



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 200, 2nd Floor
Boston, MA 02114
(800) 414-0168
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January 28, 2010

Kevin S. Dion
83 Gardner Road
Chicopee, MA 01013

Re: MA Pharmacist License No. 23766

Dear Mr. Dion:

The Board of Registration in Pharmacy (Board) is in receipt of your inquiry regarding your above referenced Massachusetts registration which expired on 12/31/08 while on *Probationary Status*, pursuant to the Consent Agreement (Massachusetts Agreement) you entered into with the Board dated October 27, 2005, in resolution of Complaint Docket No. PH-05-129 (copy enclosed).

According to the terms of the Consent Agreement (Section 4.d.), you were required to provide a written report to the Board every six months during the Probation Period (on December 1 and June 30), commencing October 27, 2005, certifying that you were in compliance with your Settlement Agreement with the State of Connecticut Pharmacy Commission (Connecticut Contract). According to Board records, you failed to submit any reports regarding your Connecticut Agreement since October 27, 2005, in violation of the Massachusetts Agreement. Additionally, you surrendered your Connecticut pharmacist registration no. 09085 in 2008.

Please be advised that at the Board meeting on January 12, 2010, in accordance with the terms of the Massachusetts Agreement; specifically, Paragraphs 10, 11 and 12, the Board voted to immediately SUSPEND your expired Massachusetts Pharmacist registration no. 23766, effective as of the date of this letter. The suspension of your license is based on: (1) your failure to comply with the Massachusetts Agreement; (2) your failure to comply with the Connecticut Contract; and (3) your surrender of Connecticut Pharmacist registration No. 09085 and conduct related thereto.

The Board will not review any request for the reinstatement of your Massachusetts registration until such time as you have been reinstated by the Connecticut Pharmacy Commission and are authorized to practice without any probationary or other monitoring terms, conditions or restrictions.

Very truly yours,

A handwritten signature in cursive script that reads "Joanne M. Trifone".

Joanne M. Trifone, R.Ph.
President

Encl.

cc: Fishman

Certified Mail No. 7008 3230 0002 4164 4286 and First Class Mail

Dec. No. 2261