State of New Hampshire Board of Pharmacy Concord, New Hampshire

In the Matter of:

Mackenzie L. Dacre, R.Ph.

License No.: R3131

PRELIMINARY AGREEMENT FOR PRACTICE RESTRICTIONS

The New Hampshire Board of Pharmacy ("Board") granted Mackenzie L. Dacre,

R.Ph. ("Respondent"), a State of New Hampshire license to practice as a pharmacist on

October 10, 2016. Respondent holds license number R3131, which was temporarily

suspended by the Board in an emergency order issued on March 23, 2017.

Respondent enters into a Preliminary Agreement with the Board as follows:

1. Recognizing that professional misconduct allegations (as outlined in the

emergency order issued on March 23, 2017), are now pending against me before the Board, I,

Mackenzie L. Dacre, R.Ph., hereby voluntarily agree not to practice as a pharmacist under

my New Hampshire license until further order of the Board.

2. I admit to no violations of RSA 318:29 or any other laws, statutes or

regulations.

3. Understanding that these restrictions shall remain until further order of the

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 the pending misconduct

allegations.

4. I voluntarily enter into this agreement with the Board and state that no promises or representations have been made to me other than those terms and conditions expressly stated herein.

5. In entering into this agreement, I understand and rely on the fact that I may, at any time, submit a written request to the Board to schedule a final hearing on the pending misconduct allegations. I understand that such a hearing shall be held within 30 days of the submission of my written request unless such a request is submitted within 15 days of a regularly scheduled meeting of the Board, in which case the hearing shall be held at the following regularly scheduled meeting of the Board.

FOR RESPONDE

Date: 411117

Mackenzie L. Dacre, R.Ph.

Respondent

FOR THE BOARD

This Preliminary Agreement is hereby accepted in accordance with the binding terms and conditions set forth above.

Date: 4126/17

(Signature)

Name

Authorized Representative of the

New Hampshire Board of Pharmacy