NORTH CAROLINA BOARD OF PHARMACY

In Re: Naureen Gerner Walker (Registration No. 13029)

ORDER SUMMARILY SUSPENDING REGISTRATION

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, Robert (Joey) McLaughlin, Jr., 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. 13029 issued to Naureen Gerner Walker ("Respondent Walker"), effective upon service of this Order. Respondent Walker 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 21st day of June, 2011.

NORTH CAROLINA BOARD OF PHARMACY

[Signature]

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 21st day of June 2011; I served a copy of the foregoing Order SummarilySuspending Technician Registration No. 13029, upon Respondent Naureen Gerner Walker by U.S. Postal Service Certified Mail, postage prepaid, and properly addressed to the following:

Naureen Gerner Walker

Karen S. Matthew, Director of Investigations and Inspections
North Carolina Board of Pharmacy
IN THE MATTER OF Naureen Gerner Walker (Registration No. 13029) AFFIDAVIT OF SERVICE

Karen S. Matthews, Director of Investigations and Inspections for the North Carolina Board of Pharmacy, being duly sworn, deposes and says:

Respondent Naureen Gerner Walker was served an Order Summarily Suspending her technician registration number 13029, order executed by Jack W. Campbell, IV, Executive Director of the North Carolina Board of Pharmacy on June 21, 2011, in this matter by U.S. Postal Service, Certified Mail, Return Receipt and delivered on June 25, 2011, as evidenced by the U.S. Postal Service receipt attached as Exhibit A.

FURTHER AFFIANT SAYETH NOTHING.

This the 28th day of June, 2011.

Sworn to and subscribed before me
This the 28th day of June, 2011.

Karen S. Matthews, Director
Investigations and Inspections
North Carolina Board of Pharmacy
6015 Farrington Road, Suite 201
Chapel Hill, N.C. 27517

Constance J. Marion
Notary Public Name
Constance J. Marion
Notary Public Signature
My Commission Expires: 9-3-2012
**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:

   [Address]

2. Article Number

   [Number]

3. Service Type

   - Certified Mail
   - Registered
   - Insured Mail
   - Express Mail
   - Return Receipt for Merchandise
   - C.O.D.
   - Registered

4. Restricted Delivery? (Extra Fee) [Yes/No]

**Complete this section on delivery**

Signature: [Signature]

Received by (Printed Name): [Name]

Date of Delivery: [Date]

D. Is delivery address different from item 1? [Yes/No]

If YES, enter delivery address below:

[Delivery Address]