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Attorneys for the Arizona State Board of Pharmacy

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

9 In the Matter of

10 **CAROLINE BEGAY**

11 Holder of License No. 657
12 For Practice as a Pharmacy Technician
Trainee
13 In the State of Arizona

07-0024-PHR

**CONSENT AGREEMENT
FOR PROBATION**

14
15 **RECITALS**

16 In the interest of a prompt and judicious settlement of this case, consistent with the
17 public interest, statutory requirements and the responsibilities of the Arizona State Board
18 of Pharmacy ("Board") and under A.R.S. §§ 32 1901, *et. seq.* and 41 1092.07(F)(5),
19 Caroline Begay ("Respondent"), holder of Pharmacy Technician Trainee License
20 Number 657 in the State of Arizona, and the Board enter into the following Recitals,
21 Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as a final
22 disposition of this matter.

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

1 2. Respondent understands that she has a right to a public administrative
2 hearing concerning the above-captioned matter, at which hearing she 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. 3150 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 her 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.

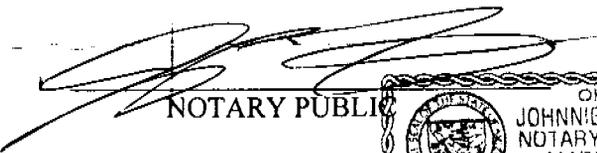
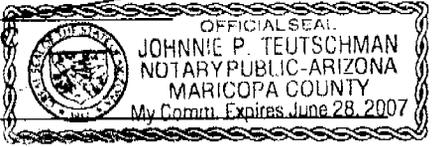
22 14. Respondent understands that any violation of this Consent Agreement
23 constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-
24 1901.01(B)(20), -1927(A)(1).

1 ACCEPTED AND AGREED BY RESPONDENT

2 Caroline Begay
3 Caroline Begay

Dated: 1-8-07

4 Subscribed and sworn to before me in the County of MARICOPA, State of ARIZONA,
5 this 8th day of JANUARY, 2006, by Caroline Begay.

6
7 
8 NOTARY PUBLIC
9 My Commission expires: 

10 **FINDINGS OF FACT**

- 11 1. The Arizona State Board of Pharmacy ("Board") is the duly constituted
- 12 authority for licensing and regulating the practice of pharmacy in the State of Arizona.
- 13 2. Caroline Begay ("Respondent") is the holder of license number 657 to
- 14 practice as a pharmacy technician trainee in the State of Arizona.
- 15 3. During all times relevant to these Findings, Respondent served as the
- 16 Pharmacy Technician Trainee at Fry's Pharmacy #12 in Phoenix, Arizona ("Pharmacy").
- 17 4. On or about June 8, 2006, Board staff received information that a
- 18 prescription had been misfilled out of the Pharmacy.
- 19 5. The patient, a fourteen year old, received Haloperidol 10mg instead of
- 20 Nadolol 20mg. The patient took two doses and was taken to the ER by her mother. The
- 21 patient became lethargic, was drooling, had tremors, and had no control over her tongue
- 22 and mouth movements.
- 23 6. Respondent entered the prescription into the system. The complainant
- 24 states that counseling regarding the medication was not offered, and that the technician
- 25 rang up the purchase and did not offer to get the pharmacist for counseling.

1 CONCLUSIONS OF LAW

2 1. The Board possesses jurisdiction over the subject matter and over Respond-
3 ent pursuant to A.R.S. § 32-1901 *et seq.*

4 2. The Board may discipline a pharmacist technician trainee who has engaged
5 in unprofessional conduct. A.R.S. § 32-1927.01(A)(1).

6 3. The conduct and circumstances described above constitutes unprofessional
7 conduct pursuant to A.R.S. § 32-1901.01(C)(2) (“Violating a federal or state law or
8 administrative rule relating to the manufacture or distribution of drugs or devices.”)

9 4. The conduct and circumstances described above constitutes unprofessional
10 conduct pursuant to A.R.S. § 32-1901.01(C)(15) (“Violating or attempting to violate,
11 directly or indirectly, or assisting in or abetting in the violation of, or conspiring to
12 violate, this chapter.”).

13 ORDER

14 Based upon the above Findings of Fact and Conclusions of Law and under the
15 authority granted to the Board by A.R.S. §§ 32-1928, 41-1092.07(F)(5), and A.A.C. R4-
16 23-122 (c), IT IS HEREBY ORDERED THAT License No. 657, which was issued to
17 Caroline Begay to practice as a Pharmacy Technician Trainee in the State of Arizona, is
18 hereby placed on PROBATION for a period of thirty (30) days. During the term of
19 PROBATION, Respondent shall complete the following terms and conditions:

- 20 a. Respondent shall pay a fine of ~~\$50.00~~ ^{\$25.00} 
- 21 b. Respondent shall advise the Board immediately of any change in
22 pharmacy employment status throughout the term of her probation.
- 23 c. Respondent shall furnish the Board with a list of all jurisdictions in
24 which she maintains or has maintained licensure in the profession of
25 pharmacy along with the registration numbers of said licenses.
- 26

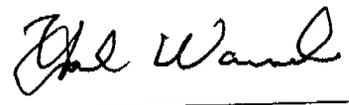
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- d. Respondent shall obey all federal and state laws and rules governing the practice of pharmacy.
- e. Respondent shall appear before the Board at a regularly scheduled meeting after the terms of probation are met to request that the probation imposed by this Order be terminated. Respondent's failure to petition the Board to terminate the probation shall extend the probation period.

DATED this 25 day of January, 2007

ARIZONA STATE BOARD OF PHARMACY

(Seal)



By: _____
HAL WAND, R.Ph.
Executive Director

ORIGINAL OF THE FORGOING FILED
this 25 day of January 2007, with:

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

EXECUTED COPY OF THE FOREGOING MAILED
BY REGULAR MAIL

this 25 day of January 2007 to:

Caroline Begay
14430 N. 19th Ave. #244
Phoenix, Arizona 85022





PHARMACY TECHNICIAN TRAINEE

EFFECTIVE
5/1/2006

LICENSE NO.
657

EXPIRES
5/31/2008

Receipt date: 1/9/2007
Receipt No. 33515
Receipt Amount: \$25.00

T

Issued to: Caroline Begay
14430 N. 19th Ave., #244
Phoenix, AZ 85023

FYI: Regular receipt and Wall Certificate and/or Relief Certificate should be received within 10 working days from the above date. If not, please contact the board office immediately.

Arizona State Board of Pharmacy
4425 W. Olive Ave. Suite #140
Glendale, AZ 85302
PHONE: (623) 463-2727 FAX: (623) 934-0583

ASBP Initials: _____

FOR OFFICE USE ONLY

Issued to: 657
Caroline Begay
14430 N. 19th Ave., #244
Phoenix, AZ 85023

Receipt date: 1/9/2007
Receipt No. 33515
Receipt Amount: \$25.00
Check No. 6144

WESTERN UNION MONEY ORDER	INTEGRATED PAYMENT SYSTEMS, INC. - ISSUER Greenwood Village, Colorado
***PAY EXACTLY \$25.00 08-678986144	
AGENT 709465 DATE 010907 TIME 0922 03 086789861441 LOCATION 00002B	82-40/1021 25:00 ****
** PAY EXACTLY TWENTY-FIVE DOLLARS AND NO CENTS *****	
PAY EXACTLY PAY TO THE ORDER OF	PAYMENT FOR/ACCT. #
14430 N. 19th Ave #244	Caroline Begay
<small>PURCHASER, SIGNER FOR DRIVER PURCHASER BY SIGNING YOU AGREE TO THE TERMS ON THE REVERSE SIDE.</small>	
<small>Western Union Money Order and Design is a service mark of Western Union Holdings, Inc./Payable at Wells Fargo Bank Grand Junction - Downtown, N.A., Grand Junction, Colorado</small>	

001021004001 40086789861441

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>Caroline Begay</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Caroline Begay</i> C. Date of Delivery <i>11-21</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><i>Caroline Begay</i> <i>14430 N. 19th Ave.</i> <i>#244</i> <i>Phoenix AZ 85022</i></p>	<div style="border: 2px solid black; padding: 5px;"> <p>RECEIVED</p> <p>DEC 01 2006</p> <p>ARIZONA STATE BOARD OF PHARMACY</p> </div>
<p>2. Article Number (Transfer from service label) <i>7000-1670-0006-4393-2651</i></p>	<p>3. Service type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	
<p>Sent To <i>Caroline Begay</i></p> <p>Street, Apt. No., or PO Box No. <i>07-24-PHR</i></p> <p>City, State, ZIP+4 <i>11-28-06</i></p>	
<p>PS Form 3800, May 2000 See Reverse for Instructions</p>	

7000 1670 0006 4393 0000 029T 0000 1592 E6E4

Contract agree.