

1 02-0015-HO

2 **BEFORE THE ARIZONA STATE BOARD OF PHARMACY**

3 In the Matter of :

4 MARK A HEISLER)
Certificate of Registration)
5 Number 9834)
6 _____

**FINDINGS OF FACT, CONCLUSIONS
OF LAW AND BOARD ORDER
NO. 02-0015-PHR**

7 DIRECTED TO: MARK A HEISLER
15432 S 23rd Place
8 Phoenix, AZ 85048

9 Pursuant to the foregoing Consent to Entry of Order, the evidence and records compiled and
10 contained in the file for MARK A HEISLER and for good cause appearing, the Board on this 22nd day
11 of August, 2002 enters the following Findings of Fact, Conclusions of Law and Board Order in the Matter
12 of Notice of Hearing Number 02-0015-PHR ("Notice").

13 **FINDINGS OF FACT**

14 **I**

15 1. MARK A HEISLER is the holder of Certificate of Registration Number 9834 issued by the
16 Arizona State Board of Pharmacy which permits the holder to practice pharmacy in the State of Arizona.

17 2. The evidence and testimony presented in this matter sustained the factual allegations in
18 paragraphs one (1) through four (4) in section IV of the Notice. The Board finds that:

19 MARK A HEISLER has violated A.R.S. § 32-1927(A)(10), A.R.S. § 32-1927(B)(2), A.R.S. §
20 36-2525(D), A.R.S. § 32-1965 (8) and 21 C.F.R. § 1306.21 to wit: the obtaining of Class III Controlled
21 Substances as listed in the Notice of Hearing 02-0015-PHR without valid prescriptions.

22 **CONCLUSIONS OF LAW**

23 **II**

24
25 1. The Board concludes that it has jurisdiction in this Matter pursuant to A.R.S. § 32-1927
26 (A)(10) and 32-1927(B)(2).

1 pharmacy.

2 7. MARK A HEISLER shall bear the responsibility for the release of information forms and
3 reports required by this Order.

4 8. MARK A HEISLER shall "hold harmless" the provider of any required reports to the Board
5 of Pharmacy.

6 9. MARK A HEISLER shall have initiated a five year contract with the Pharmacists Assisting
7 Pharmacists of Arizona (PAPA) and comply with each and every requirement of that contract.

8 10. MARK A HEISLER shall submit to a minimum of twenty-four (24) annual random biological
9 fluid screenings for the presence of drugs in the system as determined by PAPA for the period of
10 suspension and the first twenty-four (24) months of probation. The annual random biological fluid
11 screenings for the presence of drugs in the system shall increase to a minimum of forty-eight (48) when
12 MARK A HEISLER accepts employment as a pharmacist and shall continue for the first twenty-four (24)
13 months of of probation.

14 11. MARK A HEISLER shall appear before the Arizona State Board of Pharmacy on or after
15 August 22nd, 2007, to request that the probation imposed by this Order be terminated.

16 12. If MARK A HEISLER violates this Order in any way or fails to fulfill the requirements of
17 this Order, the Board, after giving MARK A HEISLER notice and the opportunity to be heard, may
18 revoke, suspend or take other disciplinary action against MARK A HEISLER.

19
20 **DATED this 22nd day of August, 2002**

21
22 **ARIZONA STATE BOARD OF PHARMACY**

23
24 **SEAL**

25 By


Llyn A. Lloyd
Executive Director

1 Copies of the foregoing Finding of Fact,
2 Conclusions of Law and Board Order
3 sent via Certified US mail this 29th day
4 of August 2002, to:

4 MARK A HEISLER
5 15432 S 23rd Place
6 Phoenix, AZ 85048

6 and by Courier Mail to:

7 Victoria Martin
8 Assistant Attorney General
9 Civil Division
10 1275 W. Washington
11 Phoenix, AZ 85007

10 and

11 Victoria Mangiapane
12 Assistant Attorney General
13 Solicitor General's Office
14 1275 W. Washington
15 Phoenix, AZ 85007

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mark A. Heisler
15432 S. 23rd Place
Phoenix, AZ 85048

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Addressee

B. Received by (Printed Name) Mark Heisler C. Date of Delivery 7-15-02

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number **7000 1670 0009 3603 7704**
 (Transfer from service label)

PS Form 3811, August 2001 Domestic Return Receipt 102595-01-M-0381

**U.S. Postal Service
 CERTIFIED MAIL RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

Board Order 02-0015-PHR

Postage \$

Certified Fee

Return Receipt Fee
 (Endorsement Required)

Restricted Delivery Fee
 (Endorsement Required)

Total Postage & Fees \$

SENT 8/29/02

Postmark
 Here

Sent To
Mark Heisler
 Street, Apt. No., or PO Box No.
15432 S. 23rd Place
 City, State, ZIP+4
Phoenix, AZ 85048

PS Form 3800, May 2000

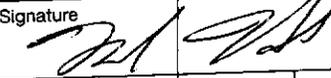
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 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number **7000 1670 0009 3603 7629**
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