

**Before the
New Hampshire Board of Pharmacy
Concord, New Hampshire 03301**

In the Matter of:
Kindell Benton, CPhT
License No.: PhT4633

Docket No.: _____

VOLUNTARY SURRENDER OF REGISTRATION

Recognizing that professional misconduct allegations are now pending against me before the New Hampshire Board of Pharmacy ("Board"), I, Kindell Benton, CPhT, hereby voluntarily surrender my New Hampshire pharmacy technician registration (#PhT4633).

By voluntarily surrendering my pharmacy technician registration, I understand that, upon signing this document:

1. I relinquish all rights and privileges to practice as a pharmacy technician in the State of New Hampshire.
2. I acknowledge that this voluntary surrender has occurred during the course of an investigation into allegations that I stole Promethazine with Codeine and a number of hygiene items from my employer pharmacy.
3. I admit to no violations of RSA 318:29, II or any of the Board's rules, but recognize that the fact of my voluntary surrender will be distributed by the Board as a disciplinary action.
4. Should I again seek licensure by this Board, I must meet, and shall bear the burden of proving compliance with, all of the standards and prerequisites then required by the Board for new applicants, including professional character requirements.

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5. I understand that the pending misconduct allegations shall be resolved in any future licensure application I may submit to this Board. I hereby specifically waive any statute of limitations or laches defense, including those under RSA 332-G:8 and 9, which might then be available as to these misconduct allegations.
6. I understand that this voluntary surrender shall be distributed to all relevant licensing authorities and professional societies in the same manner as a final decision making specific finding of professional misconduct. I further understand that this document shall become a permanent part of my file, and will be maintained by the Board as a public document.
7. I voluntarily submit this surrender of my pharmacy technician registration to the Board and state that no promises or representations have been made to me other than those terms and conditions expressly stated herein.


IN WITNESS WHEREOF, I hereby affix my signature on this ____ day of _____, 2017.

Kindell Benton, CPhT

Witness

5. I understand that the pending misconduct allegations shall be resolved in any future licensure application I may submit to this Board. I hereby specifically waive any statute of limitations or laches defense, including those under RSA 332-C:8 and 9, which might then be available as to these misconduct allegations.
6. I understand that this voluntary surrender shall be distributed to all relevant licensing authorities and professional societies in the same manner as a final decision making specific finding of professional misconduct. I further understand that this document shall become a permanent part of my file, and will be maintained by the Board as a public document.
7. I voluntarily submit this surrender of my pharmacy technician registration to the Board and state that no promises or representations have been made to me other than those terms and conditions expressly stated herein.

IN WITNESS WHEREOF, I hereby affix my signature on this 4th day of April, 2017.


Kindell Benton, CPhT


Witness

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ACCEPTED BY THE BOARD OF PHARMACY on this 19 day of
April, 2017.


(Signature)

Michael D. Bullock
(Print or Type Name)
Authorized Representative of the
New Hampshire Board of Pharmacy