. Have you ever been disciplined or denied a professional license, certificate or permit of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☑ No

12. Have you ever had a professional license, certificate or permit of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☑ No

13. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☑ No

14. Have you ever been named as a defendant in any litigation related to any prior practice as a pharmacist, or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☑ No

15. Are you aware of any investigation pending against a professional license, certificate or permit issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☑ No

16. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☑ No

17. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to any prior practice as a pharmacist, or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☑ No

    If the answer to any of the above questions, numbers 11 through 17, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Education

1. What is the name and address of the high school you attended? DR GAMAL EL ETEFI HIGH SCHOOL
   Name of high school

   101 EL GALAA STREET, ABUTIG, ASSIUT, EGYPT 71111
   Street address City State ZIP code

2. What years did you attend high school? 3

3. Did you graduate from high school? ☑ Yes ☐ No

   If "Yes," what was the date of your graduation? 06 / 2001
   Month Year

   If "No," did you study to receive a G.E.D. certificate? ☐ Yes ☐ No

   If "Yes," please provide the name and address of the educational institution that issued your G.E.D. certificate and the date the certificate was issued.

   _____
   Name of educational institution

   _____
   Street address City State ZIP code

   _____
   Date certificate was issued

4. What is the name and address of the college or university you attended?

   FACULTY OF PHARMACY, ASSIUT UNIVERSITY
   Name of college or university

   ASSIUT UNIVERSITY, ASSIUT, EGYPT 71111
   Street address City State ZIP code

   _____
   Name of college or university

   _____
   Street address City State ZIP code

5. List all of the degrees that you have received from recognized colleges or universities. Please have each college or university forward to the Board the official transcript for each degree that you have earned.

Educational institution	Inclusive years	Degree, Diploma or Certificate	Major	Date granted
FACULTY OF PHARMACY, ASSIUT UNIVERSITY	5	BACHELOR	PHARMACY	07/11/2006

6. In order to be given approval to take the North American Pharmacist Licensure Examination (NAPLEX) and the Multistate Pharmacy Jurisprudence Examination (MPJE) you must have your college or university forward to the Board an official transcript showing the date of your graduation and the degree conferred.

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: NEW JERSEY

County of: MIDDLESEX } ss.

I, ASHRAF HANNA, in making this application to the Board of Pharmacy for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the Board of Pharmacy, swear (or affirm) that I am the applicant and that all 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 licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:14-40 et seq., together with the Rules and Regulations of the Board of Pharmacy, N.J.A.C. 13:39-1.1 et seq., and fully understand that in receiving licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. 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.

Ashraf Hanna
Signature of applicant

Sworn and subscribed to before me this 21st day of December (Month), 2012 (Year)

Zsuzsanna Henzy
Name of Notary Public (please print)

Zsuzsanna Henzy
Signature of Notary Public

ZSUZSANNA HENZY
NOTARY PUBLIC
STATE OF NEW JERSEY
MY COMMISSION EXPIRES JUNE 24, 2015
ID # 2338880

Affix Seal Here

Official Use Only
☐ Dual License
License Type 1
Applicant's Number
License Type 2
Applicant's Number

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

Official Use Only
☐ Resubmit
Board or Committee

Certification and Authorization Form For a Criminal History Background Check

Directions: Answer all of the questions on this form.

1. Name ☑ Mr. ☐ Mrs. ☐ Ms. HANNA (Last) ASHRAF (First) T. (Middle) ( ) (Maiden Name)

2. Address [redacted] (Street or P.O. Box) [redacted] (City) NJ (State) [redacted] (ZIP code)

3. Date of birth [redacted] (Month / Day / Year) Sex: ☑ Male ☐ Female

4. Social Security number [redacted] / [redacted] / [redacted]

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:

BOARD OF PHARMACY (Board or committee requiring the fingerprinting) 11/2010 (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 $25.30. (Beginning on March 19, 2012, this fee will be reduced to $22.55.)** 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.

Continuation on the reverse side ➡

CERTIFICATION

I, ASHRAF HANNA, 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.

Ashraf Hanna
Signature of applicant

12/21/2012
Date

EXHIBIT D

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Criminal History Review Unit

JEFFREY S. CHIESA
Attorney General

ERIC T. KANEFSKY
Acting Director

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

FLAGGING

March 20, 2013

To: Board of Pharmacy

REF: Ashraf T. Hanna
[redacted]
Applicant: 1655191

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

1. The above individual was arrested on 03/19/2013 by the North Brunswick Police Department for (5) Counts 2C:35-10.5A Distribute Prescription Legend Drug and (5) Counts 2C:20-3A Theft Of Movable Property. Agency Case # 13012414.

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 (JSL)

EXHIBIT E

#13012414

Walmart

Case Name _____

APIS Number _____

☐ Incident
☐ Investigation
☐ Case

My name is (Please Print) ASHRAF HANNA

I live at [redacted]

I make this statement of my own free will. It is my statement and no one else's.

During the last year of 2012 around/middle of the year, My uncle asked me for a bottle of tramadol to take it from where I work and give it to him so he can sell at his own pharmacy in NY because of his bad financial situation these days as his business is going down there, then he asked me to do it again and again to a total of 5 times since mid last year till this year and I gave it to him from where I work. He also asked me a week ago for a bottle of viagra to sell it for people he knows in his pharmacy as he sells by piece to make extra money to avoid competition with other pharmacies in his area and I gave it to him to like 3 days ago. I recall him asking me before christmas for tramadol and I gave it to him too from the pharmacy where I work. He noted everything and I'm willing to call him as soon as possible to get everything I gave him back from him or if he sold them already I'm willing to pay back walmart the dollar amount (total) of how much these bottles cost as soon as possible to fix that as I do care about my job and I don't wanna

The above statement is a true statement to the best of my knowledge and belief. No threats or promises were made by anyone to get me to make this statement. I have had complete freedom to leave the premises.

Witness

Signature Hanna

Witness

2003 North Brunswick
Store # / Location

31/1/13 4:19 pm
Date & Time

AH

This document is Walmart Private

#13012414

Walmart

Case Name

APIS Number

☐ Incident
☐ Investigation
☐ Case

My name is (Please Print) ASHRAF HANNA

I live at 50 Willett Ave Apt 15 A. South River, NJ. 08882

I make this statement of my own free will. It is my statement and no one else's.

Lose it. Also, I'm a pharmacist intern as of right now. I'm getting my pharmacist license very soon by April this year and I don't want anything like that to affect my license or my career. I promise nothing like this will happen again from my side. I learned my lesson.

Thanks for your co-operation.

Your consideration to my case is greatly appreciated.

Thank you.

The above statement is a true statement to the best of my knowledge and belief. No threats or promises were made by anyone to get me to make this statement. I have had complete freedom to leave the premises.

Witness

Ashraf Hanna
Signature

Witness

2003 North Brunswick
Store # / Location

3/1/13 4:19 pm
Date & Time

AH
2

EXHIBIT F

New Jersey Judiciary
Plea Form

County Middlesex
Prosecutor File Number 13-0646

Defendant's Name: ASHRAF HANNA
before Judge: PAOKE

List the charges to which you are pleading guilty:

Ind./Acc./Comp.#	Count	Nature of Offense	Degree	Statutory Maximum	Time	Fine	VCCO Assmt*
VIAGARO	1	PHSCHP CDS. DRUGS	3	Max	5	100,000	50
TRAM.	8	PHSCHP CDS. DRUGS	2	Max	10	100,000	50
13-07-00957				Max			
				Max			
				Max			
				Total	15	200,000	100

Your total exposure as the result of this plea is:

Please Circle Appropriate Answer

2. a. Did you commit the offense(s) to which you are pleading guilty? [Yes] [No]

   b. Do you understand that before the judge can find you guilty, you will have to tell the judge what you did that makes you guilty of the particular offense(s)? [Yes] [No]

3. Do you understand what the charges mean? [Yes] [No]

4. Do you understand that by pleading guilty you are giving up certain rights? Among them are:

   a. The right to a jury trial in which the State must prove you guilty beyond a reasonable doubt? [Yes] [No]

   b. The right to remain silent? [Yes] [No]

   c. The right to confront the witnesses against you? [Yes] [No]

   d. Do you understand that by pleading you are not waiving your right to appeal (1) the denial of a motion to suppress physical evidence (*R.* 3:5-7(d)) or (2) the denial of acceptance into a pretrial intervention program (PTI) (*R.* 3:28(g))? [Yes] [No]

   e. Do you further understand that by pleading guilty you are waiving your right to appeal the denial of all other pretrial motions except the following: [Yes] [No]

I HEREBY CERTIFY THE FOREGOING TO BE A TRUE COPY

VICKI DZINGLESKI DICARO
ACTING DEPUTY CLERK
BY Anna Crotta

Ashraf Hanna
Defendant's Initials

* Victims of Crime Compensation Office Assessment

5. Do you understand that if you plead guilty:

a. You will have a criminal record? [Yes] [No]

b. Unless the plea agreement provides otherwise, you could be sentenced to serve the maximum time in confinement, to pay the maximum fine and to pay the maximum Victims of Crime Compensation Agency Assessment? [Yes] [No]

c. You must pay a minimum Victims of Crime Compensation Agency assessment of $50 ($100 minimum if you are convicted of a crime of violence) for each count to which you plead guilty? (Penalty is $30 if offense occurred between January 9, 1986 and December 22, 1991 inclusive. $25 if offense occurred before January 1, 1986.) [Yes] [No]

d. If the offense occurred on or after February 1, 1993 but was before March 13, 1995, and you are being sentenced to probation or a State correctional facility, you must pay a transaction fee of up to $1.00 for each occasion when a payment or installment payment is made? If the offense occurred on or after March 13, 1995 and the sentence is to probation, or the sentence otherwise requires payments of financial obligations to the probation division, you must pay a transaction fee of up to $2.00 for each occasion when a payment or installment payment is made? [Yes] [No]

e. If the offense occurred on or after August 2, 1993 you must pay a $75 Safe Neighborhood Services Fund assessment for each conviction? [Yes] [No]

f. If the offense occurred on or after January 5, 1994 and you are being sentenced to probation, you must pay a fee of up to $25 per month for the term of probation? [Yes] [No]

g. If the crime occurred on or after January 9, 1997 you must pay a Law Enforcement Officers Training and Equipment Fund penalty of $30? [Yes] [No]

h. You will be required to provide a DNA sample, which could be used by law enforcement for the investigation of criminal activity, and pay for the cost of testing? [Yes] [No]

i. Computer Crime Prevention Fund Penalty, N.J.S.A. 2C:43-3.8 (L. 2009, c. 143). If the crime involves a violation of N.J.S.A. 2C:24-4b(5)(b) (knowingly possessing or knowingly viewing child pornography, N.J.S.A. 2C:34-3 (selling, distributing or exhibiting obscene material to a person under age 18) or an offense involving computer criminal activity in violation of any provision of Title 2C, chapter 20, you will be assessed a mandatory penalty as listed below for each offense for which you pled guilty? [Yes] [No]

(1) $2,000 in the case of a 1st degree crime
(2) $1,000 in the case of a 2nd degree crime
(3) $ 750 in the case of a 3rd degree crime
(4) $ 500 in the case of a 4th degree crime
(5) $ 250 in the case of a disorderly persons or petty disorderly persons offense

Total CCPF Penalty $ _____

AH

6. Do you understand that the **court could**, in its discretion, impose a minimum time in confinement to be served before you become eligible for parole, which period could be as long as one half of the period of the custodial sentenced imposed? [Yes] [No]

7. Did you enter a plea of guilty to any charges **that require** a mandatory period of parole ineligibility or a mandatory extended term? [Yes] [No]
   a. If you are pleading guilty to such a charge, the minimum mandatory period of parole ineligibility is _____ years and _____ months (fill in the number of years/months) and the maximum period of parole ineligibility can be _____ years and _____ months (fill in the number of years/months) and this period cannot be reduced by good time, work, or minimum custody credits.

   b. If you are pleading guilty to such a charge, the minimum mandatory extended term is _____ years and _____ months (fill in the number of years/months) and the maximum mandatory extended term can be _____ years and _____ months (fill in the number of years/months).

8. Are you pleading guilty to a crime that contains a presumption of imprisonment which means that it is almost certain that you will go to state prison? [Yes] [No]

9. Are you presently on probation or parole? [Yes] [No]
   a. Do you realize that a guilty plea may result in a violation of your probation or parole? [Yes] [No] [NA]

10. Are you presently serving a custodial sentence on another charge? [Yes] [No]
    a. Do you understand that a guilty plea may affect your parole eligibility? [Yes] [No] [NA]

11. Do you understand that if you have plead guilty to, or have been found guilty on other charges, or are presently serving a custodial term and the plea agreement is silent on the issue, the court may require that all sentences be made to run consecutively? [Yes] [No] [NA]

12. List any charges the prosecutor has agreed to recommend for dismissal:

Ind./Acc./Compl.#	Count	Nature of Offense and Degree

13. Specify any sentence the prosecutor has agreed to recommend:
PLEAD TO 2ND DEGREE SENTENCE AS A 3RD
BOLANCE OF COUNTS OF INDICTMENT 13-07-00957

Main Plea Form / Revised Form Promulgated by Directive #05-11 (08/01/2011), CN 10079-English Defendant's Initials AH

14. Has the prosecutor promised that he or she will NOT:
   a. Speak at sentencing? [Yes] [No]
   b. Seek an extended term of confinement? [Yes] [No]
   c. Seek a stipulation of parole ineligibility? [Yes] [No]

15. Are you aware that you must pay restitution if the court finds there is a victim who has suffered a loss and if the court finds that you are able or will be able in the future to pay restitution? [Yes] [No] [NA]

16. Do you understand that if you are a public office holder or employee, you can be required to forfeit your office or job by virtue of your plea of guilty? [Yes] [No] [NA]

17. a. Are you a citizen of the United States? [Yes] [No]

    If you have answered "No" to this question, you must answer Questions 17b – 17f. If you have answered "Yes" to this question, proceed to Question 18

    b. Do you understand that if you are not a citizen of the United States, this guilty plea may result in your removal from the United States and/or stop you from being able to legally enter or re-enter the United States? [Yes] [No]

    c. Do you understand that you have the right to seek individualized advice from an attorney about the effect your guilty plea will have on your immigration status? [Yes] [No]

    d. Have you discussed with an attorney the potential immigration consequences of your plea? If the answer is "No," proceed to question 17e. If the answer is "Yes," proceed to question 17f. [Yes] [No]

    e. Would you like the opportunity to do so? [illegible] [Yes] [No]

    f. Having been advised of the possible immigration consequences and of your right to seek individualized legal advice on your immigration consequences, do you still wish to plead guilty? [Yes] [No]

18. a. Do you understand that pursuant to the rules of the Interstate Compact for Adult Offender Supervision if you are residing outside the State of New Jersey at the time of sentencing that return to your residence may be delayed pending acceptance of the transfer of your supervision by your state of residence? [Yes] [No]

    b. Do you also understand that pursuant to the same Interstate Compact transfer of your supervision to another state may be denied or restricted by that state at any time after sentencing if that state determines you are required to register as a sex offender in that state or if New Jersey has required you to register as a sex offender? [Yes] [No]

19. Have you discussed with your attorney the legal doctrine of merger? [Yes] [No] [NA]

AH

20. Are you giving up your right at sentence to argue that there are charges you pleaded guilty to for which you cannot be given a separate sentence? [Yes] [No] [NA]

21. List any other promises or representations that have been made by you, the prosecutor, your defense attorney, or anyone else as a part of this plea of guilty:

NoFo

22. Have any promises other than those mentioned on this form, or any threats, been made in order to cause you to plead guilty? [Yes] [No]

23. a. Do you understand that the judge is not bound by any promises or recommendations of the prosecutor and that the judge has the right to reject the plea before sentencing you and the right to impose a more severe sentence? [Yes] [No]

b. Do you understand that if the judge decides to impose a more severe sentence than recommended by the prosecutor, that you may take back your plea? [Yes] [No]

c. Do you understand that if you are permitted to take back your plea of guilty because of the judge's sentence, that anything you say in furtherance of the guilty plea cannot be used against you at trial? [Yes] [No]

24. Are you satisfied with the advice you have received from your lawyer? [Yes] [No]

25. Do you have any questions concerning this plea? [Yes] [No]

Date 2/7/14 Defendant Ashraf Hanna

Defense Attorney

Prosecutor

[ ] This plea is the result of the judge's conditional indications of the maximum sentence he or she would impose independent of the prosecutor's recommendation. Accordingly, the "Supplemental Plea Form for Non-Negotiated Pleas" has been completed.

AH

SUPERIOR COURT OF NEW JERSEY
LAW DIVISION - MIDDLESEX COUNTY
INDICTMENT NO. _____

STATE OF NEW JERSEY

- v. -

ASHRAF HANNA
Defendant

NOTICE OF APPEAL RIGHTS AND TIME TO FILE A PETITION FOR POST-CONVICTION RELIEF

I, ASHRAF HANNA, hereby certify as follows:

1. I am the defendant in the above referenced case.

2. I am being represented in this sentencing by ANTHONY J. TOTO and he/she has reviewed this Form with me.

3. **Appeal Rights.** I understand that:
   (a) An appeal means having my case reviewed by a higher court,
   (b) I have a right to appeal my conviction(s) and sentence(s),
   (c) I have the right to be represented by counsel for that appeal,
   (d) If I am unable to hire private counsel for my appeal, the Office of the Public Defender will represent me or arrange for my representation, and
   (e) If I fail to file a notice of appeal with the Appellate Division within 45 days of today's date, and unless I obtain a thirty-day extension of time on a showing of good cause and absence of prejudice, I will lose my right to appeal.

4. **Time Limits To File a Petition for Post-Conviction Relief.** I understand that I have 5 years from today's date to file a petition for post-conviction relief, unless an exception to this general rule applies, as set forth in *R.* 3:22-12.

5. I am appearing before Judge POOLS, for sentencing today.

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.

DATED: 2/7/14 x Ashraf Hanna
Defendant

I have reviewed this Form with defendant and I am satisfied that he/she has been fully advised of the rights it describes.
DATED: 2/7/14
Counsel for Defendant

(To Be Filled Out By Private Counsel Only)
If defendant decides to appeal and cannot afford to continue to retain private counsel, I will notify the Office of the Public Defender within 45 days of today's date.

DATED: 2/7/14
Counsel for Defendant

For information on appellate representation by the Office of the Public Defender, please write to:
Office of the Public Defender
Appellate Section
31 Clinton Street, 9th Floor
P.O. Box 46003
Newark, NJ 07101

(Complete in duplicate: one fully executed copy to be delivered to the trial judge and one to be given to the defendant.)

Prosecutor File No. _____

Ind./Acc./Complt. No. _____

SUPPLEMENTAL PLEA FORM CONCERNING DEFENDANT'S FAILURE TO APPEAR FOR SENTENCING

The plea agreement set forth in the attached form is expressly conditioned upon defendant appearing for sentencing on the date scheduled by the Court. If defendant fails to appear, he/she fully understands that the State will ask for a bench warrant for the failure to appear, seek revocation of any bail and, upon apprehension and return for sentencing, the State retains the right to ask the sentencing judge to impose any sentence allowed by statute for the offense(s) to which a guilty plea was entered, notwithstanding the sentencing recommendation in the plea agreement annexed hereto.

x Ashraf Hanna 2/7/14
Defendant Date

2/7/14
Defense Attorney Date

2/7/14
Prosecutor Date

New Jersey Judiciary

Supplemental Plea Form for Drug Offenses

The following additional questions need to be answered only if you are pleading guilty pursuant to an offense under *N.J.S.A.* 2C:35-1 et seq. or *N.J.S.A.* 2C:36-1 et seq.

1. Have you and the Prosecutor entered into any agreement to provide for a lesser sentence or period of parole ineligibility than would otherwise be required? (If yes, be sure to include in questions 12 and 13 above). [Yes] [No]

2. Do you understand that if you plead guilty:

   a. You will be required to forfeit your driver's license for a period of time from 6 to 24 months, unless the court finds compelling circumstances warranting an exception? [Yes] [No]

   b. You will be required to pay a forensic laboratory fee of $50 for each offense for which you plead guilty? [Yes] [No]

   c. You will be required to pay a mandatory drug enforcement and demand reduction (D.E.D.R.) penalty as listed below for each offense for which you plead guilty? [Yes] [No]

   The mandatory penalties are as follows:

   (1) $3,000 in the case of a 1st degree crime
   (2) $2,000 in the case of a 2nd degree crime
   (3) $1,000 in the case of a 3rd degree crime
   (4) $ 750 in the case of a 4th degree crime
   (5) $ 500 in the case of a disorderly persons or petty disorderly persons offense

TOTAL D.E.D.R. Penalty $ 3000.00

Date: 2/4/04 Defendant: Ashraf Hanna

Defense Attorney:

Prosecutor:

PRESCRIPTION LEGEND DRUGS .J.S.A. 2C:35-10.5a(3) and N.J.S. C:35-10.5a(4)
THEFT – N.J.S.A. 2C:20-3

2013 JUL 23 A 9:20

NEW JERSEY SUPERIOR COURT

MIDDLESEX COUNTY
LAW DIVISION
(CRIMINAL)

I HEREBY CERTIFY THE FOREGOING TO BE A TRUE COPY

VICKI DZINGLESKI DICARO
ACTING DEPUTY CLERK
BY

THE STATE OF NEW JERSEY

vs.

ASHRAF HANNA

Defendant.

FILE NO. 13000756
INDICTMENT NO. 13-07-00957
FIRST GRAND JURY
JULY 2013 STATED SESSION

JULY TERM 2013

COUNT 1 PRESCRIPTION LEGEND DRUGS 3RD DEGREE

The Grand Jurors of the State of New Jersey, for the County of Middlesex, upon their oaths, present that ASHRAF HANNA, on or about February 27, 2013, in the Township of North Brunswick, in the County of Middlesex, aforesaid, and within the jurisdiction of this Court, did unlawfully and knowingly distribute or possess or had under his control with intent to distribute a prescription legend drug or stramonium preparation in an amount of five or more dosage units, but less than 100 units which was not lawfully prescribed or administered by a licensed physician, veterinarian, dentist or other practitioner authorized by law to prescribe medication; contrary to the provisions of N.J.S.A. 2C:35-10.5a(3), and against the peace of this State, the Government and dignity of the same.

COUNT 2 THEFT 3RD DEGREE

The Grand Jurors of the State of New Jersey, for the County of Middlesex, upon their oaths, present that ASHRAF HANNA, on or about February 27, 2013, in the Township of North Brunswick, in the County of Middlesex, aforesaid, and within the jurisdiction of this Court, did unlawfully take or exercise unlawful control over the movable property of Walmart to wit: 30 count 100 mg Viagra valued in an amount over $500 with purpose to deprive the owner thereof; contrary to the provisions of N.J.S.A. 2C:20-3, and against the peace of this State, the Government and dignity of the same.

COUNT 3 THEFT 3RD DEGREE

The Grand Jurors of the State of New Jersey; for the County of Middlesex, upon their oaths, present that ASHRAF HANNA, on or about December 17, 2012, in the Township of North Brunswick, in the County of Middlesex, aforesaid, and within the jurisdiction of this Court, did unlawfully take or exercise unlawful control over the movable property of Walmart to wit: Tramadol, a controlled substance analog with purpose to deprive the owner thereof; contrary to the provisions of N.J.S.A. 2C:20-3, and against the peace of this State, the Government and dignity of the same.

COUNT 4 THEFT 3RD DEGREE

The Grand Jurors of the State of New Jersey, for the County of Middlesex, upon their oaths, present that **ASHRAF HANNA**, on or about December 22, 2012, in the Township of North Brunswick, in the County of Middlesex, aforesaid, and within the jurisdiction of this Court, did unlawfully take or exercise unlawful control over the movable property of Walmart to wit: Tramadol, a controlled substance analog with purpose to deprive the owner thereof; contrary to the provisions of N.J.S.A. 2C:20-3, and against the peace of this State, the Government and dignity of the same.

COUNT 5 THEFT 3RD DEGREE

The Grand Jurors of the State of New Jersey, for the County of Middlesex, upon their oaths, present that **ASHRAF HANNA**, on or about December 13, 2012, in the Township of North Brunswick, in the County of Middlesex, aforesaid, and within the jurisdiction of this Court, did unlawfully take or exercise unlawful control over the movable property of Walmart to wit: Tramadol, a controlled substance analog with purpose to deprive the owner thereof; contrary to the provisions of N.J.S.A. 2C:20-3, and against the peace of this State, the Government and dignity of the same.

COUNT 6 THEFT 3RD DEGREE

The Grand Jurors of the State of New Jersey, for the County of Middlesex, upon their oaths, present that **ASHRAF HANNA**, on or about November 6, 2012, in the Township of North Brunswick, in the County of Middlesex, aforesaid, and within the jurisdiction of this Court, did unlawfully take or exercise unlawful control over the movable property of Walmart to wit: Tramadol, a controlled substance analog with purpose to deprive the owner thereof; contrary to the provisions of N.J.S.A. 2C:20-3, and against the peace of this State, the Government and dignity of the same.

COUNT 7 THEFT 3RD DEGREE

The Grand Jurors of the State of New Jersey, for the County of Middlesex, upon their oaths, present that **ASHRAF HANNA**, on or about October 29, 2012, in the Township of North Brunswick, in the County of Middlesex, aforesaid, and within the jurisdiction of this Court, did unlawfully take or exercise unlawful control over the movable property of Walmart to wit: Tramadol, a controlled substance analog with purpose to deprive the owner thereof; contrary to the provisions of N.J.S.A. 2C:20-3, and against the peace of this State, the Government and dignity of the same.

COUNT 8 PRESCRIPTION LEGEND DRUGS 2ND DEGREE

Tramadol The Grand Jurors of the State of New Jersey, for the County of Middlesex, upon their oaths, present that **ASHRAF HANNA**, on or about December 22, 2012, in the Township of North Brunswick, in the County of Middlesex, aforesaid, and within the jurisdiction of this Court, did unlawfully and knowingly distribute or possess or had under his control with intent to distribute a prescription legend drug or stramonium preparation in an amount of 100 or more dosage units, which was not lawfully prescribed or administered by a licensed physician, veterinarian, dentist or other practitioner authorized by law to prescribe medication; contrary to the provisions of N.J.S.A. 2C:35-10.5a(4), and against the peace of this State, the Government and dignity of the same.

COUNT 9 PRESCRIPTION LEGEND DRUGS 2ND DEGREE

The Grand Jurors of the State of New Jersey, for the County of Middlesex, upon their oaths, present that **ASHRAF HANNA**, on or about December 17, 2012, in the Township of North Brunswick, in the County of Middlesex, aforesaid, and within the jurisdiction of this Court, did unlawfully and knowingly distribute or possess or had under his control with intent to distribute a prescription legend drug or stramonium preparation in an amount of 100 or more dosage units, which was not lawfully prescribed or administered by a licensed physician, veterinarian, dentist or other practitioner authorized by law to prescribe medication; contrary to the provisions of N.J.S.A. 2C:35-10.5a(4), and against the peace of this State, the Government and dignity of the same.

COUNT 10 PRESCRIPTION LEGEND DRUGS 2ND DEGREE

The Grand Jurors of the State of New Jersey, for the County of Middlesex, upon their oaths, present that **ASHRAF HANNA**, on or about December 13, 2012, in the Township of North Brunswick, in the County of Middlesex, aforesaid, and within the jurisdiction of this Court, did unlawfully and knowingly distribute or possess or had under his control with intent to distribute a prescription legend drug or stramonium preparation in an amount of 100 or more dosage units, which was not lawfully prescribed or administered by a licensed physician, veterinarian, dentist or other practitioner authorized by law to prescribe medication; contrary to the provisions of N.J.S.A. 2C:35-10.5a(4), and against the peace of this State, the Government and dignity of the same.

COUNT 11 PRESCRIPTION LEGEND DRUGS 2ND DEGREE

The Grand Jurors of the State of New Jersey, for the County of Middlesex, upon their oaths, present that **ASHRAF HANNA**, on or about November 6, 2012, in the Township of North Brunswick, in the County of Middlesex, aforesaid, and within the jurisdiction of this Court, did unlawfully and knowingly distribute or possess or had under his control with intent to distribute a prescription legend drug or stramonium preparation in an amount of 100 or more dosage units, which was not lawfully prescribed or administered by a licensed physician, veterinarian, dentist or other practitioner authorized by law to prescribe medication; contrary to the provisions of N.J.S.A. 2C:35-10.5a(4), and against the peace of this State, the Government and dignity of the same.

COUNT 12 PRESCRIPTION LEGEND DRUGS 2ND DEGREE

The Grand Jurors of the State of New Jersey, for the County of Middlesex, upon their oaths, present that **ASHRAF HANNA**, on or about October 29, 2012, in the Township of North Brunswick, in the County of Middlesex, aforesaid, and within the jurisdiction of this Court, did unlawfully and knowingly distribute or possess or had under his control with intent to distribute a prescription legend drug or stramonium preparation in an amount of 100 or more dosage units, which was not lawfully prescribed or administered by a licensed physician, veterinarian, dentist or other practitioner authorized by law to prescribe medication; contrary to the provisions of N.J.S.A. 2C:35-10.5a(4), and against the peace of this State, the Government and dignity of the same.

TRUE BILL

Acting County Prosecutor

Foreperson

Acting Assistant Prosecutor

EXHIBIT G

FILED

NOV 06 2015

STATE OF NEW JERSEY

VS

Ashraf T. Hanna
DEFENDANT

SUPERIOR COURT OF NEW JERSEY JUDGE DENNIS V. NIEVES

MIDDLESEX COUNTY

COMPLAINT/INDICTMENT/ACCUSATION NO(S)
13-07-00957-I

PROMIS #13000756-001
CAPS # II-46002
PROB. OFFICER: Svable Fair, SPO

PRETRIAL INTERVENTION PROGRAM

1) ORDER OF DISMISSAL
AND
2) DISCHARGE OF BAIL

Upon application of the Vicinage Chief Probation Officer for an Order to Dismiss the above captioned Complaint(s)/Indictment(s)/Accusation(s) and having considered the report of the Pretrial Intervention Program concerning the defendant's participation along with the recommendation of the Criminal Division Manager and with the consent of the Prosecutor and the defendant;

It is on this 6th day of NOV, 2015, ORDERED that the Complaint(s)/Indictment(s)/Accusation(s) is/are hereby dismissed pursuant to Rule 3:28 and the matter is adjusted without cost to the defendant.

It is further ORDERED that bail posted in this matter be discharged.

I hereby consent to the entry
of the above Order

PROSECUTOR

Dennis V. Nieves, JSC

Distribution: Criminal Division, Finance Division, Probation Division, Prosecutor, Defense Attorney, Defendant

I HEREBY CERTIFY THE
FOREGOING TO BE A TRUE COPY

VICKI DZINGLESKI DICARO
ACTING DEPUTY CLERK

BY

PRETRIAL INTERVENTION

ORDER OF POSTPONEMENT

STATE OF NEW JERSEY VS. ASHRAF T. HANNA	✓ 1st ORDER ○ 2nd ORDER ○ 3rd ORDER

ADDRESS: [redacted] [redacted] [redacted] ZIP: NJ [redacted]

COUNTY	PROMIS NUMBER(S)	CAPS ID NUMBER
MIDDLESEX	13 000756-001	

IND / ACC / COMPLAINT NUMBER(S), CHARGES AND STATUTES

13-07-00957-I

Count 1. Prescription Legend Drugs, N.J.S.A. 2C:35-10.5a(3), 3rd Degree
Counts 2-7. Theft, N.J.S.A. 2C:20-3, 3rd Degree
Counts 8-12. Prescription Legend Drugs, N.J.S.A. 2C:35-10.5a(4), 2nd Degree

I HEREBY CERTIFY THE FOREGOING TO BE A TRUE COPY

VICKI DZINGLESKI DICARO
ACTING DEPUTY CLERK
BY Anna Crotto

RELATED DISORDERLY PERSONS AND MOTOR VEHICLE CHARGES

In accordance with the provisions of N.J.S.A. 2C:43-12 & 13 & R. 3:28, and upon the recommendation of the PTI Director and with the consent of the Prosecutor and defendant to the attached listed terms and conditions of the supervisory treatment, it is ORDERED that all further proceedings be and are postponed for a period of 30 months, beginning _____.

DATE	JUDGE
	Hon. Joseph Paone, JSC
DATE 2/7/14	PROSECUTOR Peter Nastasi, AP
DATE	PTI DIRECTOR Vicki D. DiCaro, CDM

I consent to the conditions set forth in the standard and special conditions. I agree to a postponement of further proceedings for a period not to exceed three years. During this period I waive my right to a speedy trial on this or any related charges, including disorderly persons offenses and motor vehicle charges. In addition, I agree to waive any double jeopardy claim as to any remanded disorderly persons offenses and / or motor vehicle violations.

DATE	DEFENDANT
2/7/14	Ashraf Hanna
DATE 2/7/14	ATTORNEY

Apr 8, 2014 4:07:26 PM

(Revised 1/2003)