

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION IN
PHARMACY

RECEIVED
MAY 25 2017

_____)
In the Matter of _____)
Diana L. Toscano _____)
License No. PT18951 _____)
Expires June 21, 2017 _____)
_____)

BOARD OF
Docket No. PHA-2017-0027
PHARMACY

CONSENT AGREEMENT FOR VOLUNTARY SURRENDER

The Massachusetts Board of Registration in Pharmacy ("Board") and Diana L. Toscano ("Licensee"), a pharmacy technician licensed by the Board, PT18951 ("Licensee")¹ do hereby stipulate and agree that the following information shall be entered into and become a permanent part of the Licensee's record maintained by the Board:

1. The Licensee acknowledges that the Board opened a complaint against her License related to the conduct set forth in Paragraph 2, identified as docket no. PHA-2017-0027 ("Complaint").
2. The Board and Licensee acknowledge and agree to the following facts:
 - a. Licensee was employed as a pharmacy technician at CVS Pharmacy #5402 located at 7 Washington Street in Taunton, Massachusetts ("Pharmacy") for 2-3 years.
 - b. On or about January 9, 2017, Licensee admitted to diverting about 750 8 mg Suboxone films, 180 tablets of buprenorphine 8 mg, 300 tablets of Alprazolam 2 mg and 1892 ml of Promethazine with Codeine and 30 tablets of Viagra 100 mg, over a four month period, while employed at the Pharmacy.
 - c. Licensee did not have a valid prescription for these controlled substances.

¹ The term "registration", "license" or "License" applies to both a current license and the right to renew an expired license.

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3. The Board and Licensee acknowledge and agree that Licensee's conduct described in Paragraph 2 constitutes violations of M.G.L. c. 94C, § 34 and 247 CMR 10.03(1)(e), (r) and (x), and is grounds for discipline by the Board pursuant to M.G.L. c. 112, §§ 42A and 61 and 247 CMR 10.06.
4. The Licensee agrees to: (1) **SURRENDER** her License for an indefinite period of time; (2) refrain from practicing as a pharmacy technician; and (3) refrain from working in any pharmacy-related setting in Massachusetts; commencing with the date on which the Board signs this Agreement ("Effective Date"). The Licensee further agrees to immediately return her original License to the Board.
5. The Board agrees that in return for the Licensee's execution and successful compliance with all the requirements of this Agreement, the Board will not prosecute the Complaint.
6. The Licensee understands that she has the right to a formal adjudicatory hearing concerning the Complaint and that during said adjudication she would possess the right to confront and cross-examine witnesses, call witnesses, present evidence, testify on her own behalf, contest the allegations, present oral argument, appeal to the courts, and all other rights as set forth in the Massachusetts Administrative Procedures Act, M.G.L. c. 30A, and the Standard Adjudicatory Rules of Practice and Procedure, 801 CMR 1.01 *et seq.* The Licensee further understands that by executing this Agreement she is knowingly and voluntarily waiving her right to a formal adjudication of the Complaint.
7. The Licensee acknowledges that she has been at all times free to seek and use legal counsel in connection with the Complaint and this Agreement.
8. The Licensee acknowledges that after the Effective Date, the Agreement constitutes a public record of disciplinary action by the Board subject to the Commonwealth of Massachusetts' Public Records Law, M.G.L. c. 4, §7. The Board may forward a copy of this Agreement to other licensing boards, law enforcement entities, and other individuals or entities as required or permitted by law.
9. The Licensee certifies that she has read this Agreement. The Licensee understands and agrees that entering into this Agreement is a voluntary and final act and not subject to reconsideration, appeal or judicial review.

[Signature]
Witness (sign and date)

[Signature]
Diana L. Toscano (sign and date)

[Signature]
David A. Sencabaugh, R.Ph.
Executive Director
Board of Registration in Pharmacy

6-2-2017
Effective Date of Agreement

Fully Signed Agreement Sent to Licensee on 6/2/17 by

Certified Mail No. 7015 1730 0000 7974 0793

State of Massachusetts
County of Bristol
On this 25 Day of May, 2017, before me, the undersigned notary public, personally appeared Diana Toscano, to be the person whose name is signed below and who swore or affirmed to me that the (preceding) (following) (attached) document is a true, exact, complete, and unaltered copy of _____, to the best of (his) (her) knowledge and belief.

[Signature]
(Affiant Signature)

[Signature] (Official signature and seal of notary)

My Commission expires Aug 28, 2022

Diana L. Toscano
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