

## VOLUNTARY SURRENDER OF PHARMACIST LICENSE

**RE: CASE NO. 2021-0131  
SHEILA SCHLEEPER  
PHARMACIST LICENSE NO. 23200**

I have read and agree to all of the following:

1. I have been issued an Iowa pharmacist license by the Iowa Board of Pharmacy ("Board").
2. It is my desire to surrender my pharmacist license effective immediately.
3. The surrender of my pharmacist license 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 pharmacist license.
5. I have been informed of the Board's pending complaint against me alleging that I failed to comply with the terms of my contract with the Iowa Monitoring Program for Pharmacy Professionals (IMP3) and failed to comply with my Board order in case no. 2018-82, which requires me to comply with the requirements of the IMP3.
6. I am aware of the Board's legal authority to discipline my pharmacist license, up to and including revocation of my pharmacist license, at the conclusion of the Board's investigation of the pending complaint.
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 pharmacist license.
8. I understand that I have the right to be represented by counsel in this matter.
9. I understand the surrender of my pharmacist license is considered a revocation of my pharmacist license pursuant to 657 IAC 36.8. I understand the surrender of my pharmacist license is disciplinary in nature and is considered adverse action.
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 in a pharmacy in Iowa in any capacity unless and until my license is reinstated.

12. I understand that any future request for reinstatement will be governed by the Board's rules regarding reinstatement described in 657 IAC 35.36.

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.

8/5/21  
Date

Sheila G. Schleeper  
Licensee's signature

This voluntary surrender is accepted by the Iowa Board of Pharmacy as a resolution to the referenced complaint on August 31, 2021.

Gayle Mayer by GMD  
Chairperson  
Iowa Board of Pharmacy