

1 In the Matter of the Hearing to)
Determine Whether or Not to Revoke,)
2 Suspend, or Place on Probation the)
Certificate of Registration Number)
3 8319 censure or fine Kirk- Frederick)
Dietz.)

FINDINGS OF FACT
CONCLUSIONS OF LAW
AND ORDER
No. 86-3-H

4
5 DIRECTED TO: KIRK-FREDERICK DIETZ
730 E. McKellips No.C-127
6 Tempe, Arizona 85281

7 This matter came before the Arizona State Board of Pharmacy for hearing on
8 the 4th day of March, 1987, pursuant to Complaint and Notice of hearing No.
9 86-3-H (hereinafter referred to as "Complaint"), attached to and made a part of
10 this order. Al Brooks, President, presided, with Daniel Jacob, Vice President,
11 and Members Paula Bickett, Norma Mc Connell, and Adaline Pangrazi in attendance
12 and participating therein.

13 The State was represented by the office of the Attorney General, Montgomery
14 Lee, Assistant Attorney General. The respondent, Kirk-Frederick Dietz was pre-
15 sent and was represented by Counsel, Richard Juarez. The Board, after con-
16 sideration of the evidence and testimony presented, hereby makes the following
17 Findings of Fact, Conclusions of Law and Order.

18 FINDINGS OF FACT

19 I

20 Kirk-Frederick Dietz is a Pharmacist holding Certificate of Registration No.
21 8319 issued by the Board under A.R.S. § 32-1922.

22 II

23 Sufficient evidence was presented, that between Feb. 11, 1986 and March 18,
24 1986 while employed as a Pharmacist at Saint Joseph's Hospital Pharmacy, 350 N.
25 Wilmot Road, Tucson, Arizona, that Kirk-Frederick Dietz obtained approximately
26 6.48 grams Cocaine HCL, a narcotic drug (defined in A.R.S.§13-3401.16) and a

1 controlled substance (defined in A.R.S. § 36-2513) from Saint Joseph's Hospital
2 Pharmacy, Tucson, Arizona, without a prescription order from a medical prac-
3 titioner, in violation of A.R.S. § 13-3406 and 36-2525B.

4 III

5 The above described violation constitutes grounds for discipline pursuant to
6 A.R.S. § 32-1927.A.10.

7 ORDER

8 IV

9 In view of the Findings of Fact and Conclusions of Law the Board hereby
10 issued the following order:

- 11 1. Pharmacist registration #8319 issued to Kirk-Frederick Dietz is suspended
12 for two years commencing 10 days after service of this order or upon the
13 Board's action after a timely motion for rehearing, if later. Respondent will
14 submit monthly reports to the Board of Pharmacy stating the name of the subst-
15 ance abuse rehabilitation program or after care program and the contact person
16 monitoring respondent's progress.
- 17 2. Upon restoration of license, registrant will be placed on five year probation
18 during which time respondent will continue to participate in rehabilitation or
19 after care support programs and submit monthly progress reports to the Board of
20 Pharmacy.
- 21 3. Respondent will have option of requesting the Board of Pharmacy to review and
22 reinstate registration at any time during the two year suspension.
23
24
25

1 Dated this 11th day of March, 1987

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SEAL

ARIZONA STATE BOARD OF
PHARMACY

By Llyn A. Lloyd

Llyn A. Lloyd
Executive Secretary

6

7

8

Copies of the Foregoing Notice
of Findings of Fact and Conclusions
of Law mailed by Certified mail
this 11th Day of March, 1987 to:

9

10

Kirk-Frederick Dietz
730 East McKellips No. C-127
Tempe, AZ 85281

11

12

Richard Juarez
815 N. 1st Ave.
Phoenix, AZ 85003

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14

And by Courier Mail to:

15

Montgomery Lee
Assistant Attorney General
1275 W. Washington
Phoenix, AZ 85007
Attorney for the State

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PS Form 3811, July 1983 447-945

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

- Show to whom, date and address of delivery.
- Restricted Delivery.

3. Article Addressed to:
 Kirk-Frederick Dietz
 730 E. McKellips No. C-127
 Tempe, AZ 85281

4. Type of Service: Article Number
 Registered Insured
 Certified COD P052987894
 Express Mail

Always obtain signature of addressee or agent and DATE DELIVERED

5. Signature - Addressee
 X *Kirk-Frederick Dietz*

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery
 MAR 16 1987

8. Addressee's Address (ONLY if requested and fee paid)

DOMESTIC RETURN RECEIPT

P 052 987 894
 RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
 NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to
 Kirk-Frederick Dietz

Street and No.
 730 E. McKellips No. C-127

P.O., State and ZIP Code
 Tempe, AZ 85281

Postage \$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt Showing to whom and Date Delivered

Return receipt showing to whom, Date, and Address of Delivery

TOTAL Postage and Fees \$

Postmark or Date
 Find of Facts 86-3-H
 Mailed 03/13/87

★ U.S.G.P.O. 1984-446-014

PS Form 3800, Feb. 1982

STICK POSTAGE STAMPS TO ARTICLE TO COVER FIRST-CLASS POSTAGE. CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)

- If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
- If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, date, detach and retain the receipt, and mail the article.
- If you want a return receipt, write the certified mail number and your name and address on a return receipt card, Form 3811, and attach it to the front of the article by means of the gummed ends if space permits. Otherwise, affix to back of article. Endorse front of article. **RETURN RECEIPT REQUESTED** adjacent to the number.
- If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse **RESTRICTED DELIVERY** on the front of the article.
- Enter fees for the services requested in the appropriate spaces on the front of this receipt. If return receipt is requested, check the applicable blocks in item 1 of Form 3811.
- Save this receipt and present it if you make inquiry.

RETURN TO

SENDER INSTRUCTIONS:
 Print your name, address, and ZIP Code in the space below.
 Complete items 1, 2, 3, and 4 on the reverse.
 Attach to front of article if space permits, otherwise affix to back of article.
 Endorse article "Return Receipt Requested" adjacent to number.

UNITED STATES POSTAL SERVICE
 OFFICIAL BUSINESS 15 MAR 87



(No. and Street, Apt., Suite, P.O. Box or R.D. No.)
 (City, State, and ZIP Code) 86-3-H, FOIT

ARIZONA STATE BOARD OF PHARMACY
 5060 N. 19th AVENUE, SUITE 101
 PHOENIX, ARIZONA 85015
 (Name of Sender)
 (602) 255-5125

PENALTY FOR PRIVATE MAIL

P 052 987 553

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to Richard Juarez	
Street and No. 815 N. 1st Ave.	
P.O. State and ZIP Code Phoenix, AZ 85003	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$
Postmark or Date Find of Fact 86-3-H Mailed 03/13/87	

PS Form 3811, July 1983 447-945
* U.S.G.P.O. 1984-446-014
Feb. 1982

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

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1. Show to whom, date and address of delivery.

2. Restricted Delivery.

3. Article Addressed to:
Richard Juarez
815 N. 1st Ave.
Phoenix, AZ 85003

4. Type of Service: Registered Insured
 Certified COD
 Express Mail

Article Number
P052987953

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
X T. CANON

6. Signature - Agent
X

7. Date of Delivery
3/16/87

8. Addressee's Address (ONLY if requested and fee paid)



PENALTY FOR PRIVATE USE \$300

ARIZONA STATE BOARD OF PHARMACY
5060 N. 19th AVENUE, SUITE 01
PHOENIX, ARIZONA 85015
(Name of Sender) 55-5125

(No. and Street, Apt., Suite, P.O. Box or R.D. No.)

(City, State, and ZIP Code) 86-3-H Poff

UNITED STATES POSTAL SERVICE
OFFICIAL BUSINESS

SENDER INSTRUCTIONS
Print your name, address, and ZIP Code in the space below.
Complete items 1, 2, 3, and 4 on the reverse.
Attach to front of article if space permits, otherwise affix to back of article.
Endorse article "Return Receipt Requested" adjacent to number.

RETURN TO

- STICK POSTAGE STAMPS TO COVER FIRST-CLASS POSTAGE.
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (See front)**
- If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article leaving the receipt attached and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
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