



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

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Board of Registration in Pharmacy
239 Causeway Street, Suite 500, 5th Floor
Boston, MA 02114
(800) 414-0168

<http://www.mass.gov/dph/boards/pharmacy>

March 6, 2012

First Class and Certified Mail No. 7010 2780 0001 8675 8732

Diep Ho

redact

Re: *Voluntary Surrender Statement* dated February 29, 2012- Complaint No. PHA-2012-0024

Dear Ms. Ho:

The Board of Registration in Pharmacy (Board) is in receipt of the *Voluntary Surrender Statement* you executed dated February 29, 2012 (Surrender Statement) effectuating the surrender of your Massachusetts Pharmacist License No. PH24629 to the Board in resolution of above-referenced Complaint Docket No. PHA-2012-0024 (Complaint).

Please be advised that the Board has accepted the Surrender Statement and the surrender of your pharmacist license in resolution of the Complaint on the terms and conditions stated in the Surrender Statement and in accordance with Board regulation 247 CMR 10.06(6); which terms include your understanding and agreement that the Surrender Statement is voluntarily tendered; that license surrender is considered to be a reportable disciplinary action depriving you of all privileges of licensure; that the Surrender Statement is a public document subject to disclosure by the Board; that license surrender is not subject to reconsideration or judicial review; and that the Board will not review any application for licensure as a pharmacist in the Commonwealth in the future.

If you do **not** agree to the terms by which the Board will accept the Surrender Statement in resolution of the Complaint, you must notify the Board in writing (address above) by April 6, 2012 (FAX 617 973 0980). Please be advised that the Board will close the Complaint as a "Voluntary Surrender" on that date.

Very truly yours,


Michael J. Toeco, R.Ph., M.Ed.

President

Dec. No. 2698

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION
IN PHARMACY

In the Matter of)
Diep Ho)
Reg. No. 24629 (exp. 12/31/12))
_____)

Docket No. PHA-2012-0024

COPY

VOLUNTARY SURRENDER STATEMENT

I, **Diep Ho** (Reg. No. 24629), 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. 24629) 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. **PHA-2012-0024** (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; 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 29 day
of February 2012.

Diep Ho

Diep Ho
redact
