NORTH CAROLINA BOARD OF PHARMACY

In Re:)	
)	ORDER SUMMARILY
Tabitha Page Baysden	Ć	SUSPENDING REGISTRATION
(Registration No. 29384))	

Pursuant to G.S. § 150B-3(c) and 21 N.C.A.C. 46.2006(b), the North Carolina Board of Pharmacy ("Board"), vis Members Rebecca W. Chater, J. Parker Chesson, Jr., Betty H. Dennis, E. Lazelle Marks and Gene Minton find that the protection of the public health, safety and welfare requires emergency action. Accordingly, the Board hereby Summarily Suspends Registration No. 29384 issued to Tabitha Page Baysden ("Respondent Baysden"), effective upon service of this Order. Respondent Baysden shall immediately cease any practice of pharmacy in North Carolina pending issuance by the Board of a Final Agency Decision.

You may request a hearing on the charges against you by submitting a written request within sixty (60) days of service of this order, pursuant to 21 N.C.A.C. 46. 2004. Within sixty (60) days of receipt of your written request, the Board will issue a notice of hearing with respect to whether the summary suspension should be continued. That notice will advise you of the date and time of the hearing, which will be set within the discretion of the Board. In the event that you request a hearing, this summary suspension remains in effect until the issuance of a further decision by the Board.

If you do not request a hearing as set forth above, you waive the right to contest the Board's decision and the suspension imposed upon you by this order. However, you retain the right to file a written petition for reinstatement of your technician registration at any time following this order.

The Board will set a hearing at a time and place within its discretion and will rule on the petition for reinstatement in its discretion under its duty to consider the public health, safety and welfare.

By Order of the Board, this 20th day of September, 2011.

NORTH CAROLINA BOARD OF PHARMACY

Jack W. Campbell, IV

Executive Director

CERTIFICATE OF SERVICE

I hereby certify that I am an employee of the North Carolina Board of Pharmacy and that on the 3rd, day of October 2011; I served a copy of the foregoing Order Summarily Suspending Technician Registration No. 29384, upon Respondent Tabitha Page Baysden by U.S. Postal Service, Certified Mail and Return Receipt, postage prepaid, and properly addressed to the following:

Tabitha Page Baysden

Joshua Kohler, Assistant Director of Investigations and Inspections North Carolina Board of Pharmacy

STATE OF NORTH CAROLINA NORTH CAROLINA BOARD OF PHARMACY COMPLAINT NO. 2011-00158

IN THE MATTER OF)	
)	AFFIDAVIT OF SERVICE
Tabitha page Baysden)	
(Registration No. 29384))	

Joshua Kohler, Assistant Director of Investigations and Inspections for the North Carolina Board of Pharmacy, being duly sworn, deposes and says:

Respondent Tabitha Page Baysden was served an Order Summarily Suspending her technician registration number 29384, order executed by Jack W. Campbell, IV, Executive Director of the North Carolina Board of Pharmacy on September 20, 2011, in this matter by U.S. Postal Service Certified Mail, Return Receipt Requested and delivered on October 5, 2011, as evidenced by the Domestic Return Receipt attached as Exhibit A.

FURTHER AFFIANT SAYETH NOTHING.

This the 16 day of October, 2011.

Joshua Kohler Assistant Director Investigations and Inspections

North Carolina Board of Pharmacy 6015 Farrington Road, Suite 201 Chapel Hill, NC 27517

Sworn to and subscribed before me This the 7thday of October, 2011.

Notary Public Name

Notary Public Signature

My Commission Expires: 9-3-2012

EXHIBIT A

* * *		FILL OUT A, B &C
SENDER: COMPLETE THIS SEC	TION	COMPLETE THIS SECTION ON DELIVERY
 Complete Items 1, 2, and 3. Also Item 4 If Restricted Delivery is d Print your name and address on so that we can return the card to a Attach this card to the back of to or on the front if space permits. 	esired. the reverse byou.	Received by (Printed Name) D. Is delivery address different from item 1?
1. Article Addressed to: Tabitha Page Bay	rsden	If YES, enter delivery address below:
	-	3. Service Type Certified Mail Registered Insured Mail C.O.D.
		4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service label)	ם קססק	1710 0002 6514 6224 9V
PS Form 3811, February 2004	Domestic	Return Receipt 102595-02-M-1540