



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health

Board of Registration in Pharmacy
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LIEUTENANT GOVERNOR

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SECRETARY

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COMMISSIONER

April 7, 2008

COPY

Aaron J. Proctor, R.Ph.

Re: **In the Matter of Aaron J. Proctor, R.Ph. - Docket No. PH-08-040**
Surrender of Pharmacy Registration No. 26912 (Exp. 12/31/08)

Dear Mr. Proctor:

The Massachusetts Board of Registration in Pharmacy (Board) is in receipt of your February 8, 2008 letter to James C. Emery, Board Investigator, stating your intention to voluntarily surrender your Massachusetts Pharmacist Registration (No. 26912) in resolution of Complaint Docket No. PH-08-040) currently pending before the Board.

Please be advised that the Board has accepted the surrender of your Massachusetts Pharmacist Registration (No. 26912), effective as of the date of this letter, in resolution of Complaint Docket No. PH-08-040 in accordance with the Board's understanding of your agreement to the terms and conditions that you intended your license surrender to constitute your agreement to the purpose and intent of Board regulation 247 CMR 10.06(6) regarding the voluntary surrender of a personal license; that you understand and agree your surrender is voluntarily tendered; that license surrender is an act which deprives you of all privileges of registration and is not subject to reconsideration or judicial review; and that the surrender is considered to be discipline of your pharmacist license reportable to the National Association of Boards of Pharmacy.

Please also be advised the Board will not review any application for registration as a pharmacist in the Commonwealth sooner than five years from the date of this letter. As a condition precedent to the filing of any application for licensure as a pharmacist in the Commonwealth, you will be required to demonstrate successful participation in the Massachusetts Professional Recovery System for the five year period preceding any application.

Additionally, you will be required to complete any retraining and re-examination requirements and meet other conditions as determined by the Board prior to Board review of any application for licensure as a pharmacist or licensed pharmacy support personnel.

Sincerely,

A handwritten signature in black ink, appearing to read "Sophia Pasedis". The signature is stylized with a large, sweeping initial "S" and a distinct "P".

Sophia Pasedis, Pharm.D., R.Ph.
President

BY First Class and CERT. MAIL No. 7003 1010 0003 3509 6389

Dec. No. 1706