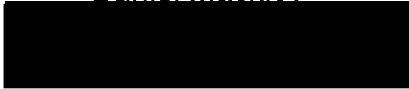


Daniel Mackley



01/28/2012

Date

Mr. Michael N. Souranis, President
Board of Pharmacy
4201 Patterson Avenue
Baltimore, Maryland 21215

Re: **Surrender of Pharmacist License**
License No. 08389
Case No. PT-11-124

Dear Mr. Souranis and Members of the Board:

Please be advised that I have decided to surrender my license to practice pharmacy in the State of Maryland, License Number 08389. I understand that I may not give pharmacy advice or treatment to any individual, with or without supervision and/or compensation, cannot otherwise engage in the practice of pharmacy as it is defined in the Pharmacy Practice Act (the Act), Md. Health Occ. (H.O.) Code Ann. § 12-101, *et seq.*, (2009 Repl. Vol. and 2011 Supp.). In other words, as of 01/28/2012, the effective date of this Letter of Surrender, I understand that the surrender of my license means that I am in the same position as an unlicensed individual.

I understand that this Letter of Surrender is a **PUBLIC** document.

My decision to surrender my license to practice pharmacy in Maryland has been prompted by an investigation of my licensure by the Maryland Board of Pharmacy (the Board).

Michael N. Souranis, President, and Members of the Board

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The Board's investigation resulted in a Summary Suspension being issued on November 28, 2011. Specifically, the Board's Findings were that, while working as a dispensing pharmacist for a National chain, I stole drugs for my personal use. I was caught, admitted same and was terminated from employment. I was subsequently criminally prosecuted and sentenced to 90 days, which was suspended, and was placed on Probation for 18 months.

I affirm that I was served with a copy of the Summary Suspension and have otherwise been advised on the Board's actions through communications with representatives of the Office of the Attorney General.

I have decided to surrender my license to practice pharmacy in Maryland to avoid further prosecution of the aforementioned charges. The basis for the charges against me include the findings of the investigations described above, and by virtue of this Letter of Surrender, I waive any right to contest those charges and findings. I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender. **I understand that by executing this Letter of Surrender, I am waiving any right to contest these findings in a formal evidentiary hearing at which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf and to all other substantive and procedural protections provided by law, including the right to appeal.**

I hereby affirm that I have permanently terminated any practice that I had in Maryland.

I acknowledge that on or before the effective date of this Letter of Surrender, I shall present to the Board my Maryland pharmacist license, number 08389, including any renewal certificates and wallet-sized renewal cards.

I understand that the Board will advise any pertinent data bank of this Letter of Surrender, and in any response to inquiry, that I have surrendered my license in lieu of disciplinary action under the Act as resolution of the matters pending against me. I also understand that, in the event I would apply for licensure in any form in any other State or jurisdiction, this Letter of Surrender, and all underlying documents, may be released or published by the Board to the same extent as a final order that would result from disciplinary action pursuant to Md. State Gov't Code Ann §10-611, *et seq.*, (2009 Repl. Vol. and 2011 Supp.).

Michael N. Souranis, President, and Members of the Board

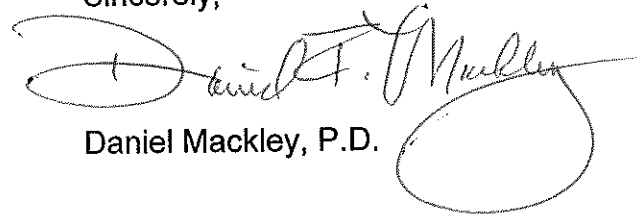
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I further recognize and agree that, by agreeing to this Letter of Surrender, my license will remain surrendered forever. In other words, I agree never to apply for reinstatement of my pharmacist license in the State of Maryland.

I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason whatsoever. Finally, I wish to make clear that I have not consulted with an attorney before signing this Letter of Surrender, but have knowingly and voluntarily waived my right to an attorney. I understand both the nature of the Board's actions and this Letter of Surrender fully. I acknowledge that I understand and comprehend the language, meaning and terms and effect of this Letter of Surrender. I make this decision knowingly and voluntarily.

Sincerely,

A handwritten signature in cursive script that reads "Daniel F. Mackley". The signature is written in black ink and is positioned above the printed name. The signature is somewhat stylized, with a large loop at the end of the last name.

Daniel Mackley, P.D.

Michael N. Souranis, President, and Members of the Board

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NOTARY

STATE OF Maryland:

CITY/COUNTY OF Washington:

I HEREBY CERTIFY that on this 28th day of January, 2012,
before me, Daniel F. Mackley, a Notary Public of the State and City/County
(Print Name)
aforesaid, personally appeared **Daniel F. Mackley**, and declared and affirmed under
the penalties of perjury that signing the foregoing letter of surrender was his voluntary
act and deed.

AS WITNESS my hand and notarial seal.

HEATHER M. CAIRNS
NOTARY PUBLIC
WASHINGTON COUNTY
MARYLAND
MY COMMISSION EXPIRES 8/31/2015

Heather M. Cairns
Notary Public

My Commission expires: 8/31/2015

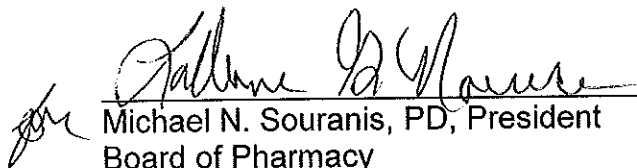
Michael N. Souranis, President, and Members of the Board

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ACCEPTANCE

ON BEHALF OF THE BOARD OF PHARMACY, on this 7th day of
February, 2012, I accept Daniel Mackley's public letter of surrender of his
license to practice pharmacy in the State of Maryland.


Michael N. Souranis, PD, President
Board of Pharmacy

cc: Roberta Gill, AAG, Administrative Prosecutor
John S. Nugent, Principal Counsel
LaVerne G. Naesea, Executive Director
Linda Bethman, AAG, Board Counsel
Brett Felter, SA, Board Counsel
YuZon Wu, P.D., Pharmacist Compliance Officer
Vanessa Thomas-Gray, Compliance Investigator
Rosalind Spellman, Administrative Officer