

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

In the Matter of:
Kristina Lynn Coleman
Certification No.: CPhT 01330
(Misconduct Allegations)

VOLUNTARY SURRENDER OF CERTIFICATION

Recognizing that professional misconduct allegations are now pending against me before the Board of Pharmacy ("Board"), I, Kristina Lynn Coleman, hereby agree to a voluntary surrender of my New Hampshire pharmacy technician certification (# CPhT 01330), effective on the date that I sign this document.

By voluntarily surrendering my certification, I understand that:

1. I relinquish all rights and privileges to practice as a certified pharmacy technician in the State of New Hampshire, effective as of the date that I sign this document.
2. I admit that this *Voluntary Surrender of Certification* has occurred in settlement of pending misconduct allegations that while working as a certified pharmacy technician, I: (a) diverted multiple pills of a controlled substance prescription of Oxycodone, which had been filled for a customer, by swapping them out for Balcofen; and (b) diverted the controlled substance buprenorphine over multiple months from the pharmacy I was employed at.

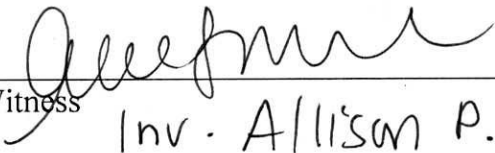
3. I admit to no violations of any State statutes, rules, or ethical provisions, but recognize that the fact of my *Voluntary Surrender of Certification* will be distributed by the Board as a disciplinary action.
4. I understand that this *Voluntary Surrender of Certification* shall be distributed to all relevant licensing authorities and professional societies in the same manner as a final decision making specific finding of professional misconduct.
5. I understand that this *Voluntary Surrender of Certification* shall become a permanent part of my file, and will be maintained by the Board as a public document.
6. I understand that should I again seek certification, registration or 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 all professional character requirements.
7. I further understand that the pending misconduct allegations shall be addressed through a Show Cause Hearing in the context of any future application that I may submit to the Board and that such allegations may form the basis for the Board to deny any such application. I hereby specifically waive any statute of limitations or laches defense, which might then be available as to these misconduct allegations, including, but not limited to, those contained in RSA 332-G:8 and 9.

8. I voluntarily submit this *Voluntary Surrender of Certification* to the Board and state that no promises or representations have been made to me other than those terms and conditions expressly stated herein.
9. I have had the opportunity to seek and obtain the advice of an attorney of my choosing in connection with my decision to sign this *Voluntary Surrender of Certification*.
10. I am not under the influence of any substance that would impair my judgment at the time I sign this *Voluntary Surrender of Certification*.

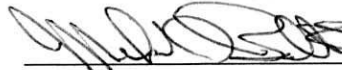
IN WITNESS WHEREOF, I hereby affix my signature on this 19 day of 3, 2019.



Kristina Lynn Coleman, CPhT

Witness

Inv. Allison P. Vakum

ACCEPTED BY THE BOARD OF PHARMACY on this 27th day of
March, 2019.



(Signature)



Michael D. Bullek, BSP, R.Ph.
Authorized Representative of the
N.H. Board of Pharmacy