



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

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November 3, 2008

Sarah Read  
51 Saratoga Drive  
Pittsfield, MA 01201

Re: **Board of Registration in Pharmacy**  
**Complaint Docket No.: PH-07-129**  
**License No.: 26884**

Dear Ms. Read:

Please be advised that at its regularly scheduled meeting, which took place on October 21, 2008, the Board of Registration in Pharmacy (Board) reviewed your request for termination of the voluntary surrender status on your Massachusetts pharmacist license. Your request was made in compliance with the Consent Agreement you entered into with the Board in resolution to the above referenced complaint, effective March 14, 2008.

I am please to inform you that the Board voted to reinstate your license to probationary status in accordance with the terms of the Agreement, effective October 21, 2008. In that regard, I am returning your wallet license.

You may return to practice as a pharmacist in Massachusetts. As you know, you must continue to comply with all terms and conditions of the Consent Agreement. Please contact me directly with any further questions or concerns.

Sincerely,  
*Karen L. Fishman*  
Karen L. Fishman  
Probation Monitor

Encl. Wallet license

cc: James D. Coffey, Executive Director, Board of Registration in Pharmacy