IN THE MATTER OF:  
ANTHONY W. BREEDING  
Respondent.  

CONSENT AGREEMENT

The Iowa Board of Pharmacy Examiners (Board) and Anthony W. Breeding (Respondent) enter into the Consent Agreement (Agreement) pursuant to Iowa Code sections 17A.10 and 272C.3(4) (2001):

1. The Respondent seeks to register as a pharmacist-intern with the board for the purpose of obtaining instruction in the practice of pharmacy in the State of Iowa.

2. The Respondent is currently a student at the University of Iowa and is expected to graduate in May 2006.

3. The Respondent, on his application for registration as a pharmacist-intern, failed to disclose a charge of operating vehicle while intoxicated that occurred on May 2, 2004, a charge on which he later was found guilty. Respondent did disclose a May 1999 guilty plea to the misdemeanor of public intoxication.

4. Upon approval of this Agreement by the Board, the Respondent shall receive a registration as a pharmacist-intern for the purpose of obtaining instruction in the practice of pharmacy from a preceptor pursuant to Iowa Code section 155A.6 in the State of Iowa subject to probation as provided in this agreement.

5. The Respondent's registration as a pharmacist-intern in Iowa shall be issued and placed on probation for the term of his pharmacist-intern registration, beginning
on the date of the Board’s acceptance and approval of this Agreement. During the
probationary period, the Respondent shall comply with the following terms:

a. The Respondent shall not consume alcohol.

b. The Respondent shall not use any controlled substance or prescription
drug in any form unless the controlled substance or prescription drug has
been authorized and prescribed for the Respondent by a licensed, treating
physician or other qualified treating health care provider. The Respondent
shall inform any treating physician or other treating health care provider of
his medical history, including his history of chemical dependency.

c. The Respondent shall provide witnessed blood or urine specimens on
demand by an agent of the Board. The specimens shall be used for
alcohol and drug screening and to verify the Respondent’s compliance
with any drug therapy ordered by the Respondent’s physician, all costs of
which shall be paid by the Respondent.

d. The Respondent shall comply with all treatment recommendations of his
treatment program and his physician and/or counselor. The treatment
program or physician/counselor shall submit quarterly reports to the Board
documenting the Respondent’s compliance with the treatment program.

e. The Respondent shall file written, sworn quarterly reports with the Board
attesting his compliance with all the terms and conditions of this
Stipulation and Consent Order. The reports shall be filed no later than
December 5, March 5, June 5, and September 5 of each year of the
Respondent’s probation. The quarterly reports shall include the
Respondent’s place of employment, current home address, home
telephone number, or work telephone number, and any further information
deemed necessary by the Board from time to time.

f. The Respondent shall attend aftercare meetings and Alcoholics
Anonymous (AA) or Narcotics Anonymous (NA) meetings as
recommended by the Respondent’s physician or treatment provider. The
Respondent shall append to each quarterly report referred to in
subparagraph 5(e) above, statements signed or initialed by another person
in attendance at the meetings attesting to the Respondent’s attendance and
continuing participation. The statement shall include the time, date, and
location of the meetings attended.

g. The Respondent shall make personal appearance before the Board or a
Board committee upon request. The Respondent shall be given reasonable
notice of the date, time, and location for such appearances. Any such
appearance shall be subject to the waiver provisions of 657 Iowa
Administrative Code § 35.9.
h. The Respondent shall obey all federal and state laws and regulations substantially related to the practice of pharmacy and the distribution of controlled substances.

i. The Respondent shall participate in the Iowa Pharmacy Recovery Network (IPRN) program under the direct support of a pharmacist advocate.

j. The Respondent shall inform the Board in writing within ten (10) days of any change of home address, place of employment, home telephone number, or work telephone number.

k. The Respondent agrees to release all his medical records to the Board, including all medical recordings pertaining to treatment for mental conditions and for alcohol and substance abuse, and agrees to allow the free flow of information between the Board and the Respondent’s physician(s) and treatment provider(s) and to ensure that the Board receives all necessary information if further evaluation or treatment of the Respondent is requested or required. This release of medical records, including records pertaining to treatment for alcohol and substance abuse, is effective for three years from the date of the Board’s approval of this Stipulation and Consent Order.

6. The Board reserves the right to review the Respondent’s compliance with the terms of this Agreement at any time.

7. Should the Respondent violate the terms of this Consent Agreement in any respect, the Board may institute formal disciplinary proceedings. This Agreement shall be made part of the permanent record of the Board, and violations of this Agreement may be considered by the Board in determining the nature and severity of any future disciplinary action.

8. This Agreement has been approved by the Board.

9. The Respondent voluntarily agrees to enter into this Agreement with the Board.

10. This Agreement is a public record available for inspection and copying in accordance with Iowa law.

WHEREFORE, the terms of this Consent Agreement are agreed to and accepted by the Iowa Board of Pharmacy Examiners and the Respondent.
This Stipulation and Consent Order is hereby accepted and approved by Respondent on the 6th day of December, 2004.

Anthony W. Breeding
Respondent

Subscribed and sworn to before me by Anthony W. Breeding on the 6th day of December, 2004.

HELEN POPHAM
Commission Number 149718
My Commission Expiring 7/15/2020
NOTARY PUBLIC IN AND FOR THE STATE OF IOWA

This Stipulation and Consent Order was accepted by the Iowa Board of Pharmacy Examiners on the 15th day of December, 2004.

MICHAEL J. SEIFERT, Chairperson
Iowa Board of Pharmacy Examiners
400 SW Eighth Street, Suite E
Des Moines, Iowa 50309-4688

cc: Scott Galenbeck
Assistant Attorney General
Office of the Attorney General
Hoover State Office Building
Des Moines, Iowa 50319

ATTORNEY FOR STATE
The Iowa Board of Pharmacy Examiners (Board) and Anthony W. Breeding (Respondent) hereby enter into this Consent Agreement pursuant to Iowa Code sections 17A.10 and 272C.3(4) (2005):

1. The Respondent seeks a license to practice pharmacy in the State of Iowa. Respondent currently resides at 3736 Rollins Avenue, Des Moines, Iowa 50312.

2. The Respondent is not currently licensed to practice pharmacy in any state. Respondent graduated from the University of Iowa College of Pharmacy in May 2006.

3. The Respondent entered into a Consent Agreement which was accepted by the Board on December 15, 2004, placing Respondent’s pharmacist-intern registration on probation for the term of his intern registration. Pursuant to the terms of this Agreement, Respondent was to undergo substance abuse treatment, provide witnessed blood or urine specimens on demand, and not consume alcohol.

4. The Respondent tested positive for Ethyl Glucuronide (EtG) on two occasions, February 17, 2006, and April 18, 2006, in violation of the Consent
Agreement accepted by the Board on December 15, 2004. EtG is an indicator for alcohol use.

5. Respondent’s failure to comply with the Consent Agreement provides the Board with grounds to deny him a license to practice pharmacy in the State of Iowa.

6. A report was prepared and reviewed by the Board on June 6, 2006. The Board agreed to issue an Iowa pharmacist license to Respondent subject to the terms of this Consent Agreement.

7. If Respondent accepts and approves this Consent Agreement, his license to practice pharmacy in Iowa shall be issued and placed on probation for a period of two years beginning on the date Respondent receives a passing score on the NAPLEX® and MPJE®. During the probationary period, the Respondent shall comply with the following terms:

8. The Respondent shall not consume alcohol.

9. The Respondent shall not use any controlled substance or prescription drug in any form unless the controlled substance or prescription drug has been authorized and prescribed for the Respondent by a licensed, treating physician or other qualified treating health care provider. The Respondent shall inform any treating physician or other treating health care provider of his medical history, including his history of chemical dependency.

10. The Respondent shall provide witnessed blood or urine specimens on demand by an agent of the Board. The specimens shall be used for alcohol and drug screening and to verify the Respondent’s compliance with any drug therapy
ordered by the Respondent’s physician, all costs of which shall be paid by the Respondent.

11. The Respondent shall comply with all treatment recommendations of his treatment program and his physician and/or counselor. The treatment program or physician/counselor shall submit quarterly reports to the Board documenting the Respondent’s compliance with the treatment program.

12. The Respondent shall file written, sworn quarterly reports with the Board attesting to his compliance with all the terms and conditions of this Consent Agreement. The reports shall be filed no later than September 5, December 5, March 5, and June 5 of each year of the Respondent’s probation. The quarterly reports shall include the Respondent’s place of employment, current home address, home telephone number, or work telephone number, and any further information deemed necessary by the Board from time to time.

13. The Respondent shall attend aftercare meetings and Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings as recommended by the Respondent’s physician or treatment provider. The Respondent shall append to each quarterly report referred to in subparagraph 7(e) above, statements signed or initialed by another person in attendance at the meetings attesting to the Respondent’s attendance and continuing participation. The statement shall include the time, date, and location of the meetings attended.

14. The Respondent shall make personal appearance before the Board or a Board committee upon request. The Respondent shall be given reasonable notice of
the date, time, and location for such appearances. Any such appearance shall be subject to the waiver provisions of 657 Iowa Administrative Code § 35.7.

15. The Respondent shall obey all federal and state laws and regulations substantially related to the practice of pharmacy and the distribution of controlled substances.

16. The Respondent shall participate in the Iowa Pharmacy Recovery Network (IPRN) program under the direct supervision of a pharmacist advocate.

17. The Respondent shall inform the Board in writing within ten (10) days of any change of home address, place of employment, home telephone number, or work telephone number.

18. The Respondent agrees to release all his medical records to the Board, including all medical recordings pertaining to treatment for mental conditions and for alcohol and substance abuse, and agrees to allow the free flow of information between the Board and the Respondent’s physician(s) and treatment provider(s) and to ensure that the Board receives all necessary information if further evaluation or treatment of the Respondent is requested or required. This release of medical records, including records pertaining to treatment for alcohol and substance abuse, is effective for two years from the date of the Board’s approval of this Consent Agreement.

19. The Board reserves the right to review the Respondent’s compliance with the terms of this Agreement at any time.

20. Should the Respondent violate the terms of this Consent Agreement in any respect, the Board may institute formal disciplinary proceedings. This
Agreement shall be made part of the permanent record of the Board, and violations of this Agreement may be considered by the Board in determining the nature and severity of any future disciplinary action.

21. This Agreement has been approved by the Board.

22. The Respondent voluntarily agrees to enter into this Agreement with the Board.

23. This Agreement is a public record available for inspection and copying in accordance with Iowa law.

WHEREFORE, the terms of this Consent Agreement are agreed to and accepted by the Iowa Board of Pharmacy Examiners and the Respondent.

This Stipulation and Consent Order is hereby accepted and approved by Respondent on the 17th day of July, 2006.

State of Iowa
County of Polk
Signed and sworn (or affirmed) before me on May 17, 2006, by Anthony W. Breeding, Name(s) of Person(s)

[Signature of Notary Public]
This Consent Agreement was accepted by the Iowa Board of Pharmacy Examiners on the 17th day of July, 2006.

MICHAEL J. SEIFERT, Chairperson
Iowa Board of Pharmacy Examiners
400 SW Eighth Street, Suite E
Des Moines, Iowa 50309-4688

cc: Scott Galenbeck
Assistant Attorney General
Office of the Attorney General
Hoover State Office Building
Des Moines, Iowa 50319

ATTORNEY FOR STATE