STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS

DEPARTMENT OF HEALTH
HEALTH SERVICES REGULATION
BOARD OF PHARMACY

vs.

CHERYL STOUKIDES

CONSENT ORDER


After consideration by the Department, the following constitutes the Findings of Fact with respect to the professional performance of the Respondent:

1. Respondent is a licensed Pharmacist licensed to practice in the State of Rhode Island.

2. That in your role as pharmacist-in-charge, on various dates in 2007 and 2008 Respondent did allow a policy of filling unauthorized prescriptions and notifying the physician after filling said prescription, and that you did fill unauthorized prescriptions for Patient A.

The conduct described in paragraph two (2) herein constitutes unprofessional conduct pursuant to Section 5-19.1-21 of the Rhode Island General Laws and the Rules and Regulation promulgated thereunder.
The parties agree as follows:

1. Respondent is a Pharmacist licensed to practice in the State of Rhode Island.

2. Respondent admits to the jurisdiction of the Board and hereby agrees to remain under the jurisdiction of the Department.

3. Respondent has read this Consent Order and understands that it is a proposal of the Department and is subject to the final approval by the Department. This Consent Order and the contents thereof are not binding on Respondent until final approval by the Department.

4. Respondent hereby acknowledges and waives:
   a) The right to appear personally or by counsel or both before the Department;
   b) The right to produce witnesses and evidence in her behalf at a hearing;
   c) The right to cross-examine witnesses;
   d) The right to have subpoenas issued by the Department;
   e) The right to further procedural steps except for those specifically contained herein; and
   f) Any and all rights of appeal of this Consent Order.

5. This Consent Order shall become part of the public record of this proceeding once it is accepted by all parties.

6. Acceptance by the Respondent and approval by the Department of this Consent Order constitutes an admission of the facts contained herein.

7. Respondent agrees to a one-(1) year suspension of her pharmacist license, provided however said suspension shall be stayed and Respondent shall serve a
period of probation subject to the terms and conditions set forth in this Consent Order.

8. Respondent agrees to a one- (1) year period of probation to commence upon ratification of this Order by the Board and will abate for the duration of any period in which Respondent ceases to be employed as a pharmacist.

9. That within two (2) weeks of the ratification of this Consent Order, Respondent shall provide a complete copy of the pharmacy policy and procedure manual to the Board for review.

10. That within six (6) months of the ratification of this Consent Order, Respondent shall provide evidence of completion of two (2) hours of continuing education in pharmacy law.

11. That during the period of probation, Respondent shall not serve as a pharmacist-in-charge, nor may she serve as a preceptor.

12. That during the period of probation, Respondent may be subject to random inspections by the Department.

13. That during the period of probation, Respondent shall notify the Department forthwith of any changes in her employment, including the name and address of the new employer(s) and the reason for said change.

14. That should Respondent fail to comply with the laws and regulations governing the practice of pharmacy and/or fail to comply with the terms of this Consent Order, her license as a pharmacist shall be subject to appropriate disciplinary action.
Ratified as an Order of the Board of Pharmacy on this 18 day of May 2009.

CERTIFICATION

I hereby certify that the within Consent Order was mailed by certified mail to Cheryl Stoukides, 515 Pine St., Seekonk MA 02771 on this 4 day of May 2009.