

SANCTIONS WORKSHEET

A. Case Specifics:

Respondent Abu-Hallawah, Amro S.

Case Number 2012-9295PH

Conduct (briefly summarize):

Practice below the standard of care

B. Select the appropriate Sanction Schedule or Schedules:

(If multiple violations are involved, a single worksheet is used, but multiple severity tiers identified.)

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| <p>1. <input checked="" type="checkbox"/> Practice Below The Standard Of Care (WAC 246-16-810)</p> <p>2. <input type="checkbox"/> Sexual Misconduct or Contact (WAC 246-16-820)</p> <p>3. <input type="checkbox"/> Abuse- Physical and/Or Emotional (WAC 246-16-830)</p> | <p>4. <input type="checkbox"/> Diversion (WAC 246-16-840)</p> <p>5. <input type="checkbox"/> Substance Abuse (WAC 246-16-850)</p> <p>6. <input type="checkbox"/> Criminal Convictions (WAC 246-16-860)</p> <p>7. <input type="checkbox"/> None of the Above</p> |
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C. Circle the appropriate Tier of the Sanction Schedule:

	Severity Tier	Sanction Range		Duration	
		In consideration of Aggravating & Mitigating Circumstances			
		Minimum	Maximum		
least		A	Conditions that may include reprimand, training, monitoring, supervision, probation, evaluation, etc.	Oversight for 3* or 5* years which may include reprimand, training, monitoring, supervision, evaluation, probation, suspension, etc.	*Schedules 1, 2, 3: 0 – 3 years *Schedules 4, 5, 6: 0 – 5 years
		B	Oversight 2 years which may include suspension, probation, practice restrictions, training, monitoring, supervision, probation, evaluation, etc.	Oversight for 5* or 7* years which may include suspension, probation, practice restrictions, training, monitoring, supervision, evaluation, etc. OR Revocation	*Schedules 1, 2, 3, 6: 2 – 5 years *Schedules 4, 5: 2 – 7 years Unless Revocation
greatest		C	Refer to Individual Sanction Schedules	Refer to Individual Sanction Schedules	*Schedule 1: 3 years – Permanent *Schedules 2, 3, 4, 5: 5 years – Permanent *Schedule 6: 6 years - Permanent

(Always start in the middle of the range, and move along the spectrum with aggravating/mitigating circumstances.)

D. Prior disciplinary history or other related violation (briefly describe):

None

E. WAC 246-16-890 Sanctions: Aggravating and Mitigating Factors:(Indicate which, and check all that apply)

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| <p>1. Related to Misconduct</p> <p><input type="checkbox"/> Gravity of the misconduct</p> <p><input type="checkbox"/> Age, Capacity, Vulnerability Of patient, client, victim</p> <p><input type="checkbox"/> Number or frequency of acts</p> <p><input type="checkbox"/> Injury caused by misconduct</p> <p><input type="checkbox"/> Potential for injury</p> <p><input type="checkbox"/> Degree of responsibility for outcome</p> <p><input type="checkbox"/> Abuse of trust</p> <p><input type="checkbox"/> Intentional or inadvertent act</p> <p><input type="checkbox"/> Motivation is criminal, dishonest or for personal gain</p> <p><input type="checkbox"/> Length of time since misconduct</p> | <p>2. Related to License Holder</p> <p><input type="checkbox"/> Experience in practice</p> <p><input type="checkbox"/> Past disciplinary record (seen above)</p> <p><input type="checkbox"/> Previous character</p> <p><input type="checkbox"/> Mental, physical health</p> <p><input type="checkbox"/> Personal circumstances</p> <p><input type="checkbox"/> Personal problems having A nexus with misconduct</p> <p><input type="checkbox"/> OTHER _____</p> | <p>3. Related to Disciplinary Process</p> <p><input type="checkbox"/> Admission of facts</p> <p><input type="checkbox"/> Full and free disclosure to Disciplining authority</p> <p><input type="checkbox"/> Voluntary restitution or other remedial action</p> <p><input type="checkbox"/> Bad faith obstruction of investigation</p> <p><input type="checkbox"/> False evidence, statements, or deceptive practices</p> <p><input type="checkbox"/> Remorse or awareness conduct was wrong</p> <p><input type="checkbox"/> Impact on client, patient, victim</p> | <p>4. General Factors</p> <p><input type="checkbox"/> Knowledge, intent, And responsibility</p> <p><input type="checkbox"/> Presence of pattern</p> <p><input type="checkbox"/> Present moral fitness</p> <p><input type="checkbox"/> Potential for Successful rehabilitation</p> <p><input type="checkbox"/> Present competence To practice</p> <p><input type="checkbox"/> Dishonest or selfish Motives</p> <p><input type="checkbox"/> Illegal conduct</p> <p><input type="checkbox"/> Heinousness</p> <p><input type="checkbox"/> Illl repute upon Profession</p> <p><input type="checkbox"/> Isolated incident</p> |
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Profession: Pharmacy NOD SOA/STID C&D SOC/AO SUMMARY

CORE SANCTION(S): (Check applicable sanctions)

- Compliance with conditions (conditions identified below)
- Probation with conditions (conditions identified below)
- Suspension:
- with no right to petition for reinstatement for ____ (months/years)
 - for indefinite term
- Revocation:
- for ____ (months/years) with no right to reapply during that time
 - may petition for reinstatement after ____ (months/years) after providing evidence of meeting conditions indicated below
 - Permanent (if seeking permanent revocation, must prove no ability to rehabilitate)
- Practice with restriction or limitations indicated below
- Censure or Reprimand (circle one) (note- Reprimand must be done with an SOC)
- Payment of fine / cost recovery: \$ Cost recovery within 1 year months/years
- Refund of fees collected from consumer: proof of refund provided within ____ months/years
- Denial of credential application
- Grant credential application with conditions indicated below

CONDITIONS:

- Approved supervisor for ____ (months/years)
Requirements for supervisor (e.g. credential or experience): ____
- Specific practice limitations or restrictions (e.g., no solo practice; limitation on patient population; chaperone) Explain: ____
- Employment restrictions (e.g. to certain practice settings or facilities)
Explain: ____
- Reports from respondent/employer/supervisor/health care provider (circle one) for ____ months/years (circle one):
Report frequency: ____
- Evaluation (e.g., substance abuse monitoring, anger management) within ____ months/years Explain: ____
 Comply with coursework/treatment recommendations
- Monitoring program (e.g., Washington Health Professional Services (WHPS), Washington Recovery Assistance Program for Pharmacy (WRAPP), Washington Physicians Health Program (WPHP) and comply with contract (sole condition related to substance abuse)
- Biological fluid testing (do not use if sanction includes monitoring program)
- Practice review/audits: ____ (number) of audits over ____ months/years
Review/audit is to assess ____
- Proctoring/Preceptorship for ____ (months/years)
Explain: ____
- Notification of employer/patient
- Return credential in association with indefinite suspension or revocation
- Continuing education -Type and hours 4 hrs CE in Pharmacy Law and Ethics
(Respondent may not engage in the subject activity until CE is completed, at a minimum)
Deadline for completion 4 hrs per year for two years
- Skills assessment ____
Deadline for completion ____
Clinical training/refreshers course Details: ____
- Other 2 year probation, draft a Health Quality Assurance Plan, write a report on informational resources available on veterinary dosing

Completed by: Janelle Cognasso

Date:

01/04/13