

1 02-0012-HO

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

3 In the Matter of :

4 THOMAS A MacLEAN)
5 Arizona Pharmacist License)
6 Number 11279)
_____)

**FINDINGS OF FACT, CONCLUSIONS
OF LAW AND BOARD ORDER
NO. 02-0012-PHR**

7 DIRECTED TO: THOMAS A MacLEAN
8 901 W Roma Avenue
9 Phoenix, AZ 85013

9 Pursuant to the foregoing Consent to Entry of Order, the evidence and records compiled and
10 contained in the file for THOMAS A MacLEAN and for good cause appearing, the Board on this 22nd
11 day of August, 2002 enters the following Findings of Fact, Conclusions of Law and Board Order in the
12 Matter of Notice of Hearing Number 02-0012-PHR ("Notice").

13 **FINDINGS OF FACT**

14 **I**

15 1. THOMAS A MacLEAN is the holder of Pharmacist License Number 11279 issued by the
16 Arizona State Board of Pharmacy which permits the holder to practice pharmacy in the State of Arizona.

17 2. The evidence presented in this matter sustained the factual allegations in paragraphs one (1)
18 through six (6) in section IV of the Notice. The Board finds that:

19 THOMAS A MacLEAN has violated A.R.S. § 32-1927(A)(5) to wit:

20 The licensee is addicted to the use of alcohol or drugs to such a degree as to render the
21 licensee unfit, in the opinion of the board, to practice the profession of pharmacy.

22 **CONCLUSIONS OF LAW**

23 **II**

24 1. The Board concludes that it has jurisdiction in this Matter pursuant to A.R.S. § 32-1927
25 (A)(5).

26 2. The Board concludes that THOMAS A MacLEAN violated A.R.S. § 32-1927(A)(5) to wit:

1 The licensee is addicted to the use of alcohol or drugs to such a degree as to render the
2 licensee unfit, in the opinion of the board, to practice the profession of pharmacy.

3 ORDER
4 III

5 The Certificate of Registration Number 11279 issued to THOMAS A MacLEAN is hereby
6 suspended for one year, effective the date of the original PAPA contract, April 19, 2002. On or after
7 January 1, 2003, THOMAS A MacLEAN may appear before the board of pharmacy to request that the
8 suspension be stayed and a probation imposed. If granted, the probation shall be subject to the following
9 conditions:

10 1. THOMAS A MacLEAN shall have initiated a new contract with the Pharmacists Assisting
11 Pharmacists of Arizona (PAPA) program, and shall provide evidence that he has complied with each and
12 every requirement of that contract.

13 2. THOMAS A MacLEAN shall furnish the Arizona State Board of Pharmacy with a list of all
14 jurisdictions in which he maintains or has maintained licensure in the profession of pharmacy along with
15 the registration number of said licenses.

16 3. THOMAS A MacLEAN is required to advise the Arizona State Board of Pharmacy immediately
17 of any change in pharmacy employment status throughout the term of probation.

18 4. THOMAS A MacLEAN shall not serve as a preceptor pharmacist nor as a pharmacist in charge
19 throughout the term of probation.

20 5. THOMAS A MacLEAN is required to furnish all pharmacy employers with a copy of this Board
21 Order throughout the term of probation.

22 6. THOMAS A MacLEAN shall pay all fees and complete all Continuing Education requirements
23 to maintain certificate of registration number 11279 throughout the term of probation.

24 7. THOMAS A MacLEAN shall obey all federal and state laws and rules governing the practice
25 of pharmacy.

26 8. THOMAS A MacLEAN shall appear before the Arizona State Board of Pharmacy on or after

1 August 22nd, 2007, to request that the probation imposed by this Order be terminated.

2 9. If THOMAS A MacLEAN violates this Order in any way or fails to fulfill the requirements
3 of this Order, the Board, after giving THOMAS A MacLEAN notice and the opportunity to be heard, may
4 revoke, suspend or take other disciplinary action against THOMAS A MacLEAN. The sole issue at such
5 hearing shall be whether or not THOMAS A MacLEAN violated this Order.

6
7 **DATED this 22nd day of August, 2002**

8
9 **ARIZONA STATE BOARD OF PHARMACY**

10
11 **SEAL**

12 By


13 **Llyn A. Lloyd**
14 **Executive Director**

15 Copies of the foregoing Finding of Fact,
16 Conclusions of Law and Board Order
17 sent via Certified US mail this 29th day
18 of August 2002, to:

19 THOMAS A MacLEAN
20 901 W Roma Avenue
21 Phoenix, AZ 85013

22 and by Courier Mail to:

23 Victoria Martin
24 Assistant Attorney General
25 1275 W. Washington
26 Phoenix, AZ 85007
Attorney for the State

and

Victoria Mangiapane
Assistant Attorney General
1275 W. Washington
Phoenix, AZ 85007
Solicitor General's Office

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:

Thomas A. MacLean
901 W. Roma Ave.
Phoenix, AZ 85013

2. Article Number

(Transfer from service label) **7000 1670 0009 3603 6882**

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-0381

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *T. MacLean* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery **7-8-7**

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
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4. Restricted Delivery? (Extra Fee) Yes

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

BOARD ORDER 02-0012-PHR

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

SENT 8/29/02

Postmark
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Thomas MacLean
901 W. Roma Avenue
Phoenix, AZ 85013

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1. Article Addressed to:

Thomas MacLean
901 W. Roma Avenue
Phoenix, AZ 85013

2. Article Number

(Transfer from service label) **7000 1670 0009 3603 7636**

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Domestic Return Receipt

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A. Signature **X** *T. MacLean* Agent Addressee

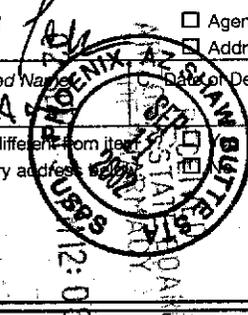
B. Received by (Printed Name) **T. MACLEAN** C. Date of Delivery _____

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



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