

MAY 16 1997

PETER VERNIERO  
ATTORNEY GENERAL OF NEW JERSEY

BOARD OF PHARMACY

By: Marianne W. Greenwald  
Deputy Attorney General  
Division of Law - 5th Floor  
124 Halsey Street  
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Newark, New Jersey 07101  
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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 LICENSE : Administrative Action  
OF: :  
JEAN E. LAGUERRE :  
 : PROVISIONAL ORDER  
TO PRACTICE PHARMACY IN THE :  
STATE OF NEW JERSEY *RI 23717* :


This matter was opened to the New Jersey State Board of Pharmacy upon receipt of information that respondent submitted a fraudulent Certification of College Record to the Board of Pharmacy, misrepresenting that respondent had successfully completed a Bachelor of Science in Pharmacy from St. John's University. In fact, respondent did not receive a degree in Pharmacy from St. John's and moreover, he submitted a fraudulent certification that contained the forged signature of the University's registrar. (See Exhibits attached hereto and made a part of this Order).

Based on the aforesaid, the Board finds that Jean E. LaGuerre has obtained from the Board a license to engage in the practice of pharmacy through fraud, deception, and misrepresentation, and that

pursuant to N.J.S.A. 45:1-21(a), it is the decision of the New Jersey State Board of Pharmacy that the license of Jean E. LaGuerre to engage in the practice of pharmacy is hereby revoked.

If respondent wishes to present information refuting any of the factual findings contained herein, such information must be presented to the Board within thirty (30) days of the entry of this Provisional Order of Suspension of License, and the Board will thereafter determine whether further proceedings are necessary. If no material discrepancies are raised through a supplemental submission during the thirty (30) days period, or if the Board is not persuaded that submitted materials merit further consideration, this Order shall become final.

STATE BOARD OF PHARMACY

BY:   
Sophie Heymann, President

STATE OF NEW JERSEY - DEPT. LAW AND PUBLIC SAFETY  
Division of Professional Boards

Please print CLEARLY.

THE BOARD OF PHARMACY  
NEWARK, N.J.

APPLICATION FOR  
REGISTERED PHARMACIST EXAMINATION

In order to avoid unnecessary correspondence you are required to fill in the blank spaces on this form. If it appears that you are eligible for registration further information will be sent to you. If you are lacking some requirement you will be so informed. This form must be sworn to and must be accurate in every detail. Applications for examinations must be completed and on file in this office at least 30 days prior to the date of the examination you wish to take. The two affidavits on the back of this form must also be completed.

- 1. a. Full Name Jean Edward Laguerre Do not use initials
- b. Give former name, if it has been changed \_\_\_\_\_
- 2. Address 98-06 37<sup>th</sup> Avenue N.Y. 11368 Telephone No. (718) 335-4695  
Street and no. City or Town State / zip code
- 3. Date of Birth 9/19/1968 Place of Birth New York New York U.S.A.  
City or Town State Country
- 4. Are you a U.S. citizen? Yes
- 5. If not, you must submit a Declaration of Intent or work permit.  
(both of these can be obtained from the Immigration and Naturalization Services)
- 6. a. College of Pharmacy now attending (attended)? Saint John's University
- b. Date of Graduation? May 1991
- 7. Give name of state, if any, in which you are a Registered Pharmacist. None
- 8. Have you ever been convicted of any crime involving moral turpitude or convicted or fined for the violation of any law pertaining to the practice of pharmacy? NO  
Yes or No
- 9. If yes, submit supporting documentation.
- 10. Are you a veteran? NO Date of induction \_\_\_\_\_ Date of discharge \_\_\_\_\_  
How long did you serve in a pharmaceutical capacity? \_\_\_\_\_

I, Jean Laguerre, do solemnly swear and affirm that I have personally filled in this form, and that the information in the foregoing paragraphs is true and correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT

*Jean Laguerre*

STATE OF NEW YORK

Subscribed and sworn to before me in the COUNTY OF QUEENS, } day of \_\_\_\_\_, a.d. 19 \_\_\_\_\_

SWORN TO BEFORE ME THIS  
05 DAY OF June 19 91  
SIGNATURE OF NOTARY PUBLIC

*[Signature]*  
Notary Public, State of New York  
No. 41-4910792  
Qualified in Queens County  
Commission Expires October 13, 1991

(Seal)



FOUNDED 1870

# ST. JOHN'S UNIVERSITY

COLLEGE OF PHARMACY AND  
ALLIED HEALTH PROFESSIONS  
OFFICE OF THE DEAN

May 6, 1997

Mr. H. Lee Gladstein, R.P.  
Executive Director  
New Jersey Board of Pharmacy  
P. O. Box 45013  
Newark, New Jersey 07101

Dear Mr. Gladstein:

Please be advised that as per the St. John's University Registrar's Office, Jean Jaguerre (SS #111-66-0498) did not receive a B.S. in Pharmacy from St. John's University.

Thank you.

Sincerely,

Robert A. Mangione, R.Ph., P.D.Ed.  
Associate Dean and  
Clinical Professor of Pharmacy

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# ST. JOHN'S UNIVERSITY

OFFICE OF THE REGISTRAR

May 6, 1997

To Whom It May Concern:

Please be advised that our records indicate that **Jean E. LaGuerre** did not receive a Bachelor of Science in Pharmacy degree from St. John's University. In addition, the name on The Board of Pharmacy of the State of New Jersey form is not my signature.

If you require further information, please feel free to contact me.

Very truly yours,

*Clare T. Krammenacker*  
Clare T. Krammenacker  
University Registrar

CTK/mn

THE BOARD OF PHARMACY OF THE STATE OF NEW JERSEY  
Certification of College Record of Applicant for Examination

Name of Applicant Jean E. LaGuerra  
Name of College Saint John's University  
Date of beginning college course Sept/1986

	Date of Attendance	
	From	To
First Year	9/86	5/87
Second Year	9/87	5/88
Third Year	9/88	5/89
Fourth Year	9/89	5/90
Fifth Year	9/90	5/91

Date upon which degree course fully completed May 3, 1991

Date upon which degree will be awarded \_\_\_\_\_

Degree Awarded MAY 1991 Date of Certification by Registrar JUN 03 1991

Please impress  
College seal

*Clare C. Krummenacker*  
CLARE C. KRUMMENACKER  
ASSOCIATE REGISTRAR

Signature of Registrar or Other College Officer