

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

In the Matter of:  
**Frank E. Styles, Jr.**  
**License No. 2265**

**VOLUNTARY SURRENDER OF LICENSE**

Recognizing that professional misconduct allegations are now pending against me before the New Hampshire Board of Pharmacy ("Board") concerning allegations that I diverted a controlled substance, I, Frank E. Styles, Jr., R. Ph. hereby voluntarily surrender my New Hampshire license (#2265) effective on the date that the Board accepts this offer of voluntary surrender.

By voluntarily surrendering my license, I understand that:

1. I relinquish all rights and privileges to practice as a pharmacist in the State of New Hampshire effective upon the Board's acceptance of this voluntary surrender.
2. I admit that this license surrender has occurred in settlement of pending disciplinary charges.
3. I admit to no violations of RSA 318:29, II, but recognize that the fact of my voluntary surrender will be distributed by the Board to all relevant licensing authorities and professional societies as a disciplinary action. 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.
4. Should I again seek licensure in the State of New Hampshire, I must meet and shall bear the burden of proving compliance with all of the standards and prerequisites then

New Hampshire Board of Pharmacy  
In the Matter of Frank E. Styles, Jr.  
Voluntary Surrender of License

required by the Board for new applicants, including professional character requirements.

5. I understand that the pending disciplinary allegations shall be resolved in any future licensure application I may submit in New Hampshire. I hereby specifically waive any statute of limitations or laches defense, which might then be available as to these misconduct allegations.
6. I voluntarily submit this surrender of license 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 26<sup>th</sup> day of November 2018



Frank E. Styles, Jr.

ACCEPTED BY THE BOARD OF PHARMACY on this 19 day of December, 2018.

Date: 12/19/18



(Signature)

Michael D. Billek, Administrator

(Print or Type Name)

Authorized Representative of the  
New Hampshire Board of Pharmacy