COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY		BOARD OF LICENSE IN PHARMACY
In the Matter of Jeffrey Rubin PH18225)))	PHA-2020-0005

CONSENT AGREEMENT FOR VOLUNTARY SURRENDER

The Massachusetts Board of Registration in Pharmacy ("Board") and Jeffrey Rubin ("Licensee"), a pharmacist licensed by the Board, PH18225, 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 his Massachusetts pharmacist license related to the conduct set forth in Paragraph 2, identified as Docket No. PHA-2020-0005 ("the Complaint").1
- 2. The Board and the Licensee acknowledge and agree to the following facts:
 - a. In or about November 2019, Licensee worked as a pharmacist at CVS # 220 ("Pharmacy"), DS17722, located in Marlborough, Massachusetts.
 - b. In or about November 2019, Licensee diverted two Adderall capsules from the Pharmacy while he was working.
- 3. The Licensee agrees the conduct described in Paragraph 2 constitutes a violation of M.G.L. c. 94C, § 34 and warrants disciplinary action by the Board under M.G.L. c. 112, §§ 42A and 61, 247 CMR 10.03(1)(x).
- 4. The Licensee agrees to SURRENDER his pharmacist license for an indefinite period of time and refrain from practicing as a pharmacist and from working in any pharmacy-related setting in Massachusetts, commencing with the date on which the Board signs this Agreement ("Effective Date").
- 5. The Licensee agrees that he will not practice as a pharmacist or work in a pharmacy related setting in Massachusetts from the Effective Date unless and until the Board reinstates his license.²

¹ The term "license" includes a current license and the right to renew an expired license.

- 6. The Board agrees that in return for the Licensee's execution of this Agreement it will not prosecute the Complaint.
- 7. The Licensee understands that he has a right to formal adjudicatory hearing concerning the allegations against him and that during said adjudication he would possess the right to confront and cross-examine witnesses, to call witnesses, to present evidence, to testify on his own behalf, to contest the allegations, to present oral argument, to 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 he is knowingly and voluntarily waiving his right to a formal adjudication of the Complaint.
- 8. The Licensee acknowledges that he has been at all times free to seek and use legal counsel in connection with the Complaint and this Agreement.
- 9. The Licensee acknowledges that after the Effective Date, the Agreement constitutes a public record of disciplinary action by the Board. 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.

² The Licensee understands that practice as a licensed pharmacist includes, but is not limited to, seeking and/or accepting a paid or voluntary position as a licensed pharmacist, or a paid or voluntary position requiring that the applicant hold a current pharmacist license. The Licensee further understands that if he accepts a voluntary or paid position as a pharmacist, or engages in any practice of pharmacy after the Effective Date and before the Board formally reinstates his license, evidence of such practice shall be grounds for the Board's referral of any such unlicensed practice to the appropriate law enforcement authorities for prosecution.

The Licensee certifies that he has read this Agreement. 10. understands and agrees that entering into this Agreement is a final act and not subject to reconsideration, appeal or judicial review. (sign and date) **Executive Director** Board of Registration in Pharmacy 9 2012020 by Certified Mail Fully Signed Agreement Sent to Licensee on No. 7 819 07000000 184 6 1237 31 Cortez Dr. NashvaiNH 03062 7019 0700 0000 1846 1244 14 Blackbird way royette, mt 04349