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**BEFORE THE BOARD OF PHARMACY
ALASKA DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC
DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING**

In the matter of:)
)
Lisa Gore,)
Respondent)

Case No. 2017-000719

VOLUNTARY SURRENDER OF PHARMACIST'S LICENSE

I, Lisa Gore, voluntarily surrender my Alaska Pharmacist's License No. PHAP1100, which was first issued to me on October 20, 1994, and will expire on June 30, 2018 unless renewed.

I am surrendering my license at this time, with the understanding that the Alaska Department of Commerce, Community & Economic Development, Division of Corporations, Business and Professional Licensing (Division), is conducting an audit of my compliance with the continuing competency requirements for renewal of my license.

To renew my pharmacist's license for the period beginning July 1, 2016 and ending on June 30, 2018 (2016-2018 licensing period), AS 08.80.165 requires me to certify my compliance with the requirements of 12 AAC 52.320 and 12 AAC 52.350. These requirements include the satisfactory completion of 30 hours in approved continuing competency programs between July 1, 2014 and June 30, 2016 (the concluding licensing period).

I certified my compliance with the continuing competency requirements by my affirmative response to the Affidavit of Compliance with Continuing Education Requirements contained in the Board of Pharmacy's License Renewal application for the 2016-2018 licensing period, and my pharmacist's license was renewed based upon that response.

Subsequent to the renewal of my Alaska pharmacist's license, I was notified my renewal application was among the group randomly selected for audit to monitor compliance with the continuing competency requirements in accordance with 12 AAC 52.320 and 12 AAC 52.350. As part of the audit procedure and in accordance with 12 AAC 52.320 and 12 AAC 350, I was instructed to submit documentation to verify completion of the claimed continuing competency activities.

While I was able to document completion of 28 hours in approved continuing competency programs during the concluding licensing period, I am unable to verify my completion of the required 30 hours of approved continuing education, and have chosen to surrender my pharmacist's license in lieu of revocation, suspension, or imposition of disciplinary sanctions against my license.

1 I am no longer in Alaska, and do not intend to work as a pharmacist in the state of Alaska in
2 the future.

3 I understand my failure to verify my compliance with the continuing competency requirements
4 may need to be addressed by the Board should I request reinstatement of my pharmacist's license
5 or issuance of a new license to me.


6 Further, I understand as a result of this surrender, I cannot act as a pharmacist in the state of
7 Alaska and will not be able to do so until and unless the Alaska Board of Pharmacy approves the
8 reinstatement of this license or issuance of a new license to me. I also understand before I may
9 again be licensed as a pharmacist, I will need to demonstrate to the Board of Pharmacy I possess
10 the skills and knowledge to work as a pharmacist. I understand I may be required to reapply and
11 meet the initial licensing requirements under AS 08.80 and 12 AAC 52. In the event I apply and
12 that application is denied by the Board of Pharmacy, I understand I will have the right to a hearing
13 pursuant to the Alaska Administrative Procedure Act.

14 I understand this action shall take effect immediately upon its adoption by the board and is a
15 public record of the Board and the state of Alaska. The state may provide a copy of this agreement
16 to any person, professional licensing board, federal, state or local government agency, or other
17 entity making a relevant inquiry. This license action will be reported to the National Association of
18 Boards of Pharmacy (NABP), the U.S. Department of Health and Human Services/Healthcare
19 Integrity and Protection Data Bank (HIPDB) and any other entity as may be required by law.

20 I am hereby surrendering this license voluntarily and of my own free will. I declare I am not
21 under the influence of any medication, drugs or other substances that would affect my ability to
22 consider this action clearly and rationally. I further declare there have been no promises or threats
23 made to me by anyone to compel me to sign this document. I have read this document in its
24 entirety and understand its contents and agree to be bound by its terms and conditions.
25

26 Sept 25, 2017
Date

Lisa D. Gore
Lisa Gore

27 SUBSCRIBED AND SWORN TO before me this 25th day of September, 2017, at
28 Florence, ~~Alaska~~ South Carolina
(city) 



Kimberly Quillin
Notary Public in and for the state of South Carolina
My commission expires: 04/18/2027

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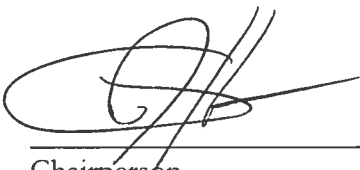
ORDER

On the 1st day of December, 2017, the Alaska Board of Pharmacy, having examined the Voluntary Surrender of Pharmacy License No. PHAP1100, Case Number 2017-000719, adopts this document in this matter.

The Voluntary Surrender takes immediate effect upon signature of this Order in accordance with the approval of the BOARD OF PHARMACY.

DATED this 1st day of December, 2017, at Fairbanks, Alaska.

ALASKA BOARD OF PHARMACY

By: 
Chairperson