

1 **ALASKA DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT**
2 **DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING**
3 **BEFORE THE BOARD OF PHARMACY**

4 In the matter of:)
5 Lola Frederick,)
6 Respondent)

Case No. 2013-002237

7 **VOLUNTARY SURRENDER OF PHARMACIST'S LICENSE**

8 I, Lola Frederick, voluntarily surrender my Alaska Pharmacist's License number 1122,
9 which was first issued to me on July 2, 1995, and will expire on June 30, 2014.

10 I am surrendering my license at this time, with the understanding that the Alaska
11 Department of Commerce, Community & Economic Development, Division of Corporations,
12 Business and Professional Licensing (Division), is conducting an audit of my compliance with
13 the continuing competency requirements for renewal of my license.

14 To renew my pharmacist's license for the period beginning July 1, 2012 and ending on June
15 30, 2014 (2012-2014), AS 08.80.165 requires me to certify my compliance with 12 AAC 52.320
16 and 12 AAC 52.350. These requirements include the satisfactory completion of 30 hours in
17 approved continuing competency programs between July 1, 2010 and June 30, 2012. I certified
18 my compliance with the continuing competency requirements by my affirmative response to the
19 Affidavit of Compliance with Continuing Education Requirements contained in the Board of
20 Pharmacy's License Renewal application for 2012-2014, and my pharmacist's license was
21 renewed based upon that response.

22 Subsequent to the renewal of my Alaska pharmacist's license, I was notified that my
23 renewal application was among the group randomly selected for audit to monitor compliance
24 with the continuing competency requirements in accordance with 12 AAC 52.320 and 12 AAC
25 52.350. As part of the audit procedure and in accordance with 12 AAC 52.320 and 12 AAC
350, I was instructed to submit documentation to verify completion of the claimed continuing
competency activities.

At this time I am unable to substantiate my claim of completion of the required 30 hours of
approved continuing education, and have chosen to surrender my pharmacist's license in lieu
of revocation, suspension, or imposition of disciplinary sanctions against my license through
the filing of an Accusation and the formal hearing process. I am no longer in Alaska, and do
not intend to work as a pharmacist in the State of Alaska in the future.

1 I further understand that my failure to evidence compliance with the continuing
2 competency requirements may need to be addressed by the Board should I request
reinstatement of my pharmacist's license or issuance of a new license to me.

3 I understand that as a result of this surrender, I cannot act as a pharmacist in the State of
4 Alaska and will not be able to do so until the Alaska Board of Pharmacy approves the
5 reinstatement of this license or issuance of a new license to me. I also understand that before I
6 may again be licensed as a pharmacist, I will need to demonstrate to the Board of Pharmacy
7 that I possess the skills and knowledge to work as a pharmacist. I understand that I may be
required to reapply and meet the initial licensing requirements under AS 08.80 and 12 AAC 52.
8 In the event that application is made and denied by the Board of Pharmacy, I understand that I
9 will have the right to a hearing pursuant to the Alaska Administrative Procedure Act (Alaska
10 Statute 44.62).

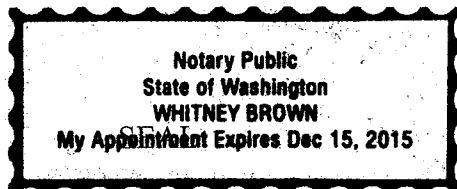
11 I understand this action shall take effect immediately upon its adoption by the board and is
12 a public record of the board and the State of Alaska. The State may provide a copy of this
13 agreement to any person, professional licensing board, federal, state or local government
14 agency, or other entity making a relevant inquiry. This license action will be reported to the
15 National Association of Boards of Pharmacy (NABP), the U.S. Department of Health and
Human Services/Healthcare Integrity and Protection Data Bank (HIPDB) and any other entity
as may be required by law.

16 I am hereby surrendering this license voluntarily and of my own free will. I declare that I
17 am not under the influence of any medication, drugs or other substances that would affect my
18 ability to consider this action clearly and rationally. I further declare that there have been no
19 promises or threats made to me by anyone to compel me to sign this document. I have read
20 this document in its entirety and understand its contents and agree to be bound by its terms and
21 conditions.

22 02-19-2014
23 Date

Lola Frederick
24 Lola Frederick

25 SUBSCRIBED AND SWORN TO before me this 19th day of February, 2014,
at Spokane, Washington.



[Signature]
Notary Public in and for the State of Washington
My commission expires: Dec 15, 2015

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ORDER

On APRIL 3, 2014, the Alaska Board of Pharmacy, having examined the Voluntary Surrender of Pharmacy License No. 1122, Case Number 2013-002237, adopts this document in this matter.

The Consent Agreement, Decision and Order take immediate effect upon signature of this Order in accordance with the approval of the BOARD OF PHARMACY.

DATED this 3 day of APRIL, 2014, at ANCHORAGE, Alaska.

ALASKA BOARD OF PHARMACY

By: 
Chairperson