

**State of New Hampshire  
New Hampshire Board of Pharmacy  
Concord, New Hampshire 03301**

In the Matter of:  
Richard Crowe  
Pharmacist Lic. #R1297

Docket No. 2022-PHARM-001

**VOLUNTARY PRELIMINARY AGREEMENT NOT TO PRACTICE**

Richard Crowe (“Licensee”) is a licensed pharmacist in New Hampshire having license no. R1297. While employed at Cheshire Medical Center as a pharmacist and between approximately September 1, 2021 and January 31, 2022, Cheshire Medical Center reported loss of 583 bags of 50ml Fentanyl from the Intensive Care Unit. Licensee has been licensed for over 34 years and has no prior disciplinary complaints filed against him.

On March 30, 2022, the Board of Pharmacy (“Board”) received information concerning the reported loss of Fentanyl and issued an order suspending the Licensee’s license on an emergency basis pending an emergency hearing. Licensee’s conduct as it relates to his responsibilities as a pharmacist and the reported loss of Fentanyl may be a violation of the statutes and rules governing the practice of pharmacy pursuant to Chapter RSA 318 and the administrative rules governing the practice of pharmacy and pharmacists in the State of New Hampshire.

Richard Crowe enters into a Voluntary Preliminary Agreement Not to Practice with the Board pending a complete investigation as follows:

1. Recognizing that professional misconduct allegations are now pending against me before the New Hampshire Board of Pharmacy and out of respect for the ongoing investigation, I, Richard Crowe, voluntarily agree not to practice pharmacy in the

State of New Hampshire effective upon my signing this Voluntary Preliminary Agreement Not to Practice ("Preliminary Agreement").

2. I deny the allegations of alleged misconduct and admit to no violations of NH RSA 318 or any administrative rules, ethical provisions, or any other laws, statutes, or regulations, adopted by the Board.
3. Understanding that this Preliminary Agreement and the restrictions herein shall remain until further order of the Board, I hereby specifically waive any statute of limitations, or laches defense, which might be then available, including but not limited to, those based on RSA 332-G:8 and RSA 332-G:9.
4. This Preliminary Agreement shall remain in effect until a final disposition in the matter pending before the New Hampshire Board of Pharmacy or until agreement by the Parties with approval by the Board.
5. In the event that I apply for a renewal of my license or apply for full licensure in New Hampshire while this agreement is in effect, I voluntarily agree to waive any statutory or administrative time deadlines regarding the Board's final action on any such license renewal application. I understand that by waiving such deadlines, the Board's final action on any such license renewal application will be automatically deferred until after the disposition of this Board matter and that my license will not expire while this Preliminary Agreement is in effect.
6. I voluntarily enter into this Preliminary 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.

7. 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.
8. 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 Preliminary Agreement.
9. I am of sound mind and not under the influence of any substance that would impair my judgement at the time I sign this Preliminary Agreement.
10. I understand that my failure to comply with the terms of this Preliminary Agreement shall constitute unprofessional conduct under Chapter RSA 318 and may subject me to discipline under RSA 318:29.

**FOR RESPONDENT**

Date: 19 April 2022

Richard R Crowe, Jr  
Respondent  
Richard Crowe  
(License #R1297)

**FOR THE BOARD**

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

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Print Name  
Authorized Representative of the New  
Hampshire Board of Pharmacy