**COMMONWEALTH OF MASSACHUSETTS**

**SUFFOLK COUNTY BOARD OF REGISTRATION**

**IN PHARMACY**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

)

In the Matter of ) Docket No.2009-0098

Alfred Kay, R.Ph. )

Reg. No. 15879 (exp. 12/31/2010) )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**VOLUNTARY SURRENDER STATEMENT**

I, Alfred W. Kay (Reg. No. 15879), do voluntarily surrender my license to practice as a pharmacist

in the Commonwealth of Massachusetts to the Board of Registration in Pharmacy (Board) and do

state to the Board:

1. I hereby voluntarily surrender my license to practice as a pharmacist in the Commonwealth of

Massachusetts (Reg. No. 15879) together with any right to renew my license, to the Board,

effective as of the date of my signature hereto;

2. I acknowledge and agree that I have surrendered my license to the Board in resolution of

Complaint Docket No. 2009-0098 (Complaint);

3. I understand that surrender of my license is considered to be a reportable disciplinary act

which deprives me of all privileges of registration; that my surrender is not subject to

reconsideration or judicial review; and that I am waiving my right to a hearing pursuant to G.L.

c. 30A regarding the Complaint;

4. I will surrender any current license or registration to practice as a pharmacist issued by any other

jurisdiction effective as of the date of my signature hereto and will not apply or attempt to gain

licensure as a pharmacist or to renew any pharmacist license previously issued by any other

jurisdiction prior to entering into m agreement with the Board in resolution of the Complaint;

and

5. I acknowledge that I have been provided the opportunity to consult legal counsel regarding

my decision to execute this statement and surrender my license and that my decision to execute

this statement and surrender my license was made of my own free will.

**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY this 23rd day of July 2009.**

Alfred W. Kay

[redacted]