

State of Alaska
Department of Commerce, Community & Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567
(907) 269-8160 Fax (907) 269-8195

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

5 VOLUNTARY SURRENDER OF LICENSE

6 Case # 2015-000850

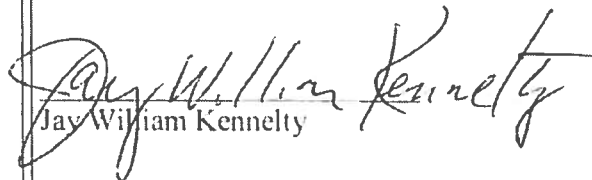
7 I, Jay William Kennelty, voluntarily surrender my State of Alaska Pharmacist
8 license # PHAP1155, which was first issued to me on May 30, 1996, and has an expiration
9 date of June 30, 2016.

10 I am surrendering license at this time with the understanding that the Division of
11 Corporations, Business and Professional Licensing is conducting an active investigation
12 under case number 2015-000850 on behalf of the Board of Pharmacy, regarding my
13 admission to having taken valium on two separate occasions that were not prescribed to me.
14 I acknowledge that the above constitutes unprofessional conduct and provides grounds for
15 suspension, revocation or other disciplinary sanctions of my license pursuant to Alaska
16 Statute (AS) 08.01.075, 08.80.261(a)(14) and 12 AAC 52.920(a)(4).

17 Additionally, I have informed the Division that my present health condition no
18 longer allows me to practice pharmacy.

19 I understand that as a result of this surrender, I cannot practice as pharmacist in the
20 State of Alaska, and will not be able to do so until I have the approval of the Board of
21 Pharmacy. I further understand that before my license to practice as a pharmacist in Alaska
22 can be reinstated, I will have to prove to the Board of Pharmacy that I am competent to
23 resume practice, and am able to do so with skill and safety. If I make such request for
24 reinstatement, and the Board of Pharmacy denies me, I have the right to a Hearing, pursuant
25 to AS 44.62, of the Administrative Procedure Act.

26 I am surrendering my license of my own free will. I am not under the influence of
any medicine or other drugs that would affect my ability to think clearly and rationally. No
promises or threats have been made to me by anyone to make me sign this document.

27 
Jay William Kennelty

10-1-15
Date

28 SUBSCRIBED AND SWORN TO before me this _____ day of _____,
29 2015, at _____, Alaska.

30 
AGB

SEAL

Notary Public

Notary Printed Name _____
My commission expires: _____

VOLUNTARY SURRENDER OF LICENSE
KENNELTY, JAY WILLIAM (PHARMACIST)
CASE NO. 2015-000850

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In the Matter of:)
)
JAY WILLIAM KENNELTY)
)
Respondent)
Case No. 2015-000850

ORDER

The Board of Pharmacy for the State of Alaska, having examined the Voluntary License Surrender, Case No. 2015-000850, Jay William Kennelty, license number PHAP1155, adopted the License Surrender in this matter.

This License Surrender takes effect immediately upon signature of this Order in accordance with the approval of the Board of Pharmacy

DATED this 13 day of November, 2015 at Anchorage, Alaska.

Board of Pharmacy
BY: 
Chairperson