

1 00-05 & 12 -HO

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

3 In the Matter of:

4 JONATHAN B. REITZ)
5 Certificate of Registration)
6 Number 12397)
_____)

**FINDINGS OF FACT, CONCLUSIONS
OF LAW AND BOARD ORDER
NO. 00-0005-PHR and 00-0012-PHR**

7 DIRECTED TO: JONATHAN B. REITZ
8 255 S. Kyrene Rd. #238
9 Chandler, AZ 85226

10 Pursuant to the foregoing Consent to Entry of Order, the evidence and records compiled and
11 contained in the file for JONATHAN B. REITZ and for good cause appearing, the Board on this 6th day
12 of September, 2000 enters the following Finding of Fact, Conclusions of Law and Board Order in the
13 Matters of 00-0005-PHR and 00-0012-PHR.

14 **FINDINGS OF FACT**

15 **I**

16 1. JONATHAN B. REITZ is the holder of Certificate of Registration Number 12397 issued by
17 the Arizona State Board of Pharmacy which permits the holder to practice pharmacy in the State of
18 Arizona.

19 2. That on the 25th day of July, 2000, JONATHAN B. REITZ entered into a Consent to Entry of
20 Order with the Arizona State Board of Pharmacy admitting that factual allegations contained in the
21 Notices of Hearing Number 00-0005-PHR and 00-0012-PHR are true and accurate.

22 3. That JONATHAN B. REITZ admits to violations of A.A.C. R4-23-402(A)(6) and A.R.S. §
23 32-1927(A)(10) to wit:

24 A.A.C R4-23-402(A) A pharmacist or a graduate intern or pharmacy intern under the supervision
25 of a pharmacist shall perform the following professional practices in dispensing a prescription
26 medication from a prescription order: (6.) Verify that a dosage is within proper limits.

A.R.S. § 32-1927 (A)(10): 1. The licensee is found by the Board to be guilty of violating any
Arizona or federal law, rule or regulation relating to the manufacture and distribution of drugs,
and devices or the practice of pharmacy.

1 **CONCLUSIONS OF LAW**

2 **II**

- 3 1. The Board concludes that it has jurisdiction in this Matter pursuant to A.R.S. § 32-1927(A)(10)
4 2. The Board concludes that JONATHAN B. REITZ did violate A.A.C. R4-23-402(A)(6) and
5 A.R.S. § 32-1927(A)(10).

6 **ORDER**

7 **III**

8 The certificate of Registration Number 12397 issued to JONATHAN B. REITZ is hereby placed
9 on probation for a period of one year, effective ten (10) days from the date of this Order. The probation
10 is subject to the following conditions:

11 1. JONATHAN B. REITZ shall pay all fees and complete all Continuing Education requirements
12 throughout the term of probation to maintain Certificate of Registration Number 12397.

13 2. JONATHAN B. REITZ shall obey all federal and state laws and rules governing the practice
14 of pharmacy.

15 3. JONATHAN B. REITZ shall complete fifteen (15) hours of Continuing Education within one
16 year of the date of this Order. Said hours shall consist of programs approved by the Board dealing with
17 error prevention or communication and shall apply only to satisfy this Order and shall not be applied to
18 Continuing Education requirements for subsequent license renewals.

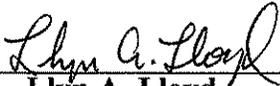
19 4. The Arizona State Board of Pharmacy shall terminate this Order of probation upon receipt
20 of satisfactory evidence of compliance with paragraphs 1. and 3. of this Order.

21 5. If JONATHAN B. REITZ violates this Order in any way or fails to fulfill the requirements of
22 this Order, the Board, after giving the Respondent Notice and the opportunity to be heard, may revoke,
23 suspend or take other disciplinary action against the Respondent.

1 DATED this 7th day of September, 2000

2 ARIZONA STATE BOARD OF PHARMACY

3 SEAL

4 By 
5 **Llyn A. Lloyd**
6 **Executive Director**

7
8 Copies of the foregoing Finding
9 of Fact, Conclusions of Law and
10 Board Order mailed by certified
11 mail this 20th day of September, 2000 to:

12 JONATHAN B. REITZ
13 255 S. Kyrene Rd. #238
14 Chandler, AZ 85226

15 and by Courier Mail to:

16 Nancy Beck
17 Assistant Attorney General
18 1275 W. Washington
19 Phoenix, AZ 85007
20 Attorney for the State

21 and

22 Tom Dennis
23 Assistant Attorney General
24 1275 W. Washington
25 Phoenix, AZ 85007
26 Civil Appeals Section



ARIZONA STATE BOARD OF PHARMACY

5060 NORTH 19TH AVENUE SUITE 101
PHOENIX, ARIZONA 85015
602 255 5125

June 22, 2000

Jonathan B. Reitz RPh
255 S. Kyrene Rd. #238
Chandler, AZ 85226

Dear Mr. Reitz,

A revised Consent to Entry of Order and Board Order combining the allegations from both of your Notices of Hearing is contained in this mailing. Combining the two complaints is in my opinion is to your benefit. I hope that you agree.

The Board Order is consistent with Board action on similar matters in Arizona. Should you decide to accept the Consent Agreement, please call me and I will arrange a meeting to discuss the terms of the proposed Board order. If the meeting results in an acceptable agreement you will sign and notarize the consent at that time. The full Board will decide to accept or reject the Order at the next regularly scheduled Board meeting. I would appreciate hearing from you as soon as possible if you desire to enter into the consent agreement.

Please contact me at this office to verify understanding of the documents or to clarify any issues that concern you.

Sincerely,

Hal Wand
Deputy Director

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

3. Article Addressed to:
Jonathan B. Reitz
255 S. Kyrene Rd. #238
Chandler, AZ 85226

4a. Article Number
Z 353 698 223

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
6-27-00

5. Received By: (Print Name)
Arthur Schmitt

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

6. Signature (Addressee or Agent)
Arthur Schmitt

Z 353 698 223

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to Jonathan B. Reitz Street & Number 255 S. Kyrene Rd #238	
Post Office, State, & ZIP Code Chandler, AZ 85226	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date 6-27-00	

Thank you for using Return Receipt Service. PS Form 3811, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

3. Article Addressed to:
Alan Baskin Esq.
C/O Roshka, Heyman & De Wulf
400 N 5th St., Suite 1000
Phoenix, AZ 85004-3906

4a. Article Number
Z 353 698 224

4b. Service Type
 Registered Certified
 Express Mail Insured
 Return Receipt for Merchandise COD

7. Date of Delivery
JUN 28 2000

5. Received By: (Print Name)
Jennifer Davis

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

6. Signature (Addressee or Agent)
Jennifer Davis

Z 353 698 224

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to Alan Baskin Esq. C/O Roshka, Heyman & De Wulf Street & Number 400 N 5th St., Ste 1000	
Post Office, State, & ZIP Code Phoenix, AZ 85004-3906	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date 6-27-00	

Thank you for using Return Receipt Service. PS Form 3811, April 1995