NABP 107th Annual Meeting Highlights
Opportunities for Building to Unity and Strength; Business and CPE Sessions Pave the Way

A record number of attendees and guests representing the boards of pharmacy, governmental agencies, and other interested stakeholders, gathered at the San Antonio Riverwalk this past May for the NABP 107th Annual Meeting. Themed Boards of Pharmacy and NABP – Bridging to Unity and Strength, the Annual Meeting was held at the San Antonio Marriott Rivercenter in Texas from May 21-24, 2011, and offered attendees the opportunity to shape the future direction of NABP, earn continuing pharmacy education (CPE) credit, and network with peers.

Constitution & Bylaws Amendments, Resolutions Approved

During the business sessions, voting board of pharmacy delegates elected officers and members to the NABP Executive Committee. In addition, delegates voted and approved amendments to the Constitution and Bylaws. The amendment, first read during the 106th Annual Meeting, which formally defines the term administrative officer and modernizes and improves the NABP Constitution and Bylaws, was approved. Additionally, one amendment to the Bylaws was approved, which will now recognize the Pharmacy Board of Australia as an associate member of NABP under District 4, removing New South Wales, Australia from District 4, and Victoria, Australia from District 6. Five resolutions were also adopted during the business sessions. See page 4 for the full text of the resolutions.

Encouraging Interactive Forum Attendance

During their speeches to the membership, newly installed 2011-2012 NABP President Malcolm J. Broussard, RPh, and Executive Committee Chairperson William T. Winsley, MS, RPh, stressed the importance of the upcoming NABP Interactive Forums, set to take place later this year at NABP Headquarters. Broussard explained that this series of meetings, one geared specifically for executive officers and one for compliance officers, is (continued on page 2)
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an opportunity for attendees to discuss relevant topics of concern with their peers at a more detailed and personal level.

Introduced last year by then President Winsley, the NABP Interactive Forum series provides attendees the chance to meet with their colleagues to discuss shared regulatory trends and challenges faced by the boards each day. The first in the series, the NABP Interactive Member Forum, took place in September 2010.

Winsley urged his fellow executive officers to attend the NABP Interactive Executive Officer Forum September 21-22, 2011. The NABP Interactive Compliance Officer Forum will be held December 1-2, 2011. Broussard expressed that with continued strain on board budgets, again this year, NABP would provide the necessary funds for one representative from each board to attend each meeting as the Association did for the member forum.

Educational Sessions and Special Programs

In addition to hearing from the NABP Executive Committee and participating in the business sessions, meeting attendees were able to earn up to nine contact hours (0.9 CEUs) of Accreditation Council for Pharmacy Education (ACPE)-accredited CPE credit. The meeting included several timely and relevant topics, such as NABP legal and government affairs, a Drug Enforcement Administration (DEA) update, Food and Drug Administration’s (FDA) guide for active pharmaceutical ingredients and investigational new drugs, social media, and rogue Internet pharmacies.

Additionally, the Educational Poster Session “Strengthening Public Protection” provided an opportunity for CPE credit. Boards of pharmacy and college of pharmacy students and faculty presented 10 posters on various ways to strengthen public protection addressing issues in pharmacy education, pharmacy practice, and patient safety. NABP also offered a special pre-meeting CPE session, “International Pharmacy Practice – Bridging the Globe,” that addressed how various countries allow for use of technology, drug therapy management, pharmacist intervention, and prescriptive authority. See page 6 for a closer look at this session.

Optional Events

Several optional programs and events provided attendees with opportunities to network and share information. During the Hospitality Brunch and Educational Table Top Displays, attendees mingled and learned of various agencies’ current actions while enjoying a brunch buffet. Table top displays by ACPE, DEA, FDA, NABP, Pharmacy Technician Certification Board, and United States Pharmacopeial Convention (USP) high-lighted important issues and programs from those organizations. In addition, members of the Texas State Board of Pharmacy provided insight on current issues their Board is working on, as well as the must-see San Antonio sights.

Recently appointed state board of pharmacy members as well as many who were attending the Annual Meeting for the first time attended the Annual Meeting and District Meeting Orientation, which described the events taking place and the procedures followed during the Annual Meeting as well as a brief discussion of the NABP/ American Association of Colleges of Pharmacy District Meetings and the assistance NABP can provide for these meetings.

Other special events at the 107th Annual Meeting included the President’s Welcome Reception honoring 2010-2011 NABP President Winsley and his wife Betsy, the NABP/USP Breakfast, the Fun Run/Walk, and the Optional Tour – History and Merriment: San Antonio Style. The NABP Annual Awards Dinner recognized the 2011 Honorary President, Kim A. Caldwell, RPh; 2010-2011 NABP President Winsley; Fred T. Mahaffey Award recipient, the Ohio State Board of Pharmacy; John F. Atkinson Service Award recipient, Carol E. Fisher, RPh, MPA; Henry Cade Memorial Award recipient, Mary J. Ryan, RPh, MBA; and Lester E. Hosto Distinguished Service Award recipient, Susan Ksiazek, RPh.
2011-2012 Executive Committee Inaugurated at 107th Annual Meeting

NABP delegates elected individuals to fill the president-elect, treasurer, and open member positions on the Association’s 2011-2012 Executive Committee.

The newly elected officers of the NABP Executive Committee are:
- President-elect Michael A. Burleson, RPh, executive director of the Kentucky Board of Pharmacy
- Treasurer Karen M. Ryle, MS, RPh, a member of the Massachusetts Board of Registration in Pharmacy
- Winsley, MS, RPh, director of the Louisiana Board of Pharmacy

Members reelected or elected to serve a three-year term on the NABP Executive Committee are:
- Mark T. Conradi, RPh, JD, a member of the Alabama State Board of Pharmacy
- William J. Cover, RPh, president of the Indiana Board of Pharmacy
- Hal Wand, MBA, RPh, executive director of the Arizona State Board of Pharmacy

At the conclusion of the Annual Meeting, Malcolm J. Broussard, RPh, executive director of the Louisiana Board of Pharmacy, assumed the office of NABP president, and William T. Winsley, MS, RPh, executive director of the Ohio State Board of Pharmacy, assumed the position of chairperson. In addition, the following members are continuing to fulfill their terms on the 2011-2012 NABP Executive Committee:
- T. DeVita, RPh, member of the Massachusetts Board of Registration in Pharmacy

The newly elected officers of the Association’s 2011-2012 Executive Committee follow.

**Chairperson:** William T. Winsley, MS, RPh

William Winsley, executive director of the Ohio State Board of Pharmacy, automatically assumed the office of chairperson after completing a one-year term as president. Prior to his position as president, he served a one-year term as NABP president-elect, a one-year term as treasurer, and three years as a member of the Executive Committee representing District 4. Winsley also was a member of the NABP Executive Committee from 2001 to 2002. He has participated in many NABP task forces throughout the years, including the Task Force on Importation Enforcement, the Task Force on Limited Distribution and Shortage of Medications, and the Task Force on Privacy. Positions he held prior to joining the Board include assistant director of pharmacy at Akron City Hospital, assistant director of pharmacy at the West Virginia University Medical Center, and instructor at the West Virginia University College of Pharmacy. Winsley holds a bachelor of science degree in pharmacy and a master of science degree in hospital pharmacy administration from The Ohio State University.

**President:** Malcolm J. Broussard, RPh

Malcolm Broussard, executive director of the Louisiana Board of Pharmacy, automatically assumed the office of president. Prior to the election, he served a one-year term as president-elect, a one-year term as treasurer, and a three-year member term representing District 6 on the NABP Executive Committee. An active member of NABP, as well as state and national professional associations, Broussard has served on the NABP Nominating Committee, Committee on Resolutions, and the Committee on Law Enforcement/Legislation. He has served as a member of the Accreditation Council for Pharmacy Education’s Pharmacy Education Commission and as president of the Louisiana Pharmacists Association and the Louisiana Society of Health System Pharmacists. He has also been a member of the House of Delegates of the American Society of Health-System Pharmacists (ASHP), and served on the ASHP Council on Legal and Public Affairs. Broussard earned his bachelor of science degree in pharmacy from Xavier University of Louisiana.

**President-elect:**

**Michael A. Burleson, RPh**

Michael Burleson, executive director of the Kentucky Board of Pharmacy, was elected to serve as president-elect. Prior to the election, he served a one-year term as treasurer and a two-year member term representing District 3 on the Executive Committee. An active member of NABP, Burleson has served on several committees including the Teller Committee for the 2007 NABP Annual Meeting. Most recently, he served as chair of the NABP Committee on Law Enforcement/Legislation, and as chair of the Resolutions Committee for the 2006 NABP Annual Meeting. Burleson has also been actively involved with local and national pharmacy associations. A member of the Kentucky Pharmacists Association since 1974, he served two terms as a board member, and has served on various committees. He was also a member of the

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Delegates from the member boards of pharmacy adopted five resolutions during the NABP 107th Annual Meeting, held May 21-24, 2011, in San Antonio, TX. The resolutions addressed important issues such as the exchange of information for prescription monitoring programs (PMP) and primary health care activities in which pharmacists can be engaged. In addition, delegates passed two resolutions, each calling for development of a task force; one to review the current use of technology systems in pharmacy practice and recommend revisions to the Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act) and the other to recommend revisions to the Model Act to address responsibility of licensed pharmacies and pharmacists to maintain control and accountability of prescription medications. One recognition resolution was also passed.

Resolution No. 107-1-11
Title: Task Force on Pharmacy Practice Technology Systems
Whereas, significant advances in technologies, including the use of automated pharmacy systems, remote dispensing systems, electronic prescribing systems, and other methodologies have rapidly emerged to support the preparation (including storage and packaging), delivery or distribution, dispensing, and administration of medication to patients in the pharmacy and other health care settings; and
Whereas, the national use of such systems requires greater uniformity to define terms found in the laws and regulations of individual states and avoid disparity and confusion when assessing, authorizing, and applying the use of such systems; and
Whereas, the boards of pharmacy are uniquely positioned to create or influence greater specificity and uniformity of federal and state laws and regulations addressing the use of such systems so as to facilitate optimal patient care and safety in pharmacy and other health care settings; and
Whereas, security and accuracy related to the use of these systems are primary concerns of the state boards of pharmacy in protecting the public health and safety; and
Whereas, there is a need for NABP to review and possibly revise the sections of the Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act) that address this important subject;
Therefore Be It Resolved that NABP commission a task force of interested stakeholders to review existing current state laws and regulations addressing the use of technology systems and relevant Model Act language in accordance with the protection of public health and safety as determined by the state boards of pharmacy and to propose recommendations to update Model Act language to accommodate advances in technology systems.

Resolution No. 107-2-11
Title: Information Exchange for Prescription Monitoring Programs
Whereas, the development and implementation of prescription monitoring programs (PMP) provide a valuable resource for state boards of pharmacy, state boards of medicine, pharmacists, prescribers,
law enforcement agencies to assist patients and manage the prescribing and use of controlled substances and other drugs of concern; and

Whereas, the operability of PMPs between states is critical; and

Whereas, NABP has assisted states and serves as a means to facilitate and manage communications and data exchange among the states for a variety of programs and resources;

Therefore Be It
Resolved that state boards of pharmacy continue to support NABP developing and implementing a centralized interconnect hub to facilitate the interoperability and data sharing among state PMPs.

Resolution No. 107-3-11
Title: Control and Accountability of Prescription Medications

Whereas, state boards of pharmacy are aware that prescription medications, including controlled substances, that are diverted from licensed pharmacies contribute to drug abuse, including abuse by children, adolescents, and teens; and

Whereas, the diversion of prescription drugs compromises patient safety; and

Whereas, preventing and detecting diversion is an important responsibility of state boards; and

Whereas, state boards use different methods and include in state practice acts and regulations provisions to encourage pharmacists and pharmacies to proactively maintain the security of controlled drugs;

Therefore Be It Resolved that NABP commission a task force of interested stakeholders to review existing state laws and regulations addressing the control and accountability of prescription drugs, the Report of the Task Force to Review and Recommend Revisions to the Controlled Substances Act, as well as relevant sections of the Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act) to identify potential language for incorporation into the Model Act that will reflect the responsibility of licensed pharmacies and pharmacists to maintain control over prescription medications and provide workable examples of controls and monitoring measures that pharmacies and pharmacists can utilize to prevent, detect, and investigate losses of prescription drugs.

Resolution No. 107-4-11
Title: Pharmacists and Pharmacy Care

Whereas, population demographics are leading the United States health care delivery system toward an inadequate supply of physicians and other practitioners that provide primary health care to the burgeoning population of aging and underserved Americans; and

Whereas, pharmacists in many US states currently possess limited prescribing authority and authority to dispense medications pursuant to collaborative protocols and procedures agreed upon by the pharmacist and the practitioner; and

Whereas, pharmacists in many US states are caring for patients by performing medication therapy management (MTM) and other collaborative drug therapy management arrangements with practitioners;

Therefore Be It Resolved that NABP encourage and support efforts by the profession to study the primary health care activities in which pharmacists can be engaged and methods by which pharmacists could be incorporated into the medical home model to address the impending paucity of primary health care providers and the abyss between the availability of primary health care providers and the growing demand for primary health care services; and

Be It Further Resolved that NABP work with the Federation of State Medical Boards, National Council of State Boards of Nursing, the state boards of pharmacy, and other stakeholders to facilitate a broader understanding of the potential for pharmacists, as providers, to engage in primary health care activities (continued on page 8)
A special pre-meeting continuing pharmacy education session, entitled “International Pharmacy Practice – Bridging the Globe,” held on May 21, just before the start of the 107th Annual Meeting, provided attendees with information about the regulatory frameworks for the practice of pharmacy in Australia and the United Kingdom, as well as Internet pharmacy regulation in various European countries. In addition, the speakers discussed how collaborative practice is used in Australia and the UK.

**Shifting Paradigm in the UK**

Over the last 10 years there has been a paradigm shift in the UK, with a new emphasis on public health in the practice of pharmacy, explained Ann Lewis, OBE, LLB, HonDSc, LSP, FRPharmS, visiting professor, University of London School of Pharmacy. Current UK government policy, she noted, emphasizes the contributions pharmacists can make to improve the health of the population by reducing health inequalities, especially at the community level. Some key areas where this can be accomplished include weight management, smoking cessation, drug misuse, immunization, and screening (eg, vascular checks and chlamydia screening).

“The whole emphasis is to shift the core role from the traditional dispensing and supply to a much more individualized clinical service,” Lewis says. “I think it’s true to say that in England, as in the United States and most other countries, in hospital pharmacies clinical development has already happened and what we are hoping to do is to develop the clinical role in the community as well so that pharmacies would become the first port of call for minor ailments.”

Other individualized services include providing a wider range of medicines, healthy living centers, and supporting patients with long term conditions.

The UK saw a big step forward for pharmacists as health care professionals in 2005 with the implementation of the Community Pharmacy Contractual Framework. The separate contracts in England, Scotland, and Wales have some differences reflecting the health priorities in each country. These contracts introduced payment for services as well as providing payment for dispensing and reimbursement for medicines supplied. The contracts, which are monitored and assessed by primary care organizations, have three different service levels. In England the details are:

- **Essential services** – provided by all contractors and includes dispensing and refills, public health promotion campaigns, support for self-care, and clinical governance.
- **Advanced Services** – provided by contractors once accreditation requirements are met. Includes medicine use review and prescription intervention, appliance use review, and stoma appliance customization.
- **Enhanced Services** – commissioned locally in response to the needs of the local population. Accreditation and training are required. Includes medication review (full clinical review); chlamydia screening and treatment; and influenza vaccination.

Currently, the UK has three categories of medicines: Prescription Only Medicine, Pharmacy Medicine sold in pharmacies under the supervision of a pharmacist, and General Sales List (available for sale over the counter in pharmacies and other outlets) as determined by the Medicines and Healthcare products Regulatory Agency. By supporting clinical involvement, pharmacist
prescribing took several years to achieve with the ultimate goal of improving patient care and broadening access to medicine, as well as ensuring better use of skills of pharmacists and promoting teamwork. One of the precursors to pharmacist prescribing was patient group directions, which enabled the pharmacist to supply selected prescription-only medication to a group of patients who qualify for the treatment. In addition, the pharmacist provided support and advice, as well as referrals to other health care professionals.

In 2003, supplementary prescribing was introduced. This required pharmacists to be accredited, be in a prescribing partnership with a doctor, and provide a clinical management plan. Then, in 2006 independent prescribing by pharmacists was implemented. Pharmacists must go through an intensive course at a university, which includes a period of supervised practice currently supervised by doctors. After fulfilling training requirements, the pharmacist may prescribe any medicine within his or her competence (except for controlled substances).

Lewis explained that the reclassification of some medicines has helped pharmacists come to the forefront of patient care. For example, azithromycin helped pharmacists get involved in screening and treatment of chlamydia, Lewis noted, while orlistat helps pharmacists participate in schemes to tackle obesity in their communities.

Now, pharmacists in the hospital and community settings are becoming clinical specialists. It is the goal of the profession that a community pharmacy should not only be a healthy living center, but the pharmacist should be a "scientist in the high street."

**Australia Reworks Regulatory Scheme**

Gerard McInerney, PhC (Hon), DPharm, FPS, FACP (Aus), member, Pharmacy Board of Australia, reviewed the recent overhaul of the Australian regulatory scheme, which affected 10 health care professions. In 2009, the Australian states and territories adopted the Health Practitioner Regulation National Law, establishing a national registration and accreditation scheme. The law also provided for registration of undergraduate students for all the involved health professions.

Benefits of the new regulatory scheme, McInerney cited, include

- a publicly available, national online database of all registered health practitioners who have conditions or restrictions on their license
- sharing of regulatory expertise across health professions
- effective and efficient regulation, consistent streamlined procedures, and national IT systems
- consistent access to regulation services for the public, registrants, boards, and committees.

He went on to explain the responsibilities of the Pharmacy Board of Australia, noting that it sets practice standards, registration standards, and codes and guidelines for the profession; determines registration requirements; registers eligible pharmacists; approves programs of study; oversees receipt and follow up of complaints on performance and conduct; and maintains databases of pharmacists and students.

Collaborative practice has been gaining a foothold in the community pharmacy setting in the last 10 years, McInerney noted. Now, he said, there is much closer contact between pharmacists and doctors. “We’re getting there. We certainly haven’t got there, but it is on the horizon and a lot of pharmacists are working very hard to make sure it happens.”

Looking to the future, McInerney notes that there are some promising advancements in the practice of pharmacy including opportunity for medication reviews, clinical intervention, diabetic education, and more. Residential Medication Management Review, he explained, allows pharmacists to conduct a medical community review provided the patient is taking more than four drugs. This expanded service allows for reimbursement to the pharmacist from the Australian government. It should be noted that this activity must be approved by the doctor (continued on page 8)
Australia endorses professional practice and quality assurance standards developed by other professional bodies. One such program that has the backing of the Australian Board is the Quality Care Pharmacy Program, a quality assurance program for pharmacists. In an agreement between the creator of the program, Pharmacy Guild of Australia, and the federal government, pharmacists only receive funding if they are accredited by and adhere to the Quality Care Pharmacy Program. “Over 80% of pharmacists are involved in quality assurance,” McNerny notes. “We have a mystery shopper program which regularly tests that pharmacists are acting in an appropriate way and it has raised the standard of pharmacy quite considerably in our country.”

Mail Order/Online Sales in the EU

Niels J. Seeberg-Elverfeldt, Dr iur, LLM, policy officer, Directorate General Internal Market and Services, European Commission, discussed Internet and mail-order sales and the corresponding regulation in the European Union. He noted that, as in the US, such sales are convenient and provide health care options particularly for patients that are chronically ill, immobile, or live in rural areas. European regulators experience many of the same difficulties as their counterparts in the US. For example, he underlined, Internet sales are difficult to control, and often they mask illegal offers. Additionally, low prices and medicines available without a prescription attract patients to rogue Web sites and it is difficult to educate patients about the need to be cautious when ordering medicines online. Currently, six of the 27 nations in the EU prohibit mail-order trade of medicines. In regard to online sales, 17 countries permit online trade of over-the-counter medicines, while six of those 17 countries also permit online sales of prescription-only medicines. Four EU countries do not regulate mail-order trade at all.

Only four countries that allow online sale of prescription-only drugs – UK, Netherlands, Germany, and Sweden – have a common set of important safety standards for mail-order trade in medicine. There is quite a bit of divergence in the laws among the countries, he notes, since there are currently no common standards in Europe.

In 2007, the Council of Europe adopted a resolution calling on member countries to introduce a legal framework for Internet and mail-order sales of medicines. It addresses safety standards on the physical delivery of mail-order medicines, eg, safe transport and delivery to the person who ordered them and not a neighbor, as well as for their offers online. Although it is soft law, Seeberg-Elverfeldt said the resolution does have legal relevance for each of the 47 member countries. It serves as orientation for legislation on the subject. And it obligates these countries not to do anything that will counter the resolution.

The electronic part of mail-order sales in Europe is harmonized through an e-commerce directive that was adopted in 2001. It describes in detail, inter alia, what kind of information a person who is licensed to sell medicines online has to provide in the Internet presentation (eg, name, address, telephone, e-mail, licensing authority) so that they can be contacted. The outlook for Europe is mail-order sales based on common safety standards and the display of a security logo on legitimate Web sites in order for consumers to be able to identify their legal status with a mouse-click.

He notes that in Germany, as in the UK, there is a security logo that licensed mail-order pharmacies can post on their Web sites to indicate their legitimacy. Currently, he said, around 17% of licensed mail-order pharmacies (including all major pharmacies) have this security logo posted to their Web site. It enables patients to view detailed information about the pharmacy from which they consider to buy medicines. He adds that a common set of safety standards for the physical part of mail order trade in medicines (the actual delivery) is definitely needed.

The presentations are available in the Past Education Sessions section at www.nabp.net/meetings.
NABP Officer Reports Provide Detailed Look at State of Association

During the 107th Annual Meeting, each of the NABP Executive Committee officers took time to discuss the state of the Association as well as the future goals of NABP during the business sessions.

In his remarks as incoming president, Malcolm J. Broussard, RPh, 2010-2011 NABP President-elect, reflected on his last five years serving on the Executive Committee and the many accomplishments seen during those years under the visions of past NABP presidents. Broussard stressed that as president, he plans to continue to nurture the initiatives of his predecessors, expanding them to ensure they fully address the needs of the state boards of pharmacy.

In addition, he spoke of transcending borders globally, discussing the initiative of expanding national practice standards to global practice standards. Broussard expressed his support of the International Pharmaceutical Federation (FIP) as it holds the potential to facilitate collaboration among pharmacy regulatory agencies from all over the world, bringing global stakeholders together to share ideas and best practices, thereby acting as partners in the common goal of keeping the public safe.

Before concluding his address, Broussard encouraged executive officers and compliance officers to set aside time to attend the NABP Interactive Forums, one specifically designed for each group respectively. These closed, two, half-day sessions offer attendees the opportunity to discuss topics of concern with their peers at a more detailed and personal level. The NABP Interactive Executive Officer Forum is scheduled for September 21-22, 2011, and the NABP Interactive Compliance Officer Forum will take place December 1-2, 2011.

2010-2011 NABP President William T. Winsley, MS, RPh, also stressed the importance of participating in the Interactive Forums during the President's Address, urging his fellow executive officers to attend the September forum and compliance officers to attend in December. Additionally, Winsley shared details of the many accomplishments NABP achieved over the past year including empowering the boards of pharmacy through the development of the Association's Government Affairs Department with its various services such as the NABP PMP InterConnect™, as well as the accomplishments of the Task Force to Review and Recommend Revisions to the Controlled Substances Act. In his address, he acknowledged the boards of pharmacy in their work to file rules in several states regarding use of synthetic cannabinoids, thereby contributing to Drug Enforcement Administration's (DEA) rulemaking to make these chemicals illegal. Winsley also expressed NABP's continued support and partnership with DEA in its efforts through the National Prescription Drug Take-Back days.

Providing the Report of the Executive Committee, 2010-2011 NABP Executive Committee Chairperson Gary A. Schnabel, RN, RPh, reiterated the importance of the Joint Commission of Pharmacy Practitioners’ (JCPP) 2015 Vision Statement and the positive implications this Vision Statement can have for pharmacists and the practice of pharmacy. He explained the Ex Presidents in Collaboration (EPIC) Subcommittee’s careful review of the Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act) to explore the incorporation of the Vision Statement’s components into the Model Act. In addition, Schnabel touched on the status of the developing community pharmacy accreditation program, which began its demonstration project in early May, and how this program will fit in with the JCPP Vision Statement. Schnabel explained some of the components of the demonstration project that will help define and validate the standards under consideration, stressing the focus on patient care, adherence monitoring, and continuous quality improvement. Schnabel also shared NABP’s efforts to further ensure the integrity of the North American Pharmacist Licensure Examination® and the Multistate Pharmacy Jurisprudence Examination® as well as recent enhancements affecting the examinations.

In his Report of the Treasurer, 2010-2011 NABP Treasurer Michael A. Burleson, RPh, highlighted the financial strength NABP has experienced through the contributions of its established programs and their long-term stability. He broke down some of the specifics on how the program performance for the year contributed to the Association's revenue. In addition, Burleson went over details of the NABP Foundation finances. He explained that through a history of dedicated and responsible management by the Executive Committee, NABP has been able to distinguish itself as a fiscally responsible and vital organization that will continue to serve its members far into the future.

In addition to the aforementioned officer speeches, Carmen A. Catizone, MS, RPh, DPh, NABP executive director/secretary, provided an update on current NABP programs and services during his Report of the Executive Director/Secretary. The 107th Annual Meeting officer reports are available in the Members section of the NABP Web site at www.nabp.net. Posted reports include the Report of the Executive Committee, President’s Address, Remarks of the Incoming President, Report of the Treasurer, and Report of Counsel.
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Tri-County Pharmacists Association, and served the organization as its treasurer for 12 years. Burleson earned his bachelor of science degree in pharmacy from the University of Kentucky. In 1995, he received the Outstanding Alumnus University of Kentucky College of Pharmacy award.

Treasurer: Karen M. Ryle, MS, RPh

Karen Ryle, a member of the Massachusetts Board of Registration in Pharmacy, was elected to serve as treasurer. Ryle served for four years, from 2006-2010, as an Executive Committee member representing District 1. An active member of NABP, Ryle has served on several Association committees such as the Advisory Committee on Examinations and the Committee on Constitution and Bylaws. She also served as chair of the Task Force to Develop Recommendations to Best Reduce Medication Errors in Community Pharmacy Practice. Ryle is the associate chief of pharmacy at Massachusetts General Hospital, and also teaches as an adjunct professor at the Massachusetts College of Pharmacy and Health Sciences. Ryle earned a bachelor of science degree in pharmacy and a master of science degree in drug regulatory affairs from Massachusetts College of Pharmacy and Health Sciences.

Executive Committee Member: James T. DeVita, RPh

James DeVita, a member of the Massachusetts Board of Registration in Pharmacy, is serving the second year of a three-year member term, representing District 1, on the Executive Committee. DeVita has served three terms as president of the Massachusetts Board. In addition, he is the director, quality assurance and patient safety at CVS Pharmacy in Woonsocket, RI. An active member of NABP, DeVita has served on the NABP Task Force on Pharmacy Accreditation Standards and the Task Force on Continuous Quality Improvement, Peer Review, and Inspecting for Patient Safety. He also served for two years on the Committee on Constitution and Bylaws. DeVita earned a bachelor of science degree in pharmacy, and a bachelor of science degree in chemistry from the Massachusetts College of Pharmacy and Allied Health Sciences.

Executive Committee Member: Edward G. McGinley, RPh, MBA

Edward McGinley, a member of the New Jersey State Board of Pharmacy, is serving the second year of a three-year member term, representing District 2, on the Executive Committee. McGinley has been on the New Jersey Board for 10 years, serving as either president or vice president for eight of those years. In addition, he is the vice president of pharmacy at Chain Drug Consortium, LLC, in Mt Laurel, NJ. An active member of NABP, McGinley has served on several task forces and committees. Most recently, he served as chairperson of the NABP Committee on Constitution and Bylaws and as a member of the Task Force on Prescription Monitoring Program Standards. McGinley earned his bachelor of science degree in pharmacy from Temple University College of Pharmacy, and earned a master’s degree in business administration from Temple University Fox School of Business. He was also a fellow at The Wharton School and Leonard Davis Institute of Health Economics, University of Pennsylvania.

Executive Committee Member: William J. Conradi, RPh

William Conradi, a member of the Alabama State Board of Pharmacy, was reelected to serve a three-year member term, representing District 3, on the Executive Committee. He served a one-year member term on the 2010-2011 Executive Committee. Conradi has served as president of the Alabama State Board of Pharmacy. In addition, he is a pharmacist at CVS, a private attorney, and an adjunct professor of law and ethics at the Harrison School of Pharmacy. Conradi has 35 years of experience in pharmacy operations, pharmacy management, and regulatory affairs. An active member of NABP, Conradi has served on the Committee on Law Enforcement/Legislation and on the Task Force on Mail Delivery of Prescriptions. He earned his bachelor of science degree in pharmacy from Auburn University and his juris doctorate from the Birmingham School of Law.

Executive Committee Member: Mark T. Cover, RPh

Mark Conradi, a member of the Alabama State Board of Pharmacy, was reelected to serve a three-year member term, representing District 4, on the Executive Committee. An active member of NABP, Cover has served as a
member of the Committee on Law Enforcement/Legislation and as chairperson of the Committee on Resolutions. He has also served as a member of the Multistate Pharmacy Jurisprudence Examination (MPJE) Review Committee and as an item writer for the MPJE. In addition, he was a member of the Task Force on Emergency Preparedness, Response, and the US Drug Distribution System. As a member of the Indiana State Board of Pharmacy, Cover has chaired the Board’s Pharmacist Immunization Sub-Committee and Pharmacy Security Sub-Committee, and he co-chaired the Pharmacy Technology Sub-Committee. Currently, he is the corporate manager of pharmacy affairs for Walgreen Co. Cover earned a bachelor of science degree in pharmacy from Purdue University School of Pharmacy.

Executive Committee Member: Lloyd K. Jessen, RPh, JD

Lloyd Jessen, executive director of the Iowa Board of Pharmacy, is serving the second year of his second three-year member term representing District 5. He also served a one-year member term from 2006-2007. Jessen has been an active member of NABP, serving on the NABP Committee on Constitution and Bylaws, and as an Executive Committee liaison to that committee. He was also a member of NABP task forces including the Task Force on the Development of an Equitable Degree Upgrade Mechanism and the Task Force on Electronic Transmission of Data Between Prescriber and Pharmacist. Jessen has also served on numerous Iowa pharmacy task forces including the Iowa Prescription Monitoring Program Advisory Committee, the Iowa Drug Wholesale Advisory Task Force, and the Iowa Pharmacy Technician Working Group. He received his bachelor of science degree in pharmacy from the South Dakota State University College of Pharmacy, and his doctor of jurisprudence degree from Drake University Law School.

Executive Committee Member: Joseph L. “Joe” Adams, RPh

Joseph “Joe” Adams is serving the third year of a three-year member term, representing District 6. He has been a member of the Louisiana Board of Pharmacy since 2000. An active member of NABP and the Louisiana Board, Adams has served on the NABP Committee on Law Enforcement/Legislation and the NABP Task Force on Continuous Quality Improvement, Peer Review, and Inspecting for Patient Safety. As a member of the Louisiana Board, Adams has participated in several committees including serving as chairman of the Reinstatement Committee, and as a member of the Regulations Revision Committee and the Violations Committee. In addition, he is a pharmacy manager for Walgreen Co. Adams earned his bachelor of science degree in pharmacy from Xavier University of Louisiana College of Pharmacy.

Executive Committee Member: Cathryn J. Lew, RPh

Cathryn Lew, of Oregon, is serving the third year of a three-year member term, representing District 7, on the Executive Committee. She also served a two-year term from 2007-2009. Lew has been an active member of NABP, serving on the Committee on Law Enforcement/Legislation and as Executive Committee liaison to the Task Force on TOEFL iBT Score Requirements. She was a member of the Oregon State Board of Pharmacy from 2001 to 2009. Currently, she is a clinical staff pharmacist at Sacred Heart Home Infusion and Hospice, a position she has held since 1995. In addition, she serves as a pharmacy consultant at the Oregon Endoscopy Center and Northwest Center for Plastic Surgery. Previous positions she has held include serving as a pharmacist at the University of Oregon Student Health Center as well as staff pharmacist at Sacred Heart Medical Center Salem Hospital – SHAPES. A graduate of Oregon State University, Lew earned a bachelor of science degree in pharmacy.

Executive Committee Member: Hal Wand, MBA, RPh

Hal Wand, executive director of the Arizona State Board of Pharmacy, is serving the first year of his second three-year member term, representing District 8, on the Executive Committee. An active member of NABP, Wand participated in both meetings of the Task Force on Telepharmacy and the Implementation of the Medicare Drug Benefit Medication Therapy Management Provisions. In addition, he developed and reviewed questions for the NABP MPJE. Wand began his career with the Arizona Board as a compliance officer in 1989 and then as a deputy director in 1994 before being named executive director in 2003. Prior to joining the Board, he worked as a hospital pharmacist, long-term care pharmacist, and community pharmacist. He earned his bachelor of science degree in pharmacy from the University of Arizona and his master in business administration degree from the University of Phoenix.
NABP Honors Leaders at the Forefront of Public Health Protection

During the 107th Annual Meeting Awards Dinner four individuals and one state board of pharmacy were recognized for their determination and dedication in supporting NABP’s continued efforts to assist the state boards of pharmacy in protecting the public health. A full biography of each award recipient is available in the May 25, 2011 NABP news release “NABP Honors Leaders at the Forefront of Public Health Protection at Association’s 107th Annual Meeting.” News releases may be accessed on the NABP Web site at www.nabp.net/news.

2011 Honorary President Award
Kim A. Caldwell, RPh, member, New York State Board of Pharmacy, and senior pharmacist, Erie County Medical Center, was honored with the 2011 NABP Honorary President Award in recognition of his service to the public health, for his commitment to NABP and the boards of pharmacy, and for his diligence and dedication to the practice of pharmacy and patient care.

2010-2011 NABP President’s Award
William T. Winsley, MS, RPh, 2011-2012 chairperson of the NABP Executive Committee and executive director, Ohio State Board of Pharmacy, was presented with the NABP President’s Award. Under his leadership, NABP expanded its Government Affairs Department and initiated the NABP Interactive Forums to provide additional support to the boards of pharmacy. Additionally, with Winsley’s guidance, the Association developed the NABP PMP InterConnect™ service.

2011 Lester E. Hosto Distinguished Service Award
Susan Ksiazek, RPh, member, New York State Board of Pharmacy, and senior pharmacist, Erie County Medical Center, was honored with the 2011 Lester E. Hosto Distinguished Service Award for her unwavering service in protecting the public health and her significant involvement with NABP, serving on many of the Association’s committees and task forces. This award is the highest honor bestowed by NABP.

2011 Honorary President Award
Kim A. Caldwell, RPh, director of Competitive Health Analytics, Inc, a business unit within Humana, Inc, received the 2011 NABP Honorary President Award in recognition of his service to the public health, for his commitment to NABP and the boards of pharmacy, and for his diligence and dedication to the practice of pharmacy and patient care.
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2011 Fred T. Mahaffey Award

The Ohio State Board of Pharmacy was honored with the 2011 Fred T. Mahaffey Award for its exemplary service and dedication to NABP’s mission of protecting the public health. Holding the nation’s strictest laws and regulations on e-prescribing, the Board has advanced efforts to provide a thorough authentication process for all electronic prescription transmission systems that is in compliance with Drug Enforcement Administration’s interim final rule. Ohio Board President Richard F. Kolezynski, RPh, accepted this award on the Board’s behalf.

2011 John F. Atkinson Service Award

Carol E. Fisher, RPh, MPA, director, Texas State Board of Pharmacy Enforcement Division, received the 2011 John F. Atkinson Service Award in recognition of her work at the Texas Board’s Enforcement Division to protect the public. As one of the two pharmacists originally hired to serve as the agency’s first compliance officers, Fisher was instrumental in laying the foundation for the new compliance program.

2011 Henry Cade Memorial Award

NABP awarded Mary J. Ryan, RPh, MBA, vice president, Medco Health Solution’s Regulatory and Government Affairs Group, with the 2011 Henry Cade Memorial Award for her longtime support of the Association’s mission and significant involvement. Ryan has participated in several task forces including the Task Force on Telepharmacy and the Implementation of the Medicare Drug Benefit Medication Therapy Management Provisions.
Federal Regulatory Agencies and Other Organizations Provide Educational Table Displays to Highlight Important Issues and Programs

DEA Explains Mission to Prevent Drug Diversion
(Left) Erika Gehrmann of Drug Enforcement Administration (DEA) discusses DEA’s focus on preventing, detecting, and investigating the diversion of drugs.

Educational Table Displays
Participants included:
- Accreditation Council for Pharmacy Education
- Drug Enforcement Administration
- Food and Drug Administration
- NABP
- Pharmacy Technician Certification Board
- Texas State Board of Pharmacy
- United States Pharmacopeial Convention

FDAs Focuses on Public Health Improvement
(Right) Food and Drug Administration (FDA) representative Barry Poole shares steps FDA is taking to continue to help protect and advance public health.

ACPE Shares Details on CPE Monitor and Accreditation Requirements
(Left) Jennifer Baumgartner and Michael Rouse from the Accreditation Council for Pharmacy Education delve into details on continuing pharmacy education (CPE), the CPE Monitor™ service, and accreditation requirements for the professional degree programs in pharmacy.

Staff Provides NABP PMP InterConnect Overview
(Right) Joshua Bolin and Elizabeth Scott “Scotti” Russell of NABP share the current status of the NABP PMP InterConnect™, which will facilitate the secure transfer of prescription monitoring program data across state lines, as well as the CPE Monitor service. Appriss Inc representatives Henry Sohl and Ron Hatfield were also present to explain the security aspects of the NABP InterConnect.
Sponsorships and Grants Provide Support for Annual Meeting

NABP would like to thank the following companies and organizations for their generous sponsorships and grants that contributed to the success of the 107th Annual Meeting.

- Astellas Pharma US, Inc
- Cardinal Health
- Celgene Corporation
- CVS Caremark
- GlaxoSmithKline
- Healthcare Distribution Management Association
- Johnson & Johnson
- Kmart
- Long Term Care Pharmacy Alliance
- Medco Health Solutions, Inc
- MTS Medication Technologies
- Omnicare, Inc
- Pearson VUE
- Pfizer Inc
- Purdue Pharma L.P.
- Rite Aid Corporation
- Teva Pharmaceuticals USA
- United States Pharmacopeial Convention
- Walgreen Co
- Wal-Mart Stores, Inc

USP Addresses Standards
(Left) Rick Schnatz and Shawn Becker explain to attendees the United States Pharmacopeial Convention (USP) standards and their importance in helping to protect the public health.

Texas Board Offers Big Welcome
(Right) Kerstin Arnold of the Texas State Board of Pharmacy was one of many from the Board to welcome attendees to the Annual Meeting this year.

PTCB Discusses Technician Certification
(Left) Megan Sheahan of the Pharmacy Technician Certification Board (PTCB) shares how PTCB’s nationally accredited pharmacy technician certification and recertification program helps enable effective support to pharmacists to advance patient safety.
Educational Sessions Explore Current Issues Affecting Pharmacy Practice

Attendees had the opportunity to earn up to 9 contact hours (0.9 CEUs) of Accreditation Council for Pharmacy Education-approved continuing pharmacy education (CPE) credit during the NABP 107th Annual Meeting. The CPE sessions addressed timely and important issues affecting the regulation of pharmacy practice and were presented by leading experts in the pharmacy profession.

Bridging the Globe

(Left) During the pre-meeting CPE session “International Pharmacy Practice – Bridging the Globe,” experts explained how their countries regulate the practice of pharmacy and how they allow for use of technology, therapeutic management, pharmacist intervention, and prescriptive authority. Presenters shared their countries’ regulatory schemes, practice standards, and model rules, emphasizing new practices regarding medication therapy management, collaborative practice, and pharmacy ownership. Pictured left to right are Gerard McInerney, PharmD (Hon), DPharm, FPS, FACP (Aus), member, Pharmacy Board of Australia; Niels J. Seeberg-Elverfeldt, Dr iur, LLM, policy officer, Directorate General Internal Market and Services, European Commission; Ann Lewis, OBE, LLB, HonDSc, LSP, FRPharmS, Barrister, visiting professor, University of London School of Pharmacy; and session moderator Malcolm J. Broussard, RPh, 2011-2012 NABP President.

San Antonio Confidential

(Right) Attendees learned about the current laws regarding the protection of confidential information that might be required or accessed by boards of pharmacy and what information can be required in order to validate identities during the joint CPE session “Legal and Government Affairs Update – San Antonio Confidential.” Information was also provided on the limits and protections of the Americans with Disabilities Act in regard to examinations and test site accommodations and on states’ efforts to develop and operate prescription monitoring programs. Pictured left to right are Joshua Bolin, BA, government affairs director, NABP; session moderator and 2011-2012 NABP Executive Committee Member Edward G. McGinley, RPh, MBA; and Dale J. Atkinson, JD, NABP outside counsel.

DEA Provides Updates on Current Issues

(Left) During the joint CPE session “DEA Update – What’s New at the Agency?,” Gary Boggs, executive assistant at Drug Enforcement Administration (DEA) Office of Diversion Control (right), provided attendees with an overview of current issues such as the implementation of regulations on e-prescribing for controlled substances, prescription drug abuse, and new regulations pursuant to the Secure and Responsible Drug Disposal Act. William T. Winsley, MS, RPh, 2011-2012 NABP Executive Committee chairperson (left), was the moderator for this session.
To Tweet or Not to Tweet?
(Right) Rosemary Plorin, BA, partner and senior vice president, Lovell Communications Inc, spoke on what state boards of pharmacy should and/or can place on Facebook, Twitter, and other social media sites for sharing and obtaining information during the executive officer and board member CPE session “Social Media – To Tweet or Not to Tweet?” She explained the legal implications that boards of pharmacy may face as well as how they are dealing with these changing audiences and resources. The session was moderated by Hal Wand, MBA, RPh, 2011-2012 NABP Executive Committee member.

FDA Shares Insights on APIs and INDs
(Left) Representatives from Food and Drug Administration (FDA) provided compliance officers with information on how to deal with active pharmaceutical ingredients (APIs) and investigatory new drugs (INDs) while conducting compounding pharmacy inspections during the compliance officer CPE session “FDA Update – A Guide for APIs and INDs.” Pictured from left to right are session moderator Lloyd K. Jessen, RPh, JD, 2011-2012 NABP Executive Committee member; Samia M. Nasr, RPh, MS, team leader, Compounding Team, Division of New Drugs and Labeling Compliance, Office of Compliance, Center for Drug Evaluation and Research, FDA; and Edisa Gozun, PharmD, consumer safety officer, Division of New Drugs and Labeling Compliance, Office of Compliance, Center for Drug Evaluation and Research, FDA.

Collaborating to Break the Link
(Right) During the joint CPE session “Rogue Internet Pharmacies – Can Collaboration Break the Link?” attendees learned what NABP, the government, and industry are now doing to combat the abuse of prescription medication as it increases due to the ease of obtaining the drugs over the Internet. Pictured for left to right are Libby Baney, JD, vice president, B&D Consulting; session moderator Gregory Braylock, Sr, RPh, 2010-2011 NABP Executive Committee member; and Gertrude “Gg” Levine, MA, policy and communications project manager, NABP.
107th Annual Meeting Educational Poster Session Offers Attendees Opportunity to Earn CPE Credit, Chance to Interact with Presenters

Students Present on Drugged Driving
(Left) During the Educational Poster Session, North Dakota State University College of Pharmacy, Nursing, and Allied Sciences PharmD candidates Caitlin Carter (back left) and Michelle McKay (front left) explain how legal medications can lead to illegal behavior. The students described the potentially driver-impairing effects caused by certain medications and shared the possible consequences of driving while taking these medications.

Educational Poster Session Presenters and Poster Titles

- Feik School of Pharmacy, University of the Incarnate Word:
  Eli G. Phillips, Jr, PharmD, JD, Assistant Professor, was the credentialed advisor for the following poster presentation:
  Medication Dispensaries for the Underprivileged: Legislative Intent
  Brian Hettler, PharmD Candidate
  Rishma Patel, PharmD Candidate
  Lysandra Shaffer, PharmD Candidate
  Blair Sarbacker, PharmD, Assistant Professor, was the credentialed advisor for the following poster presentation:
  Pharmacist Medication Histories: Improving Outcomes
  Adrian Aguirre, PharmD Candidate
  Melissa Mora, PharmD Candidate
  Aanal Patel, PharmD Candidate

- Indiana Board of Pharmacy:
  Indiana’s INSPECT Program & RxWatch
  Phil Wickizer, JD, Director
  Wanda Levendoski, Compliance Officer

- National Association of State Controlled Substances Authorities:
  NASCSA – Who We Are
  Ronald J. Klein, RPh, Executive Director, Montana Board of Pharmacy

- North Dakota State University College of Pharmacy, Nursing, and Allied Sciences:
  Gayle D. Ziegler, RPh, Member, North Dakota State Board of Pharmacy, and Pharmacy Coordinator, Sanford Pharmacy South University, was the credentialed advisor for the following three poster presentations:
  Drugged Driving . . . How Legal Medications Can Lead to Illegal Behavior
  Caitlin Carter, PharmD Candidate
  Michelle McKay, PharmD Candidate
  Health Literacy: Reading Within the Lines
  Craig Lawler, PharmD Candidate
  Jordan Wolf, PharmD Candidate
  Prescription Drug Abuse
  Erika Haglund, PharmD Candidate
  Kayla Otterson, PharmD Candidate

- Texas State Board of Pharmacy:
  TSBP’s Program Relating to Sampling of Compounded Preparations
  Carol Fisher, RPh, MPA, Director of Enforcement
  Paul Holder, RPh, PharmD, Assistant Director of Enforcement

- University of Connecticut School of Pharmacy:
  The Road to Nowhere: Prescription Drug Abuse
  Edith G. Goodmaster, Member, Connecticut Commission of Pharmacy

- University of Southern Nevada College of Pharmacy:
  Paul Oesterman, PharmD, Associate Professor of Pharmacy Practice and Introductory Experience Coordinator, was the credentialed advisor for the following poster presentation:
  The Role of Pharmacists in the Wake of Rising Rx and OTC Medication Misuse
  Ruthie Nguyen, PharmD Candidate
  Jennifer Polyniak, PharmD Candidate

The poster session was hosted by Executive Committee Members Joseph L. "Joe" Adams, RPh; Mark T. Conradi, RPh, JD; James T. DeVita, RPh; and Cathryn J. Lew, RPh.
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Texas Board Shares Details on Compounded Preparations Sampling Program
(Left) Director of Enforcement Carol Fisher, RPh, MPA, (left) and Assistant Director of Enforcement Paul Holder, RPh, PharmD, (center) both of the Texas State Board of Pharmacy, described the process and procedures used when submitting a compounded preparation for potency, sterility, and endotoxin testing as well as discussed difficulties encountered during the initial development of the Board’s program relating to sampling of compounded preparations.

Improving Outcomes
(Right) PharmD candidates from Feik School of Pharmacy, University of the Incarnate Word, explain the importance of taking accurate patient medication histories and share techniques to ensure more accuracy through their poster presentation “Pharmacist Medication Histories: Improving Outcomes.”

Indiana Board Presents on INSPECT
(Left) Wanda Levendoski, compliance officer at the Indiana Board of Pharmacy describes the Board’s INSPECT Program and RxWatch and explains how a regulatory and enforcement agency can empower its stakeholders through the use of statistics related to controlled substance dispensing.
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Historical Stroll
(Left) During the optional tour, attendees had the opportunity to tour the historic King William neighborhood. German immigrants began to settle in this area in the mid 1800s, building large impressive mansions.

Lessons from Mars
(Left) With compelling details and never before seen photos, Keynote Speaker Steven Squyres, PhD, principal investigator, Mars Exploration Rover Project, shared his experience of working in a changing environment as he lead a team to get the twin, robotic rovers named Spirit and Opportunity to land on and explore the surface of Mars. Pictured from left to right are Michael A. Burleson, RPh, 2010-2011 NABP treasurer; Gary A. Schnabel, RN, RPh, 2010-2011 NABP Executive Committee chairperson; Squyres; and William T. Winsley, MS, RPh, 2010-2011 NABP president.

Past Presidents Unite for EPIC
(Right) Recent past presidents of NABP convened on Saturday, May 21, 2011, for the Ex Presidents in Collaboration (EPIC) Subcommittee meeting. Pictured from left to right are Oren M. Peacock, Jr, RPh; Lawrence H. “Larry” Mokhiber, MS, RPh; Donna S. Wall, PharmD, BCPS, FASHP; Donna M. Horn, RPh; Rich Palombo, RPh; Dennis K. McAllister, RPh, FASHP; and Gary A. Schnabel, RN, RPh.

Optional Tour Provides Attendees with History and Merriment

Dancing, San Antonio Style
(Left and Below) After a lively cooking and margarita demonstration, attendees were able to let loose with salsa and merengue dance lessons along with a conga line.