



Iowa Board of Pharmacy

ANDREW FUNK, PHARM.D.
EXECUTIVE DIRECTOR

VOLUNTARY SURRENDER OF PHARMACY TECHNICIAN REGISTRATION

RE ALICIA DIAZ
REGISTRATION NO. 19370

I have read and agree to all of the following:

1. I have been issued an Iowa pharmacy technician registration by the Iowa Board of Pharmacy ("Board").
2. It is my desire to surrender my pharmacy technician registration effective immediately.
3. The surrender of my pharmacy technician registration is voluntary and not the result of force, threats, or promises.
4. I am of sound mind and have the mental capacity to understand the consequences of surrendering my pharmacy technician registration.
5. I have been informed of my noncompliance with the requirements of the Iowa Monitoring Program for Pharmacy Professionals, and understand that this noncompliance may serve as a basis for the Board to take disciplinary action against my registration.
6. I am aware of the Board's legal authority to discipline my pharmacy technician registration, up to and including revocation of my pharmacy technician registration, at the conclusion of the Board's investigation of the pending complaint and after the issuance of disciplinary charges.
7. I understand that I have an opportunity to be heard and to contest the allegations against me in a contested case hearing before the Board, but waive the right to a hearing and all attendant rights, including the right to present evidence, cross-examine witnesses, and seek judicial review, by surrendering my pharmacy technician registration.
8. I understand that I have the right to be represented by counsel in this matter.
9. I understand the surrender of my pharmacy technician registration is considered a revocation of my pharmacy technician registration pursuant to 657 IAC 36.8. I understand the surrender of my pharmacy technician registration is disciplinary in nature and is considered adverse action.

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IOWA BOARD OF PHARMACY

10. I understand the Board is required by federal law to report this surrender to the National Association of Boards of Pharmacy's Disciplinary Clearinghouse and the National Practitioner Data Bank.

11. After I sign this document, I do not have the ability to work as a pharmacy technician in Iowa unless and until my pharmacy technician registration is reinstated.

12. I must wait a minimum of one (1) year before requesting reinstatement of my pharmacy technician registration. I understand that any future request for reinstatement of my pharmacy technician registration will be governed by the Board's rules regarding reinstatement described in 657 IAC35.36.

13. I understand this document is a public record and is available for inspection and copying in accordance with the requirements of Iowa Code chapter 22.

1/8/18
Date

Alma Ann Diaz
Registrant's printed name

Alma Diaz
Registrant's signature

This voluntary surrender is accepted by the Iowa Board of Pharmacy as a resolution to the registrant's noncompliance with the IMP3 on the 16 day of January, 2018.

Susan K. Trueson
Chairperson
Iowa Board of Pharmacy