

1 TERRY GODDARD
Attorney General
2 (Firm State Bar No. 14000)

3 DAWN WALTON LEE
Assistant Attorney General
4 State Bar No. 016072
1275 W. Washington, CIV/LES
5 Phoenix, Arizona 85007-2997
Tel: (602) 542-7027
6 Fax: (602) 362-3202
Attorneys for the Arizona State Board of Pharmacy

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

8
9 In the Matter of
10 **PAMELA BATES**
11 Holder of License No. 6565
As a Pharmacy Technician
12 In the State of Arizona

Board Case No. 07-0006-PHR
**CONSENT AGREEMENT AND
ORDER FOR VOLUNTARY
SURRENDER OF LICENSE**

13
14 **RECITALS**

15 In the interest of a prompt and judicious settlement of this case, consistent with the
16 public interest, statutory requirements and the responsibilities of the Arizona State Board
17 of Pharmacy ("Board") and under A.R.S. §§ 32 1901, *et. seq.* and 41 1092.07(F)(5),
18 Pamela Bates ("Respondent"), holder of Pharmacist Technician License Number 6565 in
19 the State of Arizona, and the Board enter into the following Recitals, Findings of Fact,
20 Conclusions of Law and Order ("Consent Agreement") as a final disposition of this
21 matter.

22 1. Respondent has read and understands this Consent Agreement and has had
23 the opportunity to discuss this Consent Agreement with an attorney, or has waived the
24 opportunity to discuss this Consent Agreement with an attorney.
25
26

1 2. Respondent understands that she has a right to a public administrative
2 hearing concerning the above-captioned matter, at which hearing he could present
3 evidence and cross examine witnesses. By entering into this Consent Agreement,
4 Respondent knowingly and voluntarily relinquishes all right to such an administrative
5 hearing, as well as rights of rehearing, review, reconsideration, appeal, judicial review or
6 any other administrative and/or judicial action, concerning the matters set forth herein.

7 3. Respondent affirmatively agrees that this Consent Agreement shall be
8 irrevocable.

9 4. Respondent understands that this Consent Agreement or any part of the
10 agreement may be considered in any future disciplinary action by the Board against her.

11 5. Respondent understands this Consent Agreement deals with Board Case
12 No. 3184 involving allegations of unprofessional conduct against Respondent. The
13 investigation into these allegations against Respondent shall be concluded upon the
14 Board's adoption of this Consent Agreement.

15 6. Respondent understands that this Consent Agreement does not constitute a
16 dismissal or resolution of any other matters currently pending before the Board, if any,
17 and does not constitute any waiver, express or implied, of the Board's statutory authority
18 or jurisdiction regarding any other pending or future investigation, action or proceeding.

19 7. Respondent also understands that acceptance of this Consent Agreement
20 does not preclude any other agency, subdivision, or officer of this State from instituting
21 any other civil or criminal proceedings with respect to the conduct that is the subject of
22 this Consent Agreement.

23 8. All admissions made by the Respondent in this Consent Agreement are
24 made solely for the final disposition of this matter, and any related administrative pro-
25 ceedings or civil litigation involving the Board and Respondent. Therefore, any admis-
26

1 sions made by Respondent in this Consent Agreement are not intended for any other use,
2 such as in the context of another regulatory agency's proceedings, or civil or criminal
3 proceedings, whether in the State of Arizona or in any other state or federal court.

4 9. Respondent acknowledges and agrees that, upon signing this Consent
5 Agreement and returning this document to the Board's Executive Director, she may not
6 revoke his acceptance of the Consent Agreement or make any modifications to the
7 document regardless of whether the Consent Agreement has been signed by the Execu-
8 tive Director. Any modification to this original document is ineffective and void unless
9 mutually agreed by the parties in writing.

10 10. Respondent understands that the Consent Agreement shall not become
11 effective unless and until adopted by the Board and signed by its Executive Director.

12 11. If a court of competent jurisdiction rules that any part of this Consent
13 Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement
14 shall remain in full force and effect.

15 12. Respondent understands and agrees that if the Board does not adopt this
16 Consent Agreement, she will not assert as a defense that the Board's consideration of this
17 Consent Agreement constitutes bias, prejudice, prejudgment or other similar defenses.

18 13. Respondent understands that this Consent Agreement is a public record that
19 may be publicly disseminated as a formal action of the Board and may be reported as
20 required by law to the National Practitioner Data Bank and the Healthcare Integrity and
21 Protection Data Bank.

22 14. Respondent understands that any violation of this Consent Agreement
23 constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-
24 1901.01(B)(20), -1927(A)(1).

25
26

1 15. Respondent understands and agrees that she shall not reapply for a license
2 before two (2) years after the effective date of this Order.
3

4 ACCEPTED AND AGREED BY RESPONDENT

5 
6 Pamela Bates

Dated: 9-14-06

7 Subscribed and sworn to before me in the County of Maricopa, State of Arizona
8 this 14th day of September, 2006, by Pamela Bates.



9 Pat F. Moncada
10 NOTARY PUBLIC

11 My Commission expires: March 10, 2008

12 **FINDINGS OF FACT**

13 1. During all times relevant to this Complaint, Respondent was employed
14 as a Pharmacy Technician at Scottsdale Healthcare ("Pharmacy") in Scottsdale,
15 Arizona.

16 2. On May 18, 2006, Respondent was sent for a for-cause drug screen
17 based on erratic behavior.

18 3. Respondent asked three co-workers to provide urine for her drug screen,
19 offering payment to at least one individual.

20 4. Respondent did submit to the urine screen and was suspended pending
21 the results.

22 5. On May 23, 2006 Respondent came back into the Pharmacy without
23 authorization and was observed removing a returned Dilaudid PCA cassette from the
24 narcotic waste bin.
25
26

1 directly or indirectly, or assisting in or abetting in the violation of, or conspiring to
2 violate, this chapter.”)

3 **ORDER**

4 Based upon the above Findings of Fact and Conclusions of Law, and under the
5 authority granted to the Board, under A.R.S. §§32-1927.01, 41-1092.07(F)(5), and
6 A.A.C. R4-23-122(C), **IT IS HEREBY ORDERED** that License No. 6565, which was
7 issued to Respondent to allow her to work as a pharmacy technician in the State of
8 Arizona, shall be deemed **SURRENDERED**, upon adoption of this Consent Agreement
9 by the Board and Respondent shall immediately return License No. 6565 to the Board.

10 DATED this 26th day of September, 2006.

11
12 ARIZONA STATE BOARD OF PHARMACY

13
14 (Seal)

15 By: 
16 HAL WAND, R.Ph.
Executive Director

17 ORIGINAL OF THE FORGOING FILED
18 this 26 day of September 2006, with:

19 Arizona State Board of Pharmacy
4425 W. Olive Avenue, Suite 140
20 Glendale, Arizona 85302

21 EXECUTED COPY OF THE FOREGOING MAILED
BY CERTIFIED MAIL
22 this 26 day of September, 2006, to:

23 Pamela Bates
1612 N. McAllister Ave.
24 Tempe, Arizona 85281

1 EXECUTED COPY OF THE FOREGOING MAILED
2 this 26 day of September, 2006, to:

3 Dawn Walton Lee
4 Assistant Attorney General
5 1275 W. Washington Street, CIV/LES
6 Phoenix, Arizona 85007

7 

8 #479107

COMPLETE THIS SECTION ON DELIVERY

9
10

A. Signature Agent
[Signature] Addresssee

B. Received by *[Signature]* Date of Delivery *9/28/06*

C. RECEIVED *9/28/06*

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:
9/28/06

ARIZONA STATE BOARD OF PHARMACY

3. Service Type Express Mail Return Receipt for Merchandise
 Certified Mail Registered Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

Article Number (Transfer from service label) **7005 1620 0000 7565 8893**
Domestic Return Receipt
102595-02-M-1540

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:
Pamela Bates
1612 N. McAllister Ave.
Tempe AZ 85281

2. Article Number (Transfer from service label) **7005 1620 0000 7565 8893**
Domestic Return Receipt
PS Form 3811, February 2004

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com
OFFICIAL USE

Postage	\$	<i>[Signature]</i>	Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		

Sent To
Street, Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, June 2002 See Reverse for Instructions