

1 02-0003-HO

2 **BEFORE THE ARIZONA STATE BOARD OF PHARMACY**

3 In the Matter of :

4 MARK W. FORSTER)
5 Pharmacist License)
6 Number 9865)

**FINDINGS OF FACT, CONCLUSIONS
OF LAW AND BOARD ORDER
NO. 02-0003-PHR**

7 DIRECTED TO: MARK W. FORSTER
8 P.O. Box 803
9 Carefree, AZ 85377

10 Pursuant to the foregoing Consent to Entry of Order, the evidence and records compiled and
11 contained in the file for MARK W. FORSTER and for good cause appearing, the Board on this 20 day
12 of May, 2002 enters the following Findings of Fact, Conclusions of Law and Board Order concerning the
13 matters of Notices of Hearing No. 02-0003-PHR

14 **FINDINGS OF FACT**

15 **I**

16 1. MARK W. FORSTER is the holder of Pharmacist License Number 9865 issued by the
17 Arizona State Board of Pharmacy which permits the holder to practice pharmacy in the State of
18 Arizona.

19 2. The evidence presented in this matter is contained in the factual allegations of section IV of
20 the Notice. The Board finds that:

21 MARK W. FORSTER has violated A.R.S. § 32-1927(A)(11), to wit:

22 The licensee is found by the board to have had his license to practice pharmacy denied,
23 suspended or revoked in another jurisdiction and the license was not reinstated.

24 **CONCLUSIONS OF LAW**

25 **II**

26 1. The Board concludes that it has jurisdiction in this Matter pursuant to A.R.S. § 32-1927
(A) (11).

ORDER

III

1
2
3 1. The Pharmacist License Number 9865 issued to MARK W. FORSTER is hereby
4 suspended for a period of five (years) from the date of this Board Order.

5 2. During the term of the suspension, Mr. Forster must submit the Pharmacist License
6 Renewal Form and applicable license renewal fees on or before November 1, 2003 and November 1,
7 2005.

8 3. During the term of the suspension, Mr. Forster must satisfactorily complete 15 contact
9 hours (1.5 CEU's) of approved courses of continuing professional pharmacy education sponsored by a
10 Board Approved Provider [as defined in A.A.C. § R4-23-204(B)(5)] each calender year, at least three
11 (3) contact hours (0.3 CEU's) of which must be approved courses on pharmacy law.

12 4. Before lifting the suspension of Pharmacist License Number 9865, Mr. Forster must pass
13 the Arizona Pharmacy law examination (the "AZPLEX") or its successor examination with a passing
14 score as required at the time. Mr. Forster shall take the Arizona Pharmacy law examination within the
15 six (6) month period prior to the reinstatement of his license.

16 5. Before lifting the suspension of Pharmacist License Number 9865, Mr. Forster must
17 appear at a regularly scheduled Board meeting to present the fact that he passed the law exam and request
18 that the suspension be removed.

19 DATED this 2NDND day of May, 2002

20
21
22 ARIZONA STATE BOARD OF PHARMACY

23 By Llyn A. Lloyd

24 Llyn A. Lloyd

25 Executive Director

26 SEAL

1 Copies of the foregoing Finding of Fact,
2 Conclusions of Law and Board Order
3 sent via Certified US mail this 3rd day of
4 May, 2002 to:

5 Roger N. Morris
6 QUARLES & BRADY STREICH LANG, LLC
7 Two North Central Avenue
8 Phoenix, Arizona 85004
9 Attorneys for Mark Forster

10 and by Courier Mail to:

11 Victoria Martin
12 Assistant Attorney General
13 1275 W. Washington
14 Phoenix, AZ 85007
15 Attorney for the State

16 and

17 Victoria Mangiapane
18 Assistant Attorney General
19 1275 W. Washington
20 Phoenix, AZ 85007
21 Civil Appeals Section
22
23
24
25
26

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

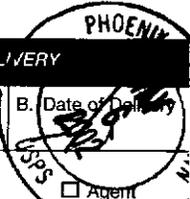
1. Article Addressed to:

Mr. Roger N. Morris
QUARLES & BRADY STREICH LANG, LLC
Two North Central Ave
Phoenix, AZ 85004

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

W. B. Silyk



C. Signature

X W. B. Silyk

- Agent
- Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Copy from service label)

7000 1670 0009 3603 7841

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952