

# newsletter

AID TO GOVERNMENT - THE PROFESSION - THE PUBLIC - 1904 TO 2001

## Foreign Pharmacy Graduate Equivalency Examination Results Released

NABP has released the November 2000 to June 2001 cumulative results for its Foreign Pharmacy Graduate Equivalency Examination™ (FPGEE®) test administrations. The following results reflect the November 1, 2000 transition from a paper-and-pencil examination to a computer-based test.

The Foreign Pharmacy Graduate Examination Committee® (FPGEC®) processed slightly more applications from November 2000 to June 2001 than in 1999. From the conversion to the computer-based format until June 19, 2001, 2,974 applications were processed. Of those applications, 1,054 candidates qualified to take the computerized FPGEE. Of these, 387 actually sat for the examination. As a comparison, in 1999, 1,350 candidates qualified to take the examination

and 1,106 candidates actually sat for the exam.

About 75% of those candidates taking the computer-based FPGEE achieved a passing score, an increase over the 67% pass rate reported by those taking the paper-and-pencil exam in 1999. First-time candidates comprised 71% of examinees, with 83% of the first-time candidates performing better than those candidates retaking the examination.

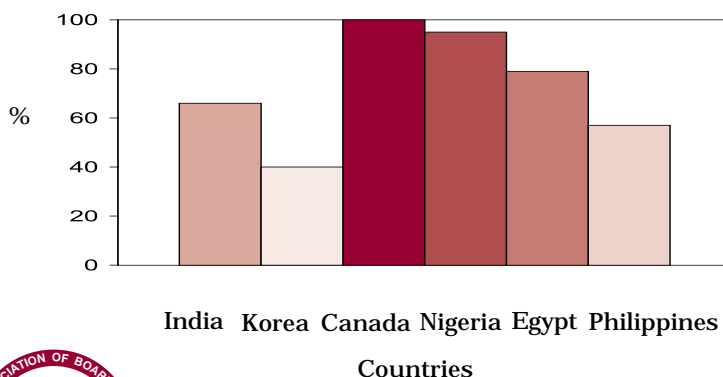
Candidates from India and Korea comprised the largest percentage (roughly 45%) of the computerized FPGEE examinees. But, as in the past, the passing percentage of these candidates was lower than the passing percentage of candidates from other countries. Approximately 66% of candidates from India achieved a passing score, while 40% of

examinees from Korea passed the exam.

All candidates from Canada who sat for the computerized FPGEE achieved a passing score. Approximately 95% of FPGEE candidates from Nigeria, 79% of candidates from Egypt, and 57% of candidates from the Philippines passed the exam.

Applicants who did not take the computerized FPGEE were either found ineligible for the examination, did not complete all qualification requirements by the designated deadlines, or were accepted but have yet to schedule a test date. **NABP**

Percentage of Candidates Passing by Country



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# Executive Officers Conference

## EOC Offers Variety in Continuing Education Programs

NABP will offer up to 12 contact hours of continuing pharmaceutical education (CPE) during its 2001 Executive Officers Conference (EOC) November 10-13, at the Hyatt Regency Monterey in Monterey, Calif. EOC sessions include a management training seminar for executive officers and a concurrent law enforcement training seminar for compliance officers; a session on preparing for a biodisaster; a federal and state regulatory update; recognition of electronic signatures and the technology's impact on state pharmacy laws and regulations; and a discussion of the privacy provisions of the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).

### Management Training for Executive Officers

This seminar and workshop will discuss information and tools on how to efficiently and effectively manage personal and professional change, handle stress, and juggle multiple projects, while at the same time planning for the future. Renowned counselor and leader, Thomas W. McKee, president of Advantage Point Systems, Inc, will bring an enlightened view to today's fast-paced business view. McKee has more than 30 years experience in helping America's corporations and associations handle the difficult process of managing personal and professional change.

### Law Enforcement Training for Compliance Officers

Running concurrently with the management seminar, the law enforcement seminar will feature representatives of the National Association of Drug Diversion Investigators (NADDI) and International Association of Chiefs of Police (IACP). Peter Modafferi, IACP president, Jim Hall, executive director of Up Front Drug Information Center, and NADDI President Charlie Cichon will lead this workshop.

### Preparing for a Biodisaster

As part of the Department of Health and Human Services 1999 Bioterrorism Initiative, the US Centers for Disease Control and Prevention were designated to work with governmental and nongovernmental partners to upgrade the nation's public health capacity in response to biological and chemical terrorism. Donald H. Williams, executive director of the Washington State Board of Pharmacy, and Debra Dotson and Susan Gorman, pharmacists from the National Pharmaceutical Stockpile Program, are the speakers during this seminar.

### HIPAA Privacy Regulations

The privacy provisions of HIPAA apply to certain health care providers, health plans, and health care clearinghouses. General Counsel Brian Gallagher from TechRx, Inc, will lead this discussion about

the recent HIPAA regulations and their implications for boards of pharmacy.

### Federal and State Regulatory Update

This regulatory update session will address recent US Food and Drug Administration (FDA), Drug Enforcement Administration (DEA), and state board of pharmacy activities. NABP Counsel John F. Atkinson, Andrew McFaul, program analyst with the Policy Unit of the US DEA, and Elizabeth Hiner, with the FDA's Division of Federal and State Regulation will lead this session.

*(continued on page 132)*



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# Executive Officers Conference Program

November 10-13, 2001

Hyatt Regency Monterey

Monterey, Calif

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Saturday, November 10

6 - 10 PM

**Optional Event: Scenic Tour and Dinner**

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Sunday, November 11

7:30 AM - 7 PM

**Registration/Information Desk Open**

7:30 - 8:30 AM

**Continental Breakfast**

8:30 AM - 12:30 PM

**Management Training Seminar for Executive Officers**

Program # 205-000-01-011-L04  
(0.4 CEUs or 4.0 Contact Hours)  
Thomas W. McKee, President,  
Advantage Point Systems, Inc

**Law Enforcement Training Seminar for Compliance Officers**

Program # 205-000-01-012-L03  
(0.4 CEUs or 4.0 Contact Hours)  
Jim Hall, Executive Director, Up  
Front Drug Information Center  
Charlie Cichon, President,  
National Association of Drug  
Diversion Investigators  
Peter Modafferi, President,  
International Association of Chiefs  
of Police

10 - 10:30 AM

**Refreshment Break**

12:30 - 2:00 PM

**Lunch Break (lunch on your own)**

2 - 3 PM

**Keynote Address  
Dr Holly Atkinson**

3 - 3:30 PM

**Refreshment Break**

3:30 - 5:30 PM

**Preparing for a  
BioDisaster**

Program # 205-000-01-013-L04  
(0.2 CEUs or 2.0 Contact Hours)  
Debra Dotson, Pharmacist,  
National Pharmaceutical Stockpile  
Program  
Susan Gorman, Pharmacist,  
National Pharmaceutical Stockpile  
Program  
Donald H. Williams, Executive  
Director, Washington State Board  
of Pharmacy

6:30 - 8:30 PM

**Welcoming Reception**

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Monday, November 12

7 AM - 4 PM

**Registration/Information  
Desk Open**

7 - 8 AM

**Continental Breakfast**

8 - 10 AM

**HIPAA Privacy Regulations**

Program # 205-000-01-014-L03  
(0.2 CEUs or 2.0 Contact Hours)  
Brian Gallagher, General Counsel,  
TechRx, Inc

10 - 10:30 AM

**Refreshment Break**

10:30 AM - 12:30 PM

**Federal and State Regulatory  
Update**

Program # 205-000-01-015-L03  
(0.2 CEUs or 2.0 Contact Hours)  
John F. Atkinson, NABP Legal  
Counsel, Atkinson and Atkinson  
Andrew McFaul, Program Analyst,  
Policy Unit, US Drug Enforcement  
Administration  
Elizabeth Hiner, Division of  
Federal and State Regulation, US  
Food and Drug Administration

12:45 - 2 PM

**Open Discussion Luncheon**

2 - 4 PM

**Electronic Signatures**

Program # 205-000-01-016-L03  
(0.2 CEUs or 2.0 Contact Hours)

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Tuesday, November 13

7:30 - 9:30 AM

**Breakfast Dialogue -  
Internet Portals**



NABP and the NABP Foundation are approved by the American Council on Pharmaceutical Education (ACPE) as providers of continuing pharmaceutical education. ACPE Provider Number: 205

Participants may earn up to 12 hours of ACPE-approved continuing education credit from NABP. Participants in continuing pharmaceutical education programs will receive credit by completing a "Certificate of Continuing Pharmaceutical Education Participation," and submitting it to the NABP office. A validated Certificate will be sent as proof of participation within approximately six weeks. Full attendance and completion of a program evaluation form for each session are required to receive continuing pharmaceutical education credit and a Certificate of Participation.

## NABP to Accept Credit Cards for EOC Registrations

In an effort to simplify meeting registrations and allow additional payment flexibility, NABP now offers 2001 Executive Officers Conference registrants the option of paying their meeting registration and optional event fees with MasterCard® and Visa®. The

Association will continue to accept cash and checks. "The shift to credit card acceptance for the EOC is just another example of NABP's goal to streamline processes and procedures to enhance board members' experiences with the Association," states

NABP President Richard K. "Mick" Markuson.

Both the meeting program and registration form are included in this *Newsletter*.

For additional information, please contact the NABP Meetings Desk at 847/698-6227.

**NABP**

By Dale J. Atkinson, JD



In a previously reported "Legal Briefs" ("Board Cannot Kick Assays," Vol. 29, No. 5, May 2000), it was reported that the appellate court in Missouri

reversed a judgment by the Missouri Board of Pharmacy that placed the wholesale distributor license of a pharmaceutical company on probation for a period of three years. The court of appeals construed the statute relied upon by the Board to not apply to wholesale drug distributors within Missouri. The court further held that even if such statute was applicable, the Board failed to meet its burden of substantiating the necessary elements to justify Board action.

Since this appellate court decision, which was entered on March 7, 2000, the case was ordered transferred to the Supreme Court of Missouri, which, under these circumstances, resulted in a withdrawal of the appellate court opinion. Recently, the Missouri Supreme Court entered its ruling and opinion. To review:

A pharmaceutical company manufactured and distributed drugs from its St Louis, Mo, location. The company was licensed by the state board of pharmacy as a wholesale drug distributor under applicable sections of the Missouri

practice act. The company was also registered as a drug manufacturer with the US Food and Drug Administration (FDA).

In 1995, the company pled guilty to four counts of violating federal law. These counts included that on two or more occasions the company's tests showed that antibiotic drugs were below the required levels of potency specified on the label. The failure of the company to investigate and/or report these results to the FDA resulted in certain charges for violation of federal law.

Furthermore, the company also pled guilty to interstate distribution of misbranded drugs under applicable sections of the Federal Food, Drug and Cosmetic Act. In particular, the company distributed misbranded antibiotics for which it could not substantiate the expiration date on the label. Based upon its guilty plea, the company was placed on probation for four years, fined \$500,000, and assessed \$100,000 in costs.

Thereafter, the Missouri Board of Pharmacy brought charges against the company based upon these findings within the federal court and eventual convictions. After hearing, the administrative hearing commission found discipline appropriate. In agreeing with this recommendation, the Board placed the company's wholesale drug distributor license on probation for three years. This

licensure disciplinary action was affirmed by the circuit court. After appeal, the court of appeals rendered the, now withdrawn, opinion subject to the previous *Newsletter* article. The matter was transferred to the Supreme Court of Missouri.

In its opinion, the Missouri Supreme Court cited the applicable statute whereby the Board of Pharmacy was authorized and empowered to exercise disciplinary authority over wholesale drug distributorships, which were not being operated or conducted according to the laws and regulations of the State of Missouri, any other state, or the federal government. In rejecting the arguments of the company that the particular section of the practice act did not govern discipline of a license as a wholesale distributor, the Supreme Court stated that, unquestionably, the company was a wholesale drug distributorship and subject to disciplinary action by the Board. Further, the Supreme Court rejected the arguments of the company that it had received insufficient notice that it was being charged under applicable sections of the Missouri Code. The Supreme Court stated that the Board's complaint specifically quoted the particular sections of the Missouri practice act.

Incredibly, the company also argued that Missouri law applied only when "any whole-

sale drug distributorship . . . [was] not being operated or conducted according to . . . the laws of . . . the federal government.” The company argued that its conduct predated the complaint filed by the Board and, thus, administrative disciplinary action was precluded. In rejecting this argument, the Supreme Court noted that the company’s logic would prevent the Board from acting on violations of federal law, which stopped just before the Board brought its complaint. As stated by the court, “The general assembly did not intend such an absurd result.”

The company also argued that its violations of federal law were not sufficiently related to its state license to warrant discipline under the Missouri practice act. In short, the company repeatedly argued that the federal counts to which it pled guilty were related to manufacturing and not to distributing. The Supreme Court rejected this argument stating that the federal convictions specifically referred to the fact that the company manufactured “and distributed” various lots with inappropriate expiration dating. The court determined that the company’s conduct and the regulation related to it were expressly with respect to drug distribution.

Finally, the company argued that the Board can only

discipline the distribution of drugs into Missouri. In rejecting this argument, the Supreme Court noted that the company completely ignored Missouri’s role in regulating drug distribution. Federal law specifically authorizes Missouri to license wholesale drug distributors. As stated within its statutes, Missouri regulates even an “attempted” transfer whether completed in Missouri, out-of-state, or not at all. “Even attempting drug transfers outside Missouri triggers the requirement to be licensed in Missouri. [The statute] gives the Board jurisdiction over interstate transfers that begin in Missouri but may end in another state. Because the [the company’s] transfers began in Missouri, [the company’s] federal violations were sufficiently related to its Missouri license.”

In upholding the opinion of the Board and affirming the judgment of the circuit court, the Supreme Court deferred to the Board’s specialized knowledge of drug distributorships, “as the board is better equipped to determine the gravity of the infractions and the appropriate sanction.” In view of the company’s four federal violations, the Supreme Court upheld the sanction imposed by the Board.

The opinion of the Supreme Court represents a reversal of the previously reported appel-

late court decision. In so doing, the Supreme Court authorized the Board of Pharmacy to impose discipline after a licensed distributor violates federal law. Furthermore, the Court held that the imposition of the three-year probation was not an abusive discretion. The Supreme Court opinion logically gives the regulatory board the authority to base disciplinary actions upon violations of federal law. Boards of pharmacy are encouraged to examine the grounds for discipline and jurisdictional authority granted to them with regard to disciplinary actions. It is essential for the regulatory board to be authorized to discipline licensees based upon violations of federal law. Final adjudications within the federal judiciary should provide the basis for state disciplinary actions against a license through an entry of the certified order within the state board administrative record. This decision will also relieve the Board of the expense of retrying the case. **NABP**

*KV Pharmaceutical Company v. Missouri Board Of Pharmacy*, 43 S.W.3d 306 (Missouri 2001)

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*Attorney Dale J. Atkinson is a partner in the law firm of Atkinson & Atkinson, counsel for NABP.*

# Professional Affairs *Update*

## JAMA Article Questions High Error Rate Estimates

An article published in the July 25, 2001 issue of the *Journal of the American Medical Association* (JAMA) suggests that previous interpretations of medical error rates, which were estimated as between 44,000 and 98,000 annual deaths due to medical errors, were probably misleading.

Researchers reviewed 111 deaths at seven Department of Veterans Affairs hospitals, not only for preventable deaths but also for probability of immediate and short-term survival had care been optimal. Rates of “at least possibly preventable” deaths and “probably or definitely preventable” deaths (22.7% and 6% respectively) were similar to those of other studies, but the estimated percentage of patients who would have left the hospital alive and those who would have lived three months or more in good cognitive health if care had been optimal were much lower than anticipated (6% and .5% respectively). Researchers Rodney A. Hayward, MD, and Timothy P. Hofer, MD, MS, placing mortality estimates in the context of the likelihood of death in the absence of error, concluded that currently accepted statistics are probably overestimated and that caution should be used when relating medical errors to patient outcomes. The article can be viewed on the JAMA Web site at

[www.jama.ama-assn.org/issues/v286n4/full/joc02235.html](http://www.jama.ama-assn.org/issues/v286n4/full/joc02235.html).

## Legislative Effort Addresses Pharmacist Shortage

On June 14, 2001, Representative James P. McGovern (D – MA) introduced legislation amending the Public Health Service Act in an effort to alleviate the national pharmacist shortage. HR 2173, the “Pharmacy Education Aid Act of 2001,” would expand federal education funding programs to pharmacy students, allot federal funds for pharmacy school infrastructure projects, and provide loan repayment assistance to pharmacists choosing teaching careers. Citing the December 2000 *US Health Resources and Services Administration Report*, “The Pharmacist Workforce: A Study in Supply and Demand for Pharmacists,” the legislation recognized that the current shortage of pharmacists will likely not be alleviated without fundamental changes in pharmacy practice and education. Further, it acknowledged that the federal government has a role and a responsibility to ensure access to pharmacy services.

## Study Examines Illegal Use of Prescription Drugs Among Pharmacists

A study published in the May/June 2001 issue of the *Journal of the American Pharmaceutical*

*Association* found that 40% of pharmacists surveyed had, at least once, used a potentially addictive prescription drug without having obtained a valid prescription and approximately 20% reported having done so at least five times. Not surprisingly, researcher Dean A. Dabney found that increased access to prescription drugs contributed to pharmacists’ drug use, with almost two-thirds of users admitting to having taken the drugs from their place of employment. Dabney also found that peer-related influences were a factor in pharmacists’ decisions to self-medicate.

## FDA Strengthens OxyContin Warnings

Recent reports of OxyContin® diversion and abuse have prompted the US Food and Drug Administration to require manufacturer Purdue Pharma to make changes to several sections of that drug’s labeling. Changes include a new box warning, which emphasizes the drug’s potential for abuse and appropriate prescribing guidelines; additional emphasis that OxyContin is intended for continuous treatment of moderate to severe pain and that it is not intended for “prn” use. In an effort to educate health care professionals about these changes, on July 18, 2001, Purdue Pharma issued a “Dear Healthcare Professional” letter explaining the changes and appropriate prescribing information. **NABP**

## Illinois Planned Parenthood Web Site Draws Investigation from IDPR

In January 2001, Illinois Planned Parenthood started an online service making emergency contraceptives or the “morning after” pill available through its Web site. According to the Chicago chapter of Planned Parenthood, more than 500 prescriptions of the postcoital contraceptive, which has been available in the US since 1998, were filled for female Illinois residents (*ePharm5*, June 19, 2001) since the online service began.

The Web site has come under investigation by the Illinois Department of Professional Regulation (IDPR), which is evaluating whether the site violates the Illinois Medical Practice Act. According to IDPR, prescriptive medication cannot be dispensed if there is no relationship established with a physician. Female patients utilizing the Planned Parenthood site receive prescriptions for the pills without actually meeting face-to-face with a physician.

In the recent past, Illinois did not require face-to-face meetings between doctors and patients exchanging prescriptions over the Internet. But, in May 1999, the Illinois Medical Disciplinary Board ruled that before a physician can prescribe medicine to a patient, he or she must physically meet with the patient to record all the basic and necessary information about the patient's health (height, weight, blood pressure, and temperature).

That same year, an Illinois physician was placed on probation for two years and

*According to Illinois Department of Professional Regulation, prescriptive medication cannot be dispensed if there is no relationship established with a physician.*

fined \$1,000 for writing prescriptions for Viagra® via the Internet, without personally examining or interviewing the patients.

The online service is only available to Illinois residents. However, since last summer, Planned Parenthood of Georgia has also been offering the service on its Web site. In Illinois, women who want to purchase the medication from the Web site need a valid credit card and the name, address, and telephone number of their local pharmacy. The cost of the online assessment is \$40, and the pills range in price from \$15 to \$30. After the patient enters all relevant information on the Web site, the information is reviewed by a nurse practitioner, and, if approved, the prescription is called in to

the pharmacy of the patient's choice. The Web site explains in detail that there are several different types of contraceptive pills and that the patient should only use one type for all the doses. Common side effects include nausea, breast tenderness, irregular bleeding/fluid retention, and headaches.

There has been, and still is, much controversy surrounding the availability of the “morning after” pill. Groups and individuals that support better access to the pills want the medication to be more readily available to women. Steve Trombley, president of the Illinois chapter of Planned Parenthood in Chicago, explains that the online service is expected to eliminate critical barriers for women in rural communities. He goes on to say that time is what counts and time is what can be saved.

In response, IDPR's Public Officer Tony Sanders says, “Our position is it doesn't matter what the drug is. If it's a prescription drug, you can't prescribe it to somebody unless you have a relationship with them.” Sanders says that a relationship consists of counseling with the prescriber and an examination of the patient. It remains to be seen what will result from IDPR's investigation and how its decision will affect Planned Parenthood of Illinois. A decision has not been made and for now the pills are still available online.

**NABP**

## West Virginia Board Assists Flood Victims

Imagine that the small town where you grew up is devastated by a flash flood, leveling all of the town's familiar landmarks in its path in what seems like a split second. This is what happened in July 2001, in southern West Virginia, when a flash flood went through the towns of Kimball and Mullens. With devastation to towns comes destruction to pharmacies and patients who suffer needlessly because they do not have access to medications. The West Virginia Board of Pharmacy is prepared for such a disaster and is assisting pharmacies that have been destroyed in the recent flood to give their patients the refill prescriptions they need. The Board based its action plan on the *State Emergency Operations Plan*. Twenty-four other state boards of pharmacies have disaster plans in place. In 1996, the Georgia Pharmacy Foundation with assistance from Pfizer, Inc and the National Council of State Pharmacy Association Executives developed *An Action Plan for State Pharmacy Associations to Respond to Natural or Man-Made Disasters* for any state to use during an emergency situation.

A flood in 1985 and a blizzard in 1996 prompted the West Virginia Board to rewrite their Series 1 regulations to incorporate a disaster plan to accommodate pharmacies and their patients affected by natural disasters. During the 1996 blizzard, for example, the roof of a pharmacy collapsed. Without disaster relief regulations, the pharmacy had to build a new facility before it could again accommodate its patients.

West Virginia's new disaster regulations, written in 1999, offer two benefits for hard-hit pharmacies.

- 1) They recognize temporary facilities for the purpose of distribution of medication without requiring the temporary facility to meet the strict regulations of a regular facility, with the exception that the drugs are secure and the temporary facilities meet the proper temperature storage requirements for the drugs. These facilities may operate under the disaster regulations for up to 180 days.
- 2) An emergency dispensing provision allows for a 10-

day supply of a refill prescription when contact with the prescribing practitioner is not available.

These new regulations enabled the Board to help Charlie's Pharmacy in Mullens, WV, when it was destroyed during this year's flood. Although there is another Charlie's Pharmacy 15 miles away, delivery would have been difficult because it is located in a treacherous mountainous terrain, also hit by the flash flood.

The Board's inspectors traveled to Mullens to assist pharmacist Charlie Stamp in installing a temporary, modular facility. According to William T. Douglass, Jr, executive director of the West Virginia Board of Pharmacy, all state agencies have waived public insurance co-payments to provide refills at no cost to patients whose prescription medications were destroyed in the flash flood.

"You cannot imagine how demoralizing such a disaster can be," says Douglass as he recalls the July floods. "But, these people have the will power, dedication, and energy to keep these towns going." NABP

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## EOC Offers Variety in Continuing Education Programs *(continued from page 126)*

### Electronic Signatures

The recently enacted federal Electronic Signatures in Global and National Commerce Act and numerous state laws based upon the model Uniform Electronic Transactions Act are

facilitating the national use of electronic signatures and records. Learn the effects of these legislative initiatives on state pharmacy laws and regulations during this session. For information on times and

dates, see the "Program" on page 127 of this *Newsletter*. To learn more about the continuing education programs, call NABP at 847/698-6227 or visit NABP's Web site at [www.nabp.net](http://www.nabp.net). NABP

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# Around the Association

## Arkansas Wins Survey of Pharmacy Law Luncheon Drawing

The Arkansas State Board of Pharmacy is the winner of the twelfth annual *Survey of Pharmacy Law* luncheon drawing. Arkansas was one of 21 state boards of pharmacy to qualify for the drawing by returning its revised data for the *Survey* as of the July 13, 2001 deadline.

The *Survey of Pharmacy Law* provides annual in-depth comparisons of the organizational, licensing, and drug laws and regulations adhered to by the state boards in all 50 states, the District of Columbia, Guam, and Puerto Rico. Additionally, the publication includes information

about the composition of the state boards and a census that reports the number of licensed pharmacists in each state and their areas of practice.

The 2001-2002 *Survey of Pharmacy Law* will be available this fall. Thanks to a grant from Wyeth-Ayerst Laboratories, the *Survey* is provided free of charge to all final-year pharmacy students through their schools or colleges of pharmacy.

For additional information about the *Survey of Pharmacy Law*, please contact NABP at 847/698-6227.

## Board Inspector Charles T. Campbell Retires

**Charles T. Campbell** of the West Virginia Board of Pharmacy retired from his position as board inspector. Mr Campbell, an inspector with

the Board since 1985, provided the Board with a wealth of experience based on his practice in retail and hospital environments. He served the public and pharmacists well.

"His humor and kindness will be sorely missed," wrote William T. Douglass, Jr, executive director of the West Virginia Board of Pharmacy.

## New Board Members

- **Eric H. Kunisaki, JD**, public member, Hawaii State Board of Pharmacy
- **Lianne Hiroko Malapit, PharmD**, member, Hawaii State Board of Pharmacy **NABP**

## NABP Seeks Item Writers for Testing Programs

Pharmacy practitioners, educators, and regulators who are interested in serving as item writers for the North American Pharmacist Licensure Examination™ (NAPLEX®), Multistate Pharmacy Jurisprudence Examination™ (MPJE™), or the Disease State Management (DSM) examinations should send or fax a letter of interest and a current resume or curriculum vitae to NABP's

Executive Director/Secretary Carmen A. Catizone at 700 Busse Highway, Park Ridge, IL 60068; fax 847/698-0124.

Item writers will receive training materials describing the skills necessary for their designated examination and may be asked to attend a weekend workshop at NABP headquarters or an area hotel, with applicable expenses to be

paid by NABP. Item writers will receive periodic requests to develop new test items that may be considered for inclusion in NABP's assessment programs.

State board of pharmacy members and staff are particularly encouraged to participate in the item-writing process. Questions about item writing may be directed to Carmen A. Catizone at NABP headquarters. **NABP**

## NABP Meeting Dates

### **Thursday-Sunday, October 4-7, 2001**

NABP/AACP District VI Meeting,  
Marriott Spring Hills Suites, Lawrence, Kan

### **Thursday-Sunday, October 11-14, 2001**

NABP/AACP District VII & VIII Joint Meeting,  
Sheraton Old Town Hotel, Albuquerque, NM

### **Thursday-Saturday, November 1-3, 2001**

NABP/AACP District I & II Meeting,  
Otesaga Hotel & Resort, Cooperstown, NY

### **Friday-Sunday, November 9-11, 2001**

NABP/AACP District IV Meeting,  
Concourse Hotel, Madison, Wis

### **Saturday-Tuesday, November 10-13, 2001**

Executive Officers Conference,  
Monterey Hyatt Regency,  
Monterey, Calif

### **Tuesday-Wednesday, November 13-14, 2001**

Executive Committee Meeting  
Monterey Hyatt Regency,  
Monterey, Calif



## newsletter

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