

NORTH CAROLINA BOARD OF PHARMACY

In Re:)
)
Kathryn Coscarelli) ORDER SUMMARILY
(Registration No. 20678)) SUSPENDING TECHNIIKAN
) 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 Gene Minton, E. Lazelle Marks, J. Parker Chesson, Jr., Carol Day Yates, William A. (Bill) Mixon, and Robert McLaughlin, Jr. find that the protection of the public health, safety and welfare requires emergency action. Accordingly, the Board hereby Summarily Suspends Registration No. 20678 issued to Kathryn Coscarelli (“Respondent” or “you”), effective upon service of this Order. Pending issuance by the Board of a Final Agency Decision, Respondent shall immediately cease any practice of pharmacy in North Carolina and shall not be present in any North Carolina pharmacy except as a customer, with a valid prescription from a treating health care provider.

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 summary suspension imposed upon you by this order. However, you retain the right to file a written petition for reinstatement of your license 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 14th day of May, 2013.

NORTH CAROLINA BOARD OF PHARMACY

A large, stylized handwritten signature in blue ink, written over a horizontal line. The signature is cursive and appears to read 'Jack W. Campbell, IV'.

Jack W. Campbell, IV
Executive Director

CERTIFICATE OF SERVICE

I certify that on the 18, day of June, 2013, the forgoing summary suspension was served upon Respondent Kathryn Coscarelli by certified mail, return receipt requested.



Karen Matthew, Director of Investigation
North Carolina Board of Pharmacy

U.S. Postal Service™
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Sent To
 Kathryn Coscarelli
 PO Box 37015
 Raleigh, NC 27627

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature x <i>Kathryn Coscarelli</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">Kathryn Coscarelli PO Box 37015 Raleigh, NC 27627</p>	<p>B. Received by (Printed Name) <i>Kathryn Coscarelli</i></p> <p>C. Date of Delivery <i>10-21-13</i></p>
<p>2. Article Number (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>7012 1010 0000 4434 3932</p>	<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>PS Form 3811, February 2004</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

Domestic Return Receipt

102595-02-M-1540