



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 / fax 617-973-0983/ TTY 617-973-0895  
<http://www.mass.gov/dph/boards/pharmacy>

February 17, 2012

James R. Henschke

re: [REDACTED]

Re: *Voluntary Surrender Statement* dated February 10, 2012  
Pharmacy Intern registration No. 154882  
Complaint Docket No. PHA-2012-0018

Dear Mr. Henschke:

The Board of Registration in Pharmacy (Board) has accepted the *Voluntary Surrender Statement* you executed (February 10, 2012) in resolution of the above-referenced complaint regarding your Massachusetts Pharmacy Intern Registration No. 154882.

Very Truly Yours,

A handwritten signature in black ink, appearing to read "Michael J. Tocco".

Michael J. Tocco, R.Ph., M.Ed.  
President

cc: Patrick Mulvey, Esq.  
Mulvey Professional Association  
378 Islington Street  
Portsmouth NH 03801

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION  
IN PHARMACY

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In the Matter of  
James R. Henschke  
Reg. No. 154882 (exp. 10/20/2013)  
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)  
) Docket No. PHA-2012-0018  
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VOLUNTARY SURRENDER STATEMENT

I, James R. Henschke (Reg. No. 154882), do voluntarily surrender my license to practice as a pharmacy intern 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 pharmacy intern in the Commonwealth of Massachusetts (Reg. No. 154882) 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-2012-0018 (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 pharmacy intern 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 pharmacy intern or to renew any pharmacy intern 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 10<sup>th</sup> day  
of February (month) 2012.

\_\_\_\_\_  
James R. Henschke

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[Redacted]