

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 21<sup>st</sup> day of June, 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 21, day of June 2011; I served a copy of the foregoing Order Summarily Suspending 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



A handwritten signature in cursive script that reads "Karen S. Matthew".

Karen S. Matthew, Director of Investigations and Inspections  
North Carolina Board of Pharmacy

STATE OF NORTH CAROLINA  
NORTH CAROLINA BOARD OF PHARMACY  
COMPLAINT NO. 2011-00142

IN THE MATTER OF )  
)  
Naureen Gerner Walker ) AFFIDAVIT OF SERVICE  
(Registration No. 13029) )

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.

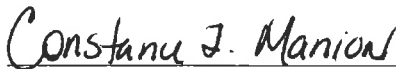
This the 28 day of June, 2011.

  
Karen S. Matthew, Director  
Investigations and Inspections

North Carolina Board of Pharmacy  
6015 Farrington Road, Suite 201  
Chapel Hill, N.C. 27517

Sworn to and subscribed before me

This the 28<sup>th</sup> day of June, 2011.

  
Notary Public Name

  
Notary Public Signature

My Commission Expires: 9-3-2012

EXHIBIT A

**Fill out A, B & C**

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	<p>A. Signature X <i>Naureen Walker</i></p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
1. Article Addressed to:	<p>B. Received by (Printed Name) <i>Naureen Walker</i></p> <p>C. Date of Delivery <i>JUN 2 2004</i></p>
<p>[Redacted Address]</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes if YES, enter delivery address below: <input type="checkbox"/> No</p>
2. Article Number (Transfer from service label)	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered        <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail        <input type="checkbox"/> C.O.D.</p>
PS Form 3811, February 2004	<p>4. Restricted Delivery? (Extra Fee)    <input type="checkbox"/> Yes</p> <p>7007 0710 0002 6514 9522 22</p> <p>Domestic Return Receipt    102595-02-M-1540</p>