

**STATE OF IOWA**  
**BEFORE THE IOWA BOARD OF PHARMACY EXAMINERS**

---

IN THE MATTER OF:	)	
	)	
<b>ANTHONY W. BREEDING</b>	)	<b>CONSENT AGREEMENT</b>
	)	
Respondent.	)	

---

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

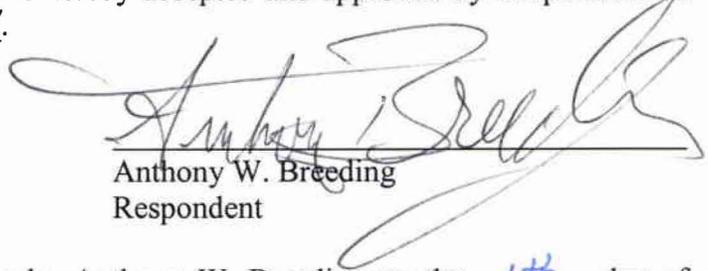
on the date of the Board's acceptance and approval of this Agreement. During the probationary period, the Respondent shall comply with the following terms:

- 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 6 day of December, 2004.

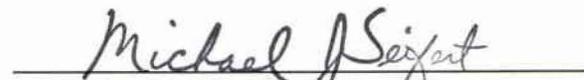
  
Anthony W. Breeding  
Respondent

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



  
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 15 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

**STATE OF IOWA**  
**BEFORE THE IOWA BOARD OF PHARMACY EXAMINERS**

---

IN THE MATTER OF: )  
**ANTHONY W. BREEDING**, Pharm. D., ) **CONSENT AGREEMENT**  
Respondent. )

---

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.

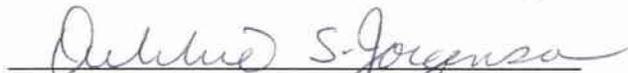
This Stipulation and Consent Order is hereby accepted and approved by Respondent on the 17 day of July, 2006.

  
Anthony W. Breeding  
Respondent

State of Iowa  
County of Polk

Signed and sworn (or affirmed) before me  
on May 17, 2006,  
Date

by Anthony Breeding,  
Name(s) of Person(s)

  
Signature of Notary Public



This Consent Agreement was accepted by the Iowa Board of Pharmacy  
Examiners on the 17 day of July, 2006.

  
MICHAEL J. SEIFERT, Chairperson  
Iowa Board of Pharmacy Examiners  
400 SW Eighth Street, Suite E  
Des Moines, Iowa 5 0309-4688

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

ATTORNEY FOR STATE