



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>

CERTIFIED MAIL NO. 7010 2780 8675 8848 and First Class Mail

January 3, 2012

Thomas H. Closson
5601 Foxcroft Way
Columbia MD 21045

Re: **Voluntary Surrender Statement** dated Dec. 22, 2011 – MA Pharmacist No. 17905
Temporary Order of Summary Suspension - Complaint No. PHA-2011-0318

Dear Mr. Closson:

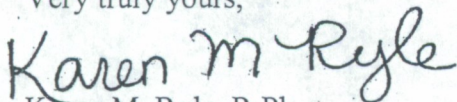
The Board of Registration in Pharmacy is in receipt of the *Voluntary Surrender Statement* you executed (Surrender Statement) effectuating the surrender of your Massachusetts Pharmacist Registration No. 17905 which you have surrendered to the Board in resolution of Complaint Docket No. PHA-2011-0318 (Complaint), with copies of documentation related to the suspension of your Maryland pharmacist registration (No. 14131), effective on or about August 18, 2011.

Please be advised that the Board has accepted the Surrender Statement and the surrender of your pharmacist registration 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 registration surrender is considered to be a reportable disciplinary action depriving you of all privileges of registration; that the Surrender Statement is a public document subject to disclosure by the Board; that registration 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 prior to the return of your pharmacist license in the State of Maryland to good standing.

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 January 24, 2012. The Board will close the Complaint as a "Voluntary Surrender" on that date.

Please contact Board Dir. James D. Coffey (617 973 0950) with any questions.

Very truly yours,

A handwritten signature in cursive script that reads "Karen M Ryle". The signature is written in dark ink and is positioned above the printed name and title.

Karen M. Ryle, R.Ph.
Secretary

Dec. No. 2687

COMMONWEALTH OF MASSACHUSETTS

SUFFOLK COUNTY

BOARD OF REGISTRATION
IN PHARMACY

In the Matter of
THOMAS H. CLOSSON, R.Ph.
Pharmacist License No. 17905

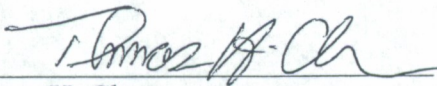
)
) Docket No. PHA-2011-0318
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VOLUNTARY SURRENDER STATEMENT

I, **THOMAS H. CLOSSON**, (Pharmacist License No. 17905), residing at 5601 Foxcroft Way, Columbia, Maryland, do voluntarily state to the Board of Registration in Pharmacy (Board):

1. I hereby voluntarily surrender Massachusetts Pharmacist license No. 17905 to the Board, effective as of the date of my signature hereto;
2. I acknowledge and agree that I have surrendered my registration to the Board pending resolution of Complaint Docket No. PHA-2011-0318 (Complaint);
3. I understand that surrender of my registration is a 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; and
4. I acknowledge that I have been provided the opportunity to consult legal counsel regarding my decision to execute this statement and surrender my registration and that my decision to execute this statement and surrender my registration was made of my own free will.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY this 22 day of December, 2011.


Thomas H. Closson
5601 Foxcroft Way
Columbia, Maryland 21045

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PUBLIC HEALTH
BOARD OF REGISTRATION OF
PHARMACY
Pharmacist
Thomas Henry Closson
5601 Foxcroft Way
Columbia, MD 21045
PH17905 12/31/2012 245186
LICENSE NO. EXPIRATION DATE SERIAL NO.