

RESPONSE TO REQUEST FOR PROPOSAL PHARMACY PROFESSIONALS RECOVERY PROGRAM SERVICES

**SUBMITTED BY
THE MISSISSIPPI ASSOCIATION OF RECOVERING
PHARMACISTS
SEPTEMBER 5, 2025**

**CONTACT PERSON:
JERRY FORTENBERRY, EXECUTIVE DIRECTOR**

**211 Chapman Road
Columbus, MS 39705
662-328-1422 office
662-328-1423 fax
marprdd@aol.com**

Section 1. Introduction/Signed Proposals Cover Letter

Mississippi Association of Recovering Pharmacists

211 Chapman Road

Columbus, MS 39705

Phone: 662-328-1422

Fax: 662-328-1423

Email: marprdd@aol.com

September 5, 2025

Mississippi Board of Pharmacy

Attn: Dr. Todd Dear, PharmD, Associate Director

6311 Ridgewood Road, Suite E401

Jackson, MS 39211

RE: Proposal Submission – Pharmacy Professionals Recovery Program Services RFP

Dear Dr. Dear:

On behalf of the Mississippi Association of Recovering Pharmacists (MARP), I am pleased to submit our proposal in response to the Mississippi Board of Pharmacy's Request for Proposals for Pharmacy Professionals Recovery Program Services. For more than twenty-five years, MARP has been dedicated to protecting the public while guiding pharmacy professionals toward safe, sustainable recovery from substance use disorders, mental health challenges, and other conditions that may impair their ability to practice.

MARP was founded by pharmacists in recovery who understand firsthand the unique pressures, responsibilities, and access risks associated with pharmacy practice.

Pharmacists returning to work after treatment face challenges that differ significantly from those of other healthcare professionals. These include daily and direct access to controlled substances, working in environments where production demands and prescription volumes are high, and the possibility of practicing in isolated settings with limited peer oversight. The combination of these factors requires targeted strategies that only those with lived experience in pharmacy practice can fully appreciate. A recovery program led by pharmacists who have successfully navigated these challenges provides specialized insight, empathy, and peer accountability that are essential to supporting sustained recovery and safe reintegration into the workforce.

Through early trial and error, we built an enduring program framework that established bylaws, formal contracts, an Executive Board for governance, and an Impaired Pharmacists Committee to ensure compliance. Our monitoring model evolved from informal sponsor oversight to a third-party system for drug screening coordination, ensuring fairness, accountability, and confidentiality.

Today, MARP monitors approximately forty-five pharmacists and pharmacy technicians under Board contract. We maintain weekly and bi-weekly peer support meetings across the state, monthly organizational meetings in Jackson, and a dedicated professional staff. We provide ACPE-accredited continuing education programs and participate in national addiction-focused seminars, sharing insights and innovations from our work in Mississippi.

Our approach combines rigorous case management, evidence-based recovery supports, and a peer-to-peer framework that fosters trust, accountability, and lasting change. We are prepared to meet all requirements outlined in the RFP including 24/7 referral capability, individualized treatment plans, comprehensive monitoring, data reporting, and strong advocacy before the Board while continuing to serve as a trusted resource for education, prevention, and recovery.

We affirm our complete commitment to meeting or exceeding all specifications, deliverables, and performance standards detailed in the RFP and to working in close collaboration with the Board to ensure program success.

We value our long-standing partnership with the Mississippi Board of Pharmacy and look forward to the opportunity to continue safeguarding the public while supporting pharmacy professionals in their recovery journey. Thank you for your consideration.

Sincerely,

Jerry Fortenberry
Executive Director
Mississippi Association of Recovering Pharmacists

Section 2. Scope of Services Confirmation

2.1 Program Services

2.1 Program Services A. The Contractor must be capable of receiving referrals of licensees and coordinating appropriate communication at any time. - Confirmed

2.1 Program Services B. The contractor must develop and maintain a referral list of treatment providers approved to provide assessments and treatment for inpatient and intensive outpatient care and aftercare. Assessments must be performed by qualified evaluators using recognized methodologies, including, but not limited to, screening instruments, psychosocial testing, results of mental health/drug and alcohol history, and personal interviews. - Confirmed

2.1 Program Services C. The contractor must administer an individualized treatment plan created by an approved treatment program. Case management must be administered by a qualified resource or resources. The resource(s) may be dedicated or shared. - Confirmed

2.1 Program Services D. The contractor must use the intake assessment and recommendations from treatment providers and determine the elements for continuous monitoring for each participant, including:

1. Required participation in treatment to include inpatient, intensive outpatient, outpatient, recommended aftercare, support groups, and one-on-one counseling. The ability to track recovery activities in real time through mobile technology applications and on paper forms.
2. Recovery-related activities, with validation reports from the participants' employers, work-site monitors, counselors, sponsors, and others.
3. Random drug testing incorporating alternative specimens, including hair test, Peth testing, nail, and oral fluid testing, performed by a laboratory that has the appropriate national certification for the performed testing. Testing fees are paid directly to the performing laboratory.
4. Contractor must have routine individual meetings with the participant and coordinate framework for peer-to-peer support (ie. Pharmacist to Pharmacist).
5. Execute and oversee a written substance use disorder agreement.
6. Contractor must have direct communication access with the participant, including but not limited to by phone and email. – Confirmed 1,2,3,4,5, and 6

2.1 Program Services E. The contractor must facilitate an assessment of each participant as part of the intake process to establish the necessary basis for appropriately managing

each participant both initially and throughout their program participation. The contractor must also coordinate or help facilitate timely interventions and treatment. - Confirmed

2.1 Program Services F. Reporting and Data

1. Quarterly Reports - Confirmed
2. Immediate reporting to the regulatory agency is required for specific circumstances or on demand per Board or Board staff request. - Confirmed

2.1 Program Services G. Must employ an addiction-trained Medical Review Officer or Medical Director with expertise in recovery of healthcare professionals. Expertise shall be reflected in applicable certification(s) in personal recovery or addiction medicine (e.g. ASAM). - Confirmed

H. Must have an independent, confidential administrative and/or case management review committee that gives recommendations to program staff. Peer program participants of the committee should only serve in an advisory capacity. - Confirmed

I. Provide an independent internal review for participant disagreements/grievances against staff or case review committee recommendations - Confirmed

2.1 Program Services J. Contractor must provide, communicate, and advocate for or against licensure of participants during regular MS Board of Pharmacy meetings and as needed. This attendance shall be in person. Advocacy must be based on established and tracked metrics. - Confirmed

2.1 Program Services K. Referrals for mental health or fitness to practice including providing the Board guidance on the physical or mental capacity of a licensee to participate in the practice of pharmacy or assist in the practice of pharmacy with reasonable skills, confidence and safety to the public - Confirmed

2.1 Program Services L. Must maintain competency in the best practices of substance use disorder and mental health management, including dual diagnosis, and serve as a resource to the Board and Board staff in these areas. - Confirmed

2.1 Program Services M. Collaborate with Board staff to provide educational programs concerning substance use disorder, benefits of self-reporting, and mental health wellness to identified stakeholders including but not limited to schools of pharmacy, targeted professional groups, and employers - Confirmed

2.1 Program Services N. The Board reserves the right to audit all records maintained by the contractor or its subcontractor's relative to the contractor's performance under this Contract. At least two (2) business days' notice by the Board will be given to the contractor

of the intent to audit. The Board shall have the right to perform financial, performance, and other special audits on such records maintained by the contractor during regular business hours throughout the contract period. The contractor agrees that confidential information including, but not limited to, medical and other pertinent information relative to this contract, shall not be disclosed to any person or organization for any purpose without the expressed, written authority from the Board. The selected contractor will make available all records for review at no cost to the Board. Indicate your acceptance of this Proposals requirement and 6 willingness to cooperate. For the purposes of this section, the term "audits" refers to financial, performance, and other special audits on such records maintained by the contractor and/or its subcontractors relative to the contractor's performance under this Contract. **Confirm you will comply with this requirement. - Confirmed**

SECTION 3. REFERENCES

For each client provided pursuant to Subsections A-C please specify:

1. Client contact information, including the name, title, address, email address, and phone number of a person whom we may contact to confirm as needed,
2. The specific type of work your company provided to the client,
3. Contract effective dates (beginning and end dates) for the time period(s) your company provided services to the client.

If two or more of the following reference requirements are met by the same client, list additional clients so there are at least three (3) clients listed for each section. If you are unable to provide three (3) clients for each reference, provide as many as you have and indicate in the response additional references meeting this requirement are not available.

- A. List up to three clients for whom your company has provided services similar to those requested in this RFP. For each client, specify the type of recovery program services provided by your client, the average number of individual participating in the program, and the period of time retained as a client. For each client, the list must specify:
1. Client name, include the name, title, address, e-mail address, and phone number of a person whom we may contact to confirm as needed,
 2. The type of work your company provided to the client,
 3. Contract effective dates for the time period(s) (beginning and end dates) your company provided services to the client.
- 1) TPRN, 1732 Lebanon Pike Circle, Nashville, TN 387210, Nancy Hooper-Program Director, 615-256-3023, tprn@tnpharm.org.

The Mississippi Association of Recovering Pharmacists has been working with TPRN to co-monitor several clients over the past six years. We provide regular updates on these clients and share vital information.

- 2) Professional Resource Network, PO Box 6510, Fernandina Beach, FL 32035-3126, Deborah Shaw, Case Manager, 904-277-8004 Ext 230, deborah@flprn.org

The Mississippi Association of Recovering Pharmacists has been working with the Professional Resource Network of Florida to monitor a client for the past three years. We provide regular updates on this client and share vital information.

Additional references meeting this requirement are not available.

- B. List up to three governmental clients for whom your company has provided one or more of the services requested in this RFP. If possible, please list three additional clients besides any previously listed references. For each client, specify the type of work performed by your company, the average number of individuals participating in the program, and the period of time retained as a client. For each client, the list must specify:

1. Client name, include the name, title, address, e-mail address, and phone number of a person whom we may contact to confirm as needed,
2. The type of work your company provided to the client,
3. Contract effective dates for the time period(s) (beginning and end dates) your company provided services to the client.

- 1) Mississippi State Board of Pharmacy, 6311 Ridgewood Road, Suite E-401, Jackson, MS 39211
Contact Catina White, Director of Compliance, 601-899-8880, email is cwhite@mbp.ms.gov

The Mississippi Association of Recovering Pharmacists has since 1987 been working with this agency to monitor and advocate for pharmacists and pharmacy technicians who are suffering from addiction. The time period would be from our inception in 1987 until the present day.

- 2) The Louisiana Board of Pharmacy, 3388 Brentwood Dr., Baton Rouge, LA 70808.
Contact Carlos Finalet, III, General Counsel, 225-925-6496, email is CFinalet@pharmacy.la.gov

We have only recently been co-monitoring a participant for Louisiana.

Additional references meeting this requirement are not available.

- C. List all clients that have discontinued use of your services since January 1, 2018 and your understanding of their discontinued use of your services. For each client, the list must specify:
 1. Client name, include the name, title, address, e-mail address, and phone number of a person whom we may contact to confirm as needed,
 2. The type of work your company provided to the client,
 3. Contract effective dates for the time period(s) (beginning and end dates) your company provided services to the client, 4) Reason discontinued.

We do not have any in this time period.

Section 4. Statement of Compliance and Exception(s) Form

See attached form

see page 9A

Section 5. General Questionnaire

5.1 Provide the name, title, mailing address, e-mail address, and telephone number of the contact person for this Proposal. - Jerry M. Fortenberry, Executive Director, 211 Chapman Road, Columbus, MS 39705, marprdd@aol.com, 662-328-1422 or cell 601-937-1672.

5.2 State the full name of your firm/company, and provide the address, and telephone number of your principal place of business. The Mississippi Association of Recovering Pharmacists, 211 Chapman Road, Columbus, MS 39705, 662-328-1422

5.3 List the office that will service the Board. If it is located at a different address than the home office, provide the complete address, phone number, and facsimile number for this office. It is the same office as listed in 5.2 above. (MARF, 211 Chapman Road, Columbus, MS 39705 and phone number is 662-328-1422)

Statement of Compliance and Exception(s) Form

Offeror taking exception to any part or section of the solicitation shall indicate such exceptions on the table below. If no exceptions are taken, then the Offeror shall state in this section "No Exceptions Taken." Failure to indicate any exception will be interpreted as the Offeror's intent to comply fully with the requirements as written. Conditional or qualified Proposals, unless specifically allowed, shall be subject to rejection in whole or in part.

We agree to adhere to all terms, conditions, and requirements as set forth in the Mississippi Board of Pharmacy Invitation for Proposals for Pharmacy Professionals Recover Program Services, dated August 8, 2025, including all RFP amendments, and the conditions contained in the draft contract included as RFP Appendix A, Draft Pharmacy Professionals Recovery Program Services Contract, except as listed below:

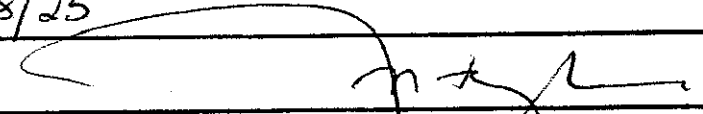
Procurement Section and Page Number	Original Language	Requested Change/Exception	MBP Decision
1.	NO EXCEPTIONS TAKEN		
2.			
3.			

An original signature is required below. This statement must be signed by an appropriate Offeror officer, principal, or owner and returned as part of your Proposals.

Company Name: The Mississippi Association of Recovering Pharmacists

Printed Name of Representative, Title: Jerry M. Fortenberry, Executive Director

Date: 9/8/25

Signature: 

Note: Failure to sign this form may result in the Proposals being rejected as non-responsive. Modifications or additions to any portion of this Proposals document may be cause for rejection of the Proposals.

Mississippi Association of Recovering Pharmacists
Response to Request for Proposal

5.4 Describe your organizational structure. Indicate whether your firm operates as a corporation, partnership, individual, etc. If it is incorporated, include the state in which it is incorporated, and list the names and occupations of those individuals serving on your firm's Board of Directors. We are incorporated in the state of Mississippi.

MARP Board of Directors

Dr. John Carr, MD – addictionologist, psychiatrist

Brian Fingerson, Pharmacist – Kentucky Professionals Recovery Network

Percy Kea, Retired Pharmacist

Chad Braddock, Pharmacist

Sara Katherine Pannel, DO, FAPA, Psychiatrist

Dr. Scott Hambleton, MD, DFASAM - Physician

5.5 Describe your organizations qualifications demonstrating work with healthcare professionals over the last five (5) years. We have a proven track record of providing monitoring and advocacy services for The Mississippi Board of Pharmacy over the last 5 years. We have produced annual educational seminars over the past 5 years and have complied with our contract for services with the Mississippi State Board of Pharmacy.

5.6 List the types and number of health care professionals and the numbers served in the last five (5) years. We have monitored pharmacists and pharmacy technicians over the past 5 years. We have monitored 55 pharmacists and 2 pharmacy technicians over the last 5 years.

5.7 Describe any ownership or name changes your firm has been through in the past three years. Are any ownership or name changes planned? There have been no such changes and no changes are planned.

5.8 Please provide all information regarding the liability insurance that is held for the organization. The Mississippi Association of Recovering Pharmacists was granted

immunity from prosecution if acting in good faith many years ago. We are working with an insurance company to acquire a general liability insurance policy presently.

We also have a Professional Liability Insurance policy with VELA with a general aggregate limit of \$2,000.000.00.

5.9 Provide a brief description of any outside Contractors or subcontractors that will be involved in providing key services detailed within your Proposals. Please include the term of

your current contract with each Contractor or subcontractor. Describe the nature of the relationship with the subcontractor, including any ownership interest.

All Geo- provides geo tracking services for meeting attendance. We are on a year-to-year renewal basis. They have no ownership interest in our organization.

Medscreens in Pearl, MS provide urine drug testing and hair testing for us but participants pay for these services themselves normally. They also have no ownership interest in our organization.

AT and T provides our telephone service for our office and we are under a 5 year contract for digital line services. They also have no ownership interest in our organization.

Quick Books for bookkeeping services – pay an annual fee. They also have no ownership interest in our organization.

5.10 Describe your policy and procedure for obtaining and handling records. Description should include but should not be limited to access, storage, and destruction. We keep all records unless the participant in question is deceased and then only do we destroy the person's file. We receive records from various sources which may include physicians, our own participants, program in other states, testing sites, testing companies, treatment centers, hospitals, our medical director, our counselor, and from our own assessments.

These are physically stored at 211 Chapman Road, Columbus, MS 39705. They are in a secure location and there is limited access to them due to being in a locked office. They are stored in proper temperature and humidity. They are also digitally stored in Dropbox and the Dropbox is routinely backed up to an external Elements storage equipment. We only destroy records if we know a participant is deceased AND no longer a participant in our program

5.11 Describe the process utilized for informed consent of a participant in the Program.

We personally explain all aspects of the program and what is involved with it. We have brochures also that help to explain the process. We have an informed consent form- See Attached Informed Consent Form

5.12 Describe your Quality Assurance and Quality Improvement principles and related structure. We quantify our success or failure with relapse rates with our participants. We have in the past increased contract durations and requirements when needed. We also have included a therapist in our committee meetings with clients.

5.13 Has your firm had any HIPAA breaches or incidents determined to be reportable to the U.S. Department of Health and Human Services (DHHS) within the last three years? If the answer is yes, please describe the circumstances and the corrective action in detail. No.

5.14 Is your firm licensed or authorized to provide the proposed services in the State of Mississippi? Yes.

5.15 Confirm the Proposal is valid for one (1) year after the date of submission. We confirm that the proposal is valid for one (1) year after the date of submission.

Section 6. Technical Questionnaire

6.1 Describe the team dedicated to providing the requested scope of services for the Board. Specifically,

A. Identify the dedicated individual who will serve as the primary contact for the Board along with a list of job duties and experience with other programs with services requested in this RFP. Include a resume(s) as an appendix to your Proposals in Section 9. Include any licenses and training if a health care professional. - Jerry M. Fortenberry, primary experience has been 38 years with The Mississippi Association of Recovering Pharmacists. He is responsible for preparing all documents for participants, organizing meetings, submitting for seminar CE, Collecting all dues and other monies and paying all bills, traveling to other conferences for educational purposes, answering all questions the contracted organization may have or our own participants might have, updating our information with the Secretary of State, making sure our taxes are filed, preparing everything needed for our seminar, digitalizing all paperwork, notifying the Executive Board of new prescriptions sent in, coordinating client care with the Medical Director, managing vacation requests, surgeries, and treatment updates, and being on call for our participants and any organization we are required to answer to. Resume and list of tasks are attached.

B. Provide the name(s) and resumes of all key personnel who will oversee and provide the services rendered to the Board, a brief statement of all duties each individual will be assigned, a brief statement as to why each person is qualified relative to this work and identify area(s) of expertise for each key person, detailed information on any special training or designation, and each person's respective total number of years of experience related to the services being requested in this RFP. Include all resumes as an appendix to your Proposals in Section 9. Include any licenses and training for all health care professionals.

Jerry M. Fortenberry- duties listed in 6.1.A. above. Also, there is an attachment further listing his duties. Resume attached in Section 9.

Robert Jordan, President presides over the meetings- he is a pharmacist in recovery himself and works in retail pharmacy. He has been with MARP almost 10 years. He also heads up one of the Impaired Pharmacists Committees. Robert is a pharmacist in recovery. Resume attached in Section 9.

Leann Manning, Secretary takes minutes of the meetings. She is a pharmacist in recovery and has been also with MARP for almost 10 years. Also, she is active in one of the Impaired Pharmacists Committees. Leann is a pharmacist in recovery. Resume attached in Section 9.

Chris Shackelford, Vice-President presides in case of absence of president. Chris is also a pharmacist in recovery and has been with MARP four and one-half years. He also heads up one of the Impaired Pharmacists Committees. Chris is a pharmacist in recovery. Resume attached in Section 9.

Bill Jones, Vice President presides in case of absence of president. Bill is also a pharmacist in recovery and has been with MARP for six years. He is also active in one of the Impaired Pharmacists Committees. Bill is a pharmacist in recovery. Resume attached in Section 9.

Bubba Burton Active in one of the Impaired Pharmacists Committees. Bubba is a pharmacist in recovery. Bubba attends recovery oriented meetings regularly. Resume attached in Section 9.

All of these people listed above attend our annual CE seminar which highlights issues of addiction and hope for recovery.

Zach Thompson, LPC serves as our staff counselor. He meets with participants privately if we need him to and he also contacts participants if there is an issue of non-compliance and discusses the origin(s) of the problem with them and how to correct it. Zach also has a private practice in the Jackson, MS area. He has been working in this field since 2019. Zach has been with us a little over a year. He has expertise in trauma resolutions, depth psychotherapy, and co-occurring disorders. He is Clinical Director of Lighthouse Healing Center and runs a private practice, with prior experience leading programs and providing therapy at Defining Wellness Centers, Pyscamore Psychiatric Programs, and The Ranch Mississippi. He holds a Master's in Integrated Recovery from Hazelden Betty Ford Graduate School of Addiction Studies.

Dr. Brent Boyett, DMD, DO will serve as our Medical Director and we will look to him for guidance with appropriate drug therapies for persons in recovery and for case management issues. Dr. Boyett has a long history of work in the field of addiction. He is a distinguished physician and addiction medicine specialist with over 25 years of leadership in clinical care, research, and healthcare innovation. Dual-degreed in Dentistry and Osteopathic Medicine, board-certified in Addiction Medicine and Family Medicine, with extensive experience directing medical programs, clinical trials, and residency training. Published author of books, peer-reviewed articles, and policy contributions, recognized nationally for advancing addiction treatment integration into mainstream medicine. He serves on advisory boards, contributes to leading media outlets, and is a Distinguished Fellow of the American Society of Addiction Medicine.

Chris Austin, LPC serves MARP to contact participants for urine drug screening and keeps monthly spreadsheets with the results, whether observed or not, and if done in the time frame required. He has spoken several times at our CE seminars also. Chris has been with us for 9 years.

6.2 Describe the history, program philosophy, number of years in service, and accomplishments of your organization in managing healthcare professionals whose ability to safely practice is or may be impaired because of alcohol use, substance use/and or mental illness.

Founded in 1987, The Mississippi Association of Recovering Pharmacists has been monitoring and advocating for pharmacists and pharmacy technicians for 38 years. We are well respected in the United States as one of the most successful programs of our type. We want to assure that our participants stay sober and we strive to do everything we can to make sure this is the case.

6.3 Provide a list and description of all tools used to provide monitoring and compliance of program participants. The list should include examples such as individual and aggregate reports related to meeting participation, drug testing, relapse indicators, etc. Include whether these tools provide date and time stamping and how they have been validated. Please describe how program participants interact with these tools.

Urine drug screening for drugs and alcohol

Hair testing for drugs and alcohol

In-house counselor input

Geo tracking reports for confirmation of meeting attendance for evaluations

Support group meeting attendance documentation- we have MARP support groups throughout the state that meet every other week with one in Jackson that meets every week

Urine drug screens and hair tests do have date and time stamps. Also, the Executive Director of MARP calls a random list of urine collection sites monthly to ensure the participant appeared in person at the noted date and time and that the screen was indeed observed if marked observed. If any screen is not marked as observed, The Executive Director must contact the participant who then contacts the collection site for verification that the screen was indeed observed and said collection site would then send a letter to MARP stating this.

Participants participate by attending regional MARP support group meetings, responding to being called for a urine or hair test and getting the test done, meeting with the counselor, and of course attending outside AA meetings and talking regularly with their sponsors.

6.4 The Board must have prompt and direct access to the Offeror throughout the contract period. Describe in detail how your company will provide this access. He is available 24/7 with his cell 601-937-1672. He has in the past been contacted in Italy and Guatemala.

6.5 Describe how the organization will facilitate the use of support groups (in person and online). Support groups shall have a foundation in the 12-step program.

Our participants are required to make a varying number of support group meetings per week. We prefer the groups to be of the AA, NA, and CA type for the most part. We do allow a portion of the meetings to be virtual. The Executive Director randomly spot checks the attendance (even though it is geo tracked) to verify compliance by contacting the meeting chair the following day after the meeting was attended.

6.6 Describe your organization's confidentiality standards. We believe in the saying "what you see and hear here let it stay here" and reinforce this at every meeting. Our committee members on the Internal Executive Board and Impaired Pharmacists Committee understand that all information disclosed in these meetings is to be confidential and held in strictest confidence. See Attachments for HIPPA compliance in Section 6.13

6.7 Describe any liaison work with public entities and other states and how your organization maintains awareness and competence in best practices.

We try to make sure the Executive Director attends national and regional meetings with other people who monitor and advocate for pharmacists and pharmacy technicians in recovery. This year he attended the APhA Utah Conference on Substance Use Disorders and also attended a regional conference at Cornerstone of Recovery in Maryville, TN. He was also at the Professionals Health Network conference in Flowood and at NADDI in Brandon, MS. We co-monitor participants in Tennessee and Florida and Louisiana. Also, a consultant with the Kentucky PRN program is on our Board of Directors.

6.8 Provide key performance indicators that reflect your ability to monitor health care professionals.

We have 38 years of experience

We have a proven track record with very few failures

We have a consistent program with no lapses in operation

Our Executive Director and Impaired Pharmacists Committee members are health care professionals

We meet as a group every 6 weeks and thereby become better associated with one another

We assign participants another person who they communicate with regularly and who gets to know them on a more intimate level

6.9 Describe the frequency of individual meetings with program participants. Please include any anticipated changes as participants progress in the program.

Participants come to our meeting every 6 weeks. We generally meet with participants who are on meeting-to-meeting contracts (no active license) every 6 weeks. We meet with the other participants on a rotating basis every other meeting (so every 12 weeks) but we physically see every member every 6 weeks regardless. The only way this changes is if the participant is beyond the five-year contract with us and has a letter from a counselor stating he or she is competent and has progressed to the point he or she does not need to attend every meeting. In this case, with a long history with the counselor and his or her blessing, the meeting requirement for MARP meetings would be four per year.

6.10 Describe the structure of your administrative and/or case management review committee.

We see participants one to one every 6 weeks on a rotating bases (some are seen every 6 weeks others it will be a 12 week skip). Their progress or lack of progress is discussed, and our staff counselor and the medical director will be looped in for any pertinent information.

We also prepare geo tracking compliance reports for committee review when the participants are seen one on one and those are discussed with the participant.

6.11 Provide details of your internal review process for participant disagreements or grievances.

See Attachment for Grievances-

6.12. Provide a de-identified example of advocacy conducted in support of a program member regaining licensure. (ie. De-identified hearing transcript, letter of support, etc.)

See Attachment Advocacy Letters of Support De-identified participant and geo tracking progress reports for said participant all included in the same attachment labeled:

De-identified participant advocacy

6.13 Provide copies of all applicable program forms used for member management and education (e.g. consent to treat, release of information, intake forms, treatment center-related documents, participant handbook, medication use and reporting guidelines)

See attachment labeled: Member Management and Education

Section 7. Fee Schedule

The Fee Schedule must be submitted as described herein. Modification or addition to any portion of the Fee Schedule may be cause for rejection of the Proposals. The fees quoted shall be inclusive of, but not limited to the following: all required labor; all required equipment/material; all required insurance, bond, or other surety; all required overhead/profit; all required applicable taxes; all required vehicles; all required fuel and mileage; all required travel; all required labor and supervision; all required training; all required business and professional certifications, licenses, permits, or fees; and, any and all other direct or indirect costs, incurred or to be incurred. All pricing shall include all associated costs with no additional or hidden fees. All expenses shall be inclusive. The fees quoted shall constitute the entire compensation due to the Offeror for services rendered by each staff member. Pricing must be firm, flat dollar amounts, as percentage of other variable amounts will not be accepted. The Offeror shall also include a total cost for full performance of all services requested in the RFP.

The Fee Schedule shall be submitted as Section 7 of the Proposals and outline as below:

Direct Payment from MS Board of Pharmacy:

	Total Amount	Monthly Amount
December 1, 2025 to June 30, 2026	\$ 103,250.00	\$14,750.00

July 1, 2026 to June, 30, 2027	\$ 177,000.00	\$ 14,750.00
July 1, 2027 to June 30, 2028	\$ 177,000.00	\$ 14,750.00
July 1, 2028 to June, 30, 2029	\$ 177,000.00	\$ 14,750.00
Optional Renewal:		
July 1, 2029 to June 30, 2030	\$ 177,000.00	\$ 14,750.00
Total Contract Amount	\$ 811,250.00	

Any Costs expected from Program Participants (do not include lab testing fees):

Pharmacist: \$60.00 Monthly Fee

Technicians: 0 Monthly Fee

Students: 0 Monthly Fee

The pricing quoted above shall constitute the entire compensation due to the selected Offeror for services performed by its staff and all of the selected Offeror's obligations here under regardless of the difficulty, materials, or equipment required. No additional compensation will be provided by the Board for any expense, cost, or fee not specifically authorized by the resulting contract. The Board shall not provide any prepayments or initial deposits in advance of services being rendered. Fees for services provided by the selected Offeror shall be billable to the Board in monthly installments, in arrears, upon completion of services for each month of services delivered pursuant to the Contract.

Only those services agreed to by contract shall be considered for reimbursement/compensation by the Board. Payment for any and all services provided by the selected Offeror to the Board shall be made only after said services have been duly performed and properly invoiced. The fees listed above are firm for the duration of resulting contract and are not subject to escalation for any reason unless resulting contract is duly amended.

The selected Offeror shall submit all invoices in a form acceptable to the Board with all of the necessary supporting documentation prior to the payment of allowable costs. Such invoices will, at a minimum, include the appropriate descriptions of the services being billed or other bases for charges included in RFP Section 7, Fee Schedule. Details will be determined during contract negotiations.

Section 8. Signed Acknowledgement

By submitting this Proposal, the Offeror, the Mississippi Association of Recovering Pharmacists, certifies the following:

- 1) That he/she has thoroughly read and understands the RFP and all attachments thereto;
- 2) That the company meets all requirements and acknowledges all certifications contained in the RFP and attachments thereto;
- 3) That it is not currently debarred from submitting Proposals for contracts issued by any political subdivision or agency of the State of Mississippi and that it is not an agent of a person or entity that is currently debarred from submitting Proposals for contracts issued by any political subdivision or agency of the State of Mississippi;
- 4) That the prices submitted in response to the solicitation have been arrived at independently and without, for the purpose of restricting competition, any consultation, communication, or agreement with any other Offeror or competitor relating to those prices, the intention to submit a Proposal, or the methods or factors used to calculate the prices proposed/offered; and,
- 5) That such Offeror has not retained any person or agency on a percentage, commission, or other contingent arrangement to secure this Contract.

MBP Request for Proposals for Pharmacy Benefit Manager Audit Services

MBP RFP RFx Number:

Amendment One

Issue Date: August 25, 2025

The Mississippi Board of Pharmacy (MPB) through this Amendment One, modifies the original MBP RFP RFx 3120003200 issued on August 8, 2025.

The **attached Questions and Answers document** is incorporated fully along with this Amendment One as part of the MBP RFP Rfx 3120003200.

Please acknowledge receipt of MBP RFP RFx 3120003200 Amendment One by signing and returning this amendment, along with your proposal, **on or before 2:00 PM CST, September 12, 2025**. This acknowledgement should be enclosed in your proposal packet in accordance with the submission instructions located in the RFP. **Failure to submit this acknowledgement may result in rejection of the proposal.**

Company Name: Mississippi Association of Recovering Pharmacists

Printed Name of Representative: Jerzy M. FORTENBERG

Date: 9/3/25

Signature: 

MARP Response to Request for Proposal 20A

			recommendations to program staff", can the medical director and staff counselor be part of this committee?	
5.	Section 2, Scope of Services Page 4	8/21/25 4:27 PM	<p>When it says "For the services, please respond by restating each service listed, including the number, and confirm your intention to provide the service as described, respond by stating, "Confirmed". " does that mean we should have the questioned typed out and then type it out a second time followed by confirmed or is having the question along with number stated once and then then confirmed the intention? For example, should it be</p> <p>1. A. The Contractor must be capable of receiving referrals of licensees and coordinating appropriate communication at any time. A. The Contractor must be capable of receiving referrals of licensees and coordinating appropriate communication at any time. Confirmed. OR 2. A. The Contractor must be capable of receiving referrals of licensees and coordinating appropriate communication at any time. Confirmed.</p>	Response as noted in your Option #2.
6.	Section 7, Fee Schedule Page 15	8/21/25 4:27 PM	When submitting the fee scheduled as outlined on page 15, do you want numbers only or do we need to attach or include a detailed budget breakdown of all cost categories and specific costs associated with each category?	Only designated fees as requested in Section 7 of RFP are required. A detailed budget of costs or anticipated expenditures is not required.

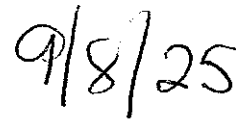
MARP Response to Request for Proposals)

RFP RFx #
RFP for Pharmacy Professional Recovery Program Services
Procurement Questions and Answers

	RFP Section Page Number	Date Received	Question (As submitted)	Response
1.	Section 1, 1.1, Introduction, Page 3	8/21/25 9:39 AM	The contract, with extension, ends June 30, 2030. Assuming both parties are pleased with the arrangement, can the contract be extended beyond that?	PPRB OPSCR Rules and Regulations 14.3.1 provides that a contract for professional services may be entered into for a maximum period of performance of five year. The PPRB approved this solicitation for a period of 4 years with 1 year renewal. Any additional contracts would require a new RFP. Future contracts will be subject to state procurement guidelines at that time.
2.	Section 2, 2.1.Program Services, D(2) Page 4	8/21/25 9:39 AM	This section mentions reports from multiple parties but includes Sponsors. PHN has discussed this in the past and determined that we would not request anything from a sponsor except in rare situations, since we do not wish to interfere with Sponsor-Sponsee relationship (which is built on honesty and trust, and we fear our intrusion could compromise the relationship. Is that decision left to the Program or is it an expectation of the Pharmacy Board?	Contractor would determine what information from sponsor if any is sufficient for validation reports unless specifically directed otherwise by a Board order. It is likely that confirming that the relationship exists would be the extent of information requested so that there is no perceived interference.
3.	Section 2, 2.1.Program Services, N Page 5-6	8/21/25 9:39 AM	Item N has verbiage about clearance from the Board to release any information. The program has released HIPAA information to evaluators, treatment providers or continuing care providers. We assume that is understood and agreeable. However, we would like clarification. Does the Board have to approve such releases?	Any release of HIPAA protected information to authorized treatment providers would be exempt from release approval. This will be clarified in the Contract.
4.	Section 2, 2.1.Program Services, H Page 5	8/21/25 1:45 PM	Where it says "must have an independent, confidential administrative and/or case review committee that gives	The medical director and staff counselor may be participants of the committee listed in Item H.



Jerry Fortenberry, MARP Executive Director



Date

Section 9. Resumes for Key Staff: Provide a complete résumé of key Offeror staff who will be assigned to render services to the Board, including detailed information on any special training or designations and each person's respective total number of years of experience related to the services being requested in this RFP.

See attachment: Key offeror staff resumes

Section 10. Any Additional Information Not Specifically Requested.

See attached

GENERAL QUESTIONNAIRE

SECTION 5.4

BOARD OF DIRECTORS RESUMES AND CV

RESUME

PERCY L. KEA

104 Cedar Pine Lane
Madison, MS 39110
601-259-2388

PERSONAL DATA

Age: 75
Marital Status: Married

EDUCATION

February, 1991 Completed Nuclear Authorized User Program
Accredited by Butler University
College of Pharmacy
Indianapolis, Indiana

College:

1970-1973 Bachelor of Science Degree in Pharmacy
University of Mississippi
School of Pharmacy
University, MS

1968-1970 Associate of Arts Degree in Pre-Med
East Central Community College
Decatur, MS

High School:

1964-1968 Honor Graduate
Edinburg High School
Edinburg, MS

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RESUME

PERCY L. KEA

Page 2

September, 2011 to present Relief Pharmacist
Jackson, Ms area

August, 2011 – October, 2006 Staff Pharmacist
Kroger Pharmacy
Jackson, MS

September, 2006 – December, 2005 Staff Pharmacist
Walgreens Pharmacy
Jackson, MS

November, 2005 – February, 2004 Manager
Cardinal Health Nuclear Pharmacy
Hattiesburg, MS

January, 2004 – September, 1999

*Manager
Syncor Nuclear Pharmacy Services
Jackson, MS*

Section 5.4 Page 2

August, 1997 – August – 1999

*Floater Pharmacist
Syncor Nuclear Pharmacy Services
Southeastern Region*

April, 1994 – August, 1997

*Manager
Syncor Nuclear Pharmacy Services
Columbia, SC*

September, 1990 – April, 1994

*Staff Pharmacist
Syncor Nuclear Pharmacy Services
El Paso, TX*

February, 1986 – August, 1990

*Staff Pharmacist
University of MS Medical Center
Jackson, MS*

May, 1973 – February, 1986

*Owner/Pharmacist
Kea's Hospital Pharmacy
Philadelphia, MS*

Sarah Katherine Pannel, DO, FAPA
Psychiatrist

Section 5.4 Page 3.

PERSONAL INFORMATION

Address: 1123 East Wellsgate Dr, Oxford MS 38655
Phone: 662-832-6214
E-mail: katherinegantz@hotmail.com
State of Residence: Mississippi
Date of Birth: April 25, 1981
Previous Name: Sarah Katherine Gantz
Marital Status: Married to Richard Stephen Pannel (21years)

INTERNSHIP AND RESIDENCY

University of Alabama at Birmingham Birmingham, AL 7/1/10 – 6/30/11
Residency Post Graduate Year 4
General Psychiatry with Geriatric Psychiatry Focus

University of Arkansas for Medical Sciences Little Rock, AR 7/1/08 -
6/30/10
Residency Post Graduate Years 2 and 3 Completed
General Psychiatry

University of Arkansas for Medical Sciences Little Rock, AR 7/1/07 -
6/30/08
Internship Completed

FORMAL EDUCATION

KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES- College of
Osteopathic Medicine
(Formerly University of Health Sciences)
Doctor of Osteopathic Medicine, May 2007
Kansas City, MO

DELTA STATE UNIVERSITY

Bachelor of Science in Biology with a Chemistry minor, May 2003
Cleveland, MS

PROFESSIONAL INTERESTS

Geriatric Psychiatry
General Adult Psychiatry especially the college population and athletics
Mental Health and Substance use disorders advocacy
Media

PERSONAL INTERESTS

Spending time with family
Advocacy/Politics
Running
Writing
Crocheting

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HONORS AND AWARDS

Section 5.4 Page 4.

President of the Mississippi State Medical Association

Appointed to the Mississippi Save Our Service Member Task Force by Lt Governor Hosemann

Mississippi Woman Physician of the Year 2024

American Psychiatric Association Fellow 2022

Mississippi Osteopathic Medical Association's Excellence in Advocacy Award 2022

American Osteopathic Association's 2022 Excellence in Advocacy and Public Policy Award- Physician

Provided Congressional testimony on the Fentanyl Crisis

<https://www.youtube.com/live/57SkD3HG7KQ?si=oBTmn3YTYvRo6xam>

MSMA Thad Waits Leadership Award 2021

Mississippi Top 50 under 40 Business Professionals 2020

2020 Oxford MS Best Psychiatrist

2020 One in a Million Award

Mississippi 2019 Healthcare Hero

2019 Oxford MS Best Psychiatrist

2019 MSMA Doctor of Distinction

Legislative Doctor of the Day 2018, 2019, 2020, 2021, 2022, 2023, 2024

MSMA 2018 Community Service Award

Undergraduate Honors and Awards

Honor's Graduate

Dean's List

President's List

Alpha Epsilon Delta Pre-Medical Honor Society- (1999-2003) Secretary 2001-2002

Beta Beta Beta- 2001-2003

Phi Eta Sigma- Freshman Honor Society

Omicron Delta Kappa- 2001-current

Jimmy Sanders Science Scholarship- 2001-2003

Who's Who among American College Students

AMSA National Primary Care Week Award "Best Overall Project 2005"
Student Ambassadors for Southeastern Missouri 2005-2006

Residency

The Psychiatry PGY-1 Outstanding Patient Care Award 2008

LICENSURE

Mississippi Medical License 21662 8/2/2010

DEA Registration FP2039178

6/15/2010

EXAMINATIONS

USMLE Step 1- Pass, June 2005

COMLEX Step 1- Pass, June 2005

COMLEX Step 2- Pass, August 2006

COMLEX Step 3- Pass, January 2008

ABPN Board Certification- August 2011

Recertification 2/2023

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Advocacy Work

Provided Congressional Testimony before the House Select Committee on the Economy-
Substance Use: Destroying Families, Communities, and the Opportunity for Prosperity

<https://www.youtube.com/live/57SkD3HG7KQ?si=oBTmn3YTYvRo6xam>

Continued Advocacy to increase harm reduction strategies in Mississippi

Advocated for CALTs(Certified Academic Language Therapists) to be acknowledged
and allowed to practice in MS thus increasing therapists needed for Dyslexia treatment-
PASSED 2024

Authored the resolution and championed legislation get Fentanyl Testing Strips legalized
in MS- PASSED 2023

Authored the resolution and championed legislation to start a Substance Abuse Education
Program with emphasis on Fentanyl in MS- PASSED 2023

Authored the resolution and championed legislation to get an Alzheimer's Caregiver
Program in MS- PASSED 2022

Championed legislation to get a Psychiatry Scholarship slot added to the Rural Health
Scholarship Program-PASSED 2020

Testified before MS House Jud B Committee about the 988 system in Mississippi 2023

Testified before the MS House Drug Policy Committee about the need to decriminalize
Fentanyl Test Strips 2022

Testified before the MS House Drug Policy Committee on the Fentanyl Crisis 2022

Testified before the Senate Public Health Committee on the need for Drug Abuse Prevention

Testified before the Senate Public Health Committee on the importance of Physician Led Teams 2021, 2022

Testified before House Drug Policy on the need to schedule Kratom 2020

Section 5.4 Page 6.

2020 Member of the MSMA COVID19 Task Force

2020 Member of the MSMA Telemedicine Task Force

Current Admin of Physicians for Mississippians

Current Member of Physicians for Patient Protection

Current Member of Physicians Working Together

Volunteer Work

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March 2023 American Cancer Society "Jockey" for first annual Oxford Derby-Fundraiser for the ACS

March 2020 Individually raised \$2400 for the MS Department of Health through the sales of self-designed #flattenthecurveMS buttons and tshirts

Dec 2019 Founder of Crocheting for a Cause- Facebook group that makes Fidget Sleeves for Dementia patients all over the State of Mississippi

Feb 2019 Batson Paint and Play

Oct 2005 "Ask Me 3" Community Health Literacy Project

April 2005 PDA raffle to raise funds for Student Osteopathic Radiology Association

Oct 2004 SORA canned food donation for Harvesters Community Network

Oct 2004 National Primary Care Week Volunteer- "How to read X-rays"

Sept 2004 Club Fair volunteer for SORA booth

Feb 2004 "Stop the Pop" Campaign volunteer- Spoke to encourage grade school children to decrease soda consumption and to increase the care of their teeth

(ar) Score One for Health, children's school physicals

Feb 2004 Tutor at Della Lamb elementary school

April 2004 Special Olympics Volunteer

August 2003 University of Health Sciences "We Care" community service project

Section 5.4 Page 7.

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PROFESSIONAL LEADERSHIP

President of the Mississippi State Medical Association

Vice Chair American Psychiatric Association Political Action Committee 2025

President of the Mississippi Physician Health Program

President Elect of the Mississippi State Medical Association

Board Member of the American Psychiatric Association Political Action Committee
2022- present

President Elect of the Mississippi State Psychiatric Association 2023

Treasurer to the Mississippi Osteopathic Medical Association

Chair to Board of the Mississippi State Medical Society 2022

Board Member of the Southeast Delegation to the AMA 2022

Secretary to the Board of the MS State Medical Society 2020

Secretary to the Board of the MS Psychiatric Association 2020-2022

Legislative Chairwoman to the MS Psychiatric Association 2020- present

May 2020-2023 Alternate Delegate to the AOA

January 2020-2022 President of the Northeast Mississippi Medical Society

October 2019- present Board Member of the Mississippi Rural Physician Health
Scholarship Program

August 2019- Chair of Affiliate Relations Committee of MOMA

August 2019- present Alternate Delegate to the AMA

August 2019- 2023 MSMA Chair of the Council on Legislation for Northeast MS

May 2019- present Board Member of the Mississippi Osteopathic Medical
Association

April 2019-present Member of the Board of Advisors for First Commerce Bank of MS

2018- present University of Mississippi Rose Society

2018-2024 Ambassador to the American Medical Association

Section 5.4 Page 8.

2018- present Board of Trustee Member to the Mississippi State Medical Association

2018 Member of the Physician Leadership Class of the Mississippi State Medical Association

(2004-2005) AMSA Ambassador for Southeastern Missouri
March 2006 Poster Presentation at AMSA national convention in Chicago

Feb 2005 Curriculum Quality Improvement Student Leader

(2004-2005) Microbiology and Pharmacology Supplemental Instructor

PROFESSIONAL ORGANIZATIONS

2007-current Member- American Psychiatric Association

2017-curent Member- Mississippi State Medical Association

2017- current Member- Mississippi Osteopathic Medical Association

2005 - 2007 Member- American Medical Student Association

2003 -2007 Member- Student Osteopathic Radiology Association

2003 - current Member- American Osteopathic Association

2003 - current Member- American Medical Association

2003 - 2007 Member- Student National Medical Association

2004 - 2007 Member- University Volunteer Corps

2003 - 2007 Member- American College of Osteopathic Family Physicians

2003 - 2007 Member- Missouri State Medical Association

2003 - 2007 Member- Pediatrics Club

2004 - 2007 Member- Docs for Tots

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PUBLICATIONS

New data provide 'much-needed reassurance' that GLP-1s do not increase suicidality risk
Healio

New data provide 'much-needed reassurance' that GLP-1s do not increase suicidality risk

The Medicare Merry Go Round KevinMD <https://www.kevinmd.com/2018/05/the-medicare-merry-go-round-in-geriatric-psychiatry.html>

Is there Parity in Mental Healthcare or just Paucity KevinMD

[dealing-with-a-paucity.html](#)

The Often Forgotten Leadership Skill- Self Help KevinMD

<https://www.kevinmd.com/2019/09/have-you-forgotten-the-most-important-health-care-leadership-skill.html>

Section 5.4 Page 9.

Medical Marijuana will do Medical Harm- Mississippi Newspapers statewide

What Mississippi Does Right in Mental Healthcare- MS newspapers statewide

<https://www.righttrackmedical.com/news/what-mississippi-does-right-in-mental-healthcare>

A Psychiatrist's mental health advice during a Pandemic- Kevin MD

<https://www.kevinmd.com/2020/03/a-psychiatrists-mental-health-advice-during-a-pandemic.html>

<https://www.kevinmd.com/2020/05/we-will-soon-see-a-mental-health-pandemic-that-will-cause-unnecessary-deaths.html>

After a miscarriage during residency, I think differently about self-help- The DO

<https://thedo.osteopathic.org/2019/10/after-a-miscarriage-during-residency-i-think-differently-about-self-help/>

Independent practice and the lost art of touch- KevinMD

<https://www.kevinmd.com/2020/03/independent-practice-and-the-lost-art-of-touch.html>

Managing Mental Health during a Global Pandemic- The DO

<https://thedo.osteopathic.org/columns/how-to-advise-patients-who-are-struggling-with-mental-health-issues-due-to-the-pandemic/>

Welcome, new DO students: Advice for the class of 2024- The DO

<https://thedo.osteopathic.org/2020/08/welcome-new-do-students-advice-for-the-class-of-2024/>

Why Initiative 65A is a better way- MS newspapers statewide

<https://theq105.com/mississippi-news/op-ed-why-initiative-65a-is-a-better-way/>

The COVID Winter is Coming KevinMD <https://www.kevinmd.com/2020/11/the-covid-winter-is-coming-the-time-to-prepare-is-now.html>

Psychiatrists can make valuable Vaccine Educators- KevinMD

<https://www.kevinmd.com/2021/07/psychiatrists-can-be-valuable-vaccine-educators.html>

Fentanyl Test Strips do not enable addiction they enable recovery- Various media outlets in MS(MS Free Press, Magnolia Tribune, MS News group)

Are convenience stores making addiction convenient – KevinMD

<https://www.kevinmd.com/2024/01/are-convenience-stores-making-addiction-convenient.html>

Physician mental health. We must normalize the conversation- Strategies Oncology Magazine

Psychedelics as a treatment option- Healio <https://www.healio.com/news/primary-care/2023/1201/a-promethean-moment-psychedelics-could-be-prescribed-in-the-next-few-years>

MEDIA

WLBT- Social media and teen mental health <https://youtu.be/iZGkUZW0dg?si=NRwPCocIYOEPmWwr>

WLBT- Anxiety and coping strategies

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WLBT- How heat affects mental health

WLBT- Decriminalizing fentanyl testing strips

WLBT- Mental Health in the Pandemic

How to cope with Emotions surrounding the Pandemic

WJTV- Mental Healthcare in the Pandemic <https://youtu.be/5S1mimOGKxo?si=dDho1ZDdEDdIVNqX>

Mississippi SuperTalk with Paul Gallo- Mental health and the Pandemic
<https://youtu.be/2I9SXaZvCBs?si=GdNHmc2uRo04h81->

Memphis Fox23- How to talk to children about the Pandemic

Featured Speaker for the 2020 MENT Conference Oxford, MS

Travel Channel Hauntings in the Heartland- Psychiatric Expert

CBS Personal Injury Court- Psychiatric Expert

Mississippi SuperTalk with Paul Gallo- spoke on Kratom and 2020 Kratom legislation

Mississippi SuperTalk with Rick Mize- Mental Healthcare in North MS

Mississippi SuperTalk with Paul Gallo- spoke on Medical Marijuana in MS

Featured Speaker of the PULSE Leadership Conference Ole Miss 2019

Psychiatric contributor to the NYT and Better Homes and Garden

Mississippi SuperTalk with Paul Gallo- Fentanyl Crisis and current legislation

Mississippi SuperTalk with Paul Gallo – fentanyl testing strips
<https://youtu.be/p6xsg5Hb80c?si=jZDzWZBAN3tIW1L->

Mississippi SuperTalk with Paul Gallo- 2024 mental health legislation
<https://youtu.be/hntcj413r9U?si=EOg7XoIpbDsqALmf>

Mississippi SuperTalk with Paul Gallo- mental health and the holidays
<https://youtu.be/C4fS8yy6uuE?si=K4pONuMUzpdVgyoj>

Mississippi SuperTalk with Gerard- Mental health awareness month
https://youtu.be/0PnKzNRgNc4?si=-TakkQW9QSOwA5_b

Mississippi SuperTalk with Paul Gallo- Right to visit law legislation

Covid 19 and the future- MS Economic Council <https://youtu.be/tEY9OeTFTIk?si=AgNz8iMxFei26lQFu>

MEDIA (cont)

Mississippi Stories with Marshall Ramsey: Dr. Katherine Pannel
<https://mississippitoday.org/2023/05/14/mississippi-stories-dr-katherine-pannel/>

EMPLOYMENT HISTORY

Magnolia Healthplan 2022- present
Right Track Medical Group Medical Director 2018- present
Panola Medical Center 2017- 2020
Tyler Holmes Memorial Hospital Medical Director 2015- present
North Mississippi Medical Center Pontotoc Medical Director 5/2016

UMMC Grenada Senior Care Unit 6/2014-3/2017
Tri Lakes Behavioral Health 8/2011-11/2012
Calhoun Health Services Geriatric Psychiatry- Medical Director 1/2013-9/2014
Communicare 11/2013-1/2014
Inspirations Cleveland MS- 9/2013- 2/2016
(past work at Senatobia, Grenada Inspirations locations)
Parkwood Behavioral Health- 2/2013-9/2013

References

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Lee Valentine, DO
601-917-4470

Scott Hambleton, MD
601-818-3781

Kristen Crawford
6629070163

S.K. Pannel

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Scott L. Hambleton, M.D., D.F.A.S.A.M.

Section 5.4 Page 13.

7048 Old Canton Road
Suite 2001

Ridgeland, MS 39157

Phone: 601-850-9220

Fax: 601-255-2606

Email: DrSHambleton@Gmail.com

CURRICULUM VITAE

Date Prepared: November 15, 2024

Professional Experience:

Molina Healthcare

Medical Director Health Plan Mississippi

Fortune 500, multi-state health care organization. Managed care determination of services to prevent fraud, waste, and abuse.

Jackson, MS

July 2021 - present

Mississippi Physician Health Program

Medical Director

Program responsible for the early detection, intervention, and monitoring of licensed Physicians, Podiatrists and Physician Assistants in the State of Mississippi with potentially impairing conditions such as substance use or mental health disorders.

Ridgeland, Mississippi

Nov 2010 – July 2021

Mississippi State Medical Association

Acting Executive Director

Ridgeland, Mississippi

December 2018 - April 2019

Addiction Medicine Private Practice

Office-based addiction medicine solo practice providing outpatient treatment for adults with substance use disorders.

Ridgeland, Mississippi

2014 – present

Interstate Blood Bank

Medical Director

Jackson, MS

2015 – 2021

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Pine Grove Behavioral Health

Medical Director

Pine Grove Women's Center for Chemical Dependency and Eating Disorders, providing residential treatment for adult females with eating disorders and/or substance use disorders.

Medical Director

Pine Grove Gentle Path Program, providing residential treatment for adults with disorders related to sexual compulsivity and concurrent mental health disorders.

Attending Physician

Pine grove Alcohol & Drug Unit and Dual Diagnosis Unit, providing medically directed alcohol and drug detoxification for adults with substance use and concurrent mental health disorders.

Supervisor

Staff of six Family Nurse Practitioners at Pine Grove.

Hattiesburg, Mississippi
2009 - 2010

The Oxford Center

Medical Director

Residential treatment, and medically directed alcohol and drug detoxification for adults with substance use and concurrent mental health disorders.

Oxford, Mississippi
2008 - 2009

Pine Grove Behavioral Health

Attending Physician

Pine Grove Alcohol & Drug Unit and Dual Diagnosis Unit, providing medically directed alcohol and drug detoxification for adults with substance use and concurrent mental health disorders.

Hattiesburg, Mississippi
2007 - 2008

Pine Grove Behavioral Health/University of Florida

Addiction Medicine Fellowship

Hattiesburg, Mississippi
2006 - 2007

Pinnacle Health Urgent Care

Urgent Care/Family Medicine

Shelby, North Carolina
2003 - 2004

Kings Mountain Hospital

Emergency Medicine

Kings Mountain, North Carolina
2000 - 2002

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Scott L. Hambleton, M.D.

Southeastern Emergency Physicians

Emergency Medicine
Knoxville, Tennessee
1995 - 2000

Education:

Medical School:

University of Tennessee, Center for Health Sciences
Memphis, Tennessee, 1994
Medical Doctor

Undergraduate:

University of Tennessee at Chattanooga
Chattanooga, Tennessee, 1987
B.A. Chemistry

Post-Doctoral Training:

Fellowship Training:

Addiction Medicine
University of Florida at Pine Grove Behavioral Health
Hattiesburg, Mississippi
2006 – 2007

Residency:

Accelerated Family Medicine Residency
University of Tennessee Medical Center
Knoxville, Tennessee
1994 - 1996

Medical Licensure: Mississippi # 20010

Certification:

American Board of Family Medicine: 1998 and recertified in 2008 & 2018

American Board of Preventative Medicine in Addiction Medicine: 2017

American Association of Medical Review Officers: 2015

American Board of Addiction Medicine: 2008

Academic Appointments:

Clinical Educator

Department of Psychiatry and Human Behavior
University of Mississippi Medical Center
Jackson, Mississippi
November 2018 – present

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Major Committee Assignments:

Board of Trustees

Mississippi State Medical Association
August 2022 – present

Chair, Board of Trustees

Mississippi State Medical Association
August 2024 - present

Vice Chair, Board of Trustees

Mississippi State Medical Association
August 2023 – present

President

Federation of State Physician Health Programs
2022 - present

President-Elect

Federation of State Physician Health Programs
2020 – 2022

Co-Chair, Accreditation and Review Council

Federation of State Physician Health Programs
2019 - present

Co-Chair, Medication Assisted Treatment Task Force

Federation of State Physician Health Programs
2018 - 2019

Blue Cross Blue Shield of Mississippi

Medical Policy Advisory Committee
Jackson, MS
2018 - 2021

Member, Governor's Task Force on Heroin and Opioid Abuse

Gubernatorial Appointment
State of Mississippi, Office of the Governor
Jackson, Mississippi
2017 - 2019

Executive Committee

Federation of State Physician Health Programs
2016 – present

Past President

Mississippi Society of Addiction Medicine
2015 - 2016

Chair, Ad Hoc Committee on Opioid Abuse

Mississippi State Medical Association
2014 -2015

Board of Directors

Federation of State Physician Health Programs
2013 -present

Chair, Public Policy Committee

Federation of State Physician Health Programs
2018 - 2021

Co-Chair, Public Policy Committee

Federation of State Physician Health Programs
2013 -2018

Advisory Editor

Journal Mississippi State Medical Association Editorial Advisory Board
Mississippi State Medical Association
Ridgeland, Mississippi
2013 -present

Member, Program Planning Committee

Federation of State Physician Health Programs
2012-present

Professional Activities:

Distinguished Fellow, American Society of Addiction Medicine
Diplomat, American Board of Family Medicine
American Medical Association
American Academy of Family Practice

Publications:

1. Hambleton S. President's Message - Fall 2023. *Physician Health News*. 2022; 2: 2 -3.
2. Hambleton S. President's Message - Spring 2023. *Physician Health News*. 2022; 1: 1-3.
3. Hambleton S. President's Message - Winter 2022. *Physician Health News*. 2022; 2: 1-3.
4. Hambleton S, Bundy C, Baron M. **Federation of State Physician Health Programs' Response**

Scott L. Hambleton, M.D.

to Helping the Helpers. *J Addiction Medicine*. October 4, 2022 - Volume - Issue - doi: 10.1097/ADM.0000000000001089.

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7. Hambleton S. **Physicians helping physicians: a template for success.** *J Miss State Med Assoc*. 2019; 60(10): 324-327.
8. Hambleton S. **Update on the US drug overdose epidemic.** *J Miss State Med Assoc*. 2018; 59(1): 14-15.
9. Hambleton S. **Physician wellness: the burnout antidote.** *J Miss State Med Assoc*. 2016; 57(1): 9-11.
10. Hambleton S. **Nondisciplinary recovery tracks and protection of the public health.** *Physician Health News*. 2015; 20:11-12.
11. Smith M, Hambleton S. **The safe use of opioids in the treatment of pain.** *Clinical Advisor*. April 2014; 73-85.
12. Smith M, Hambleton S. **An understanding of substance use disorder.** *Clinical Advisor*. March 2014; 57-67.
13. Smith M, Hambleton S. **Workplace stress and career burnout among clinicians.** *Clinical Advisor*. July 2013; 36-41.
14. Hambleton S. **Opioids for chronic pain: Are they safe and effective?** *J Miss State Med Assoc*. 2013; 54(1):4-7.
15. Hambleton S. **Overcoming the stigma of addiction.** *J Miss State Med Assoc*. 2011; 52(7): 232-233.
16. Hambleton S. **Addiction as a brain disease.** *J Miss State Med Assoc*. 2011; 52(5): 168-170.

Presentations in 2023:

17. **Medication for Opioid Use Disorder: Tips for Better Outcomes** at MAPA Continuing Education. Raymond, MS. December 2023.
18. **Nourishing the Mind: The Connection Between Nutrition and Mental Health** Keynote Address presented at Mississippi Hunger Summit. Oxford, MS. October 2023.
19. **Medication for Opioid Use Disorder: Tips for Better Outcomes** at NMHS Outcomes Conference. Florence, AL. August 2023.

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Scott L. Hambleton, M.D.

20. **Medication for Opioid Use Disorder: Tips for Better Outcomes** at MSMA CME in the Sand. Sandestin, FL. May 2023.
21. **Medication for Opioid Use Disorder: Tips for Better Outcomes** at MPHP 2023 Prescriber Summit. Ridgeland, MS. April 2023.
22. **Federation of State Physician Health Programs Performance Enhancement and Effectiveness Review Subject Matter Expert Training Webinar.** February 2023.

Presentations in 2022:

1. **Federation of State Physician Health Programs Evaluation and Treatment Accreditation Subject Matter Expert Training** at FSPHP Virtual Workshop. November 2022.
2. **Federation of State Physician Health Programs PEER Subject Matter Expert Training** at FSPHP Virtual Workshop. November 2022.
3. **Principles of Prescribing Controlled Substances** at Professionals Health Network Self-care and Safe Prescribing for the Dental Professional, Pearl, MS. September 2022.
4. **FSPHP and Physician Health 2022 Update: Current Issues and Future Direction.** 2022 Florida Professionals Resources Network Annual Conference, Amelia Island, FL. September 2022.
5. **Principles of Prescribing Controlled Substances** at Mississippi Physician Health Program 2022 Virtual Prescriber Summit on Controlled Substances, Jackson, MS. April 2022.
6. **Federation of State Physician Health Programs PEER Readiness: How to Prepare?** at FSPHP Annual Education Conference Virtual Workshop. April 2022.
7. **Federation of State Physician Health Programs ETA Readiness: How to Prepare?** at FSPHP Annual Education Conference Virtual Workshop. April 2022.
8. **Future of FSPHP and PHPs** General Session at Federation of State Physician Health Programs Annual Education Conference, New Orleans, LA. April 2022.
9. **Reducing Stigma and Barriers** General Session at Federation of State Physician Health Programs Annual Education Conference, New Orleans, LA. April 2022.
10. **How has the Pandemic Changed PHPs and State Medical Boards?** at FSMB/FSPHP Joint Session, New Orleans, LA. April 2022.

Presentations in 2021:

1. **Healthcare Professionals and Distress: Healing the Healers** at Mississippi Academy of Family Physicians, Jackson, MS. April 2021.
2. **How to Establish Trust and Credibility with Your State Medical Board** at FSPHP Virtual Education Conference & Annual Business Meeting. April 2021.

3. **Medical Marijuana, & Opioid Overdose Update: Considerations in the Age of COVID** at 19th Annual MSMA CME in the Sand, Sandestin, FL. May 2021.
4. **Addiction, Impairment & Controlled Substance Use: Healthcare Professional Considerations** at Greenwood Leflore Hospital, Greenwood, MS. June 2021.
5. **Medical Ethics and Physician Impairment** at Forrest General Hospital Family Medicine Residency, Hattiesburg, MS. June 2021.
6. **Medical Marijuana** at North Mississippi Medical Center Outcomes Conference, Tupelo, MS. August 2021.

Presentations in 2020:

1. **Addiction, Impairment & Controlled Substance Use: Healthcare Professional Considerations** at MPHP Virtual Prescriber Summit: 2020, Ridgeland, MS. May 2020.
2. **Kratom** (radio interview) at The Gallow Radio Show, Jackson, MS. February 2020.
3. **Addiction & the Healthcare Professional** at Department of Physician Assistant Studies, Mississippi College, Clinton, MS. February 2020.
4. **Medical Marijuana.** (radio interview) at The Gallow Radio Show, Jackson, MS. February 2020.
5. **Controlled Substances Prescribers Summit.** Ridgeland, MS. Activity Chair and Moderator. February 2020.
6. **Burnout and the Healthcare Professional in the Age of COVID-19** at Eighteenth Annual MSMA CME in the Sand, Sandestin, FL. July 2020.

Presentations in 2019:

1. **Addiction and the Healthcare Provider** at Baptist Memorial Hospital Golden Triangle, Columbus, MS. September 2019.
2. **2019 Update on Proper Prescribing: Focus Benzodiazepines** at Greenwood Leflore Hospital, Greenwood, MS. September 2019.
3. **2019 Update on Proper Prescribing: Focus Benzodiazepines** at North Mississippi Medical Center Outcomes Conference, Florence, AL. August 2019.
4. **Update on Benzodiazepines and Medical Marijuana** at 2019 Opioid & Heroin Mississippi Drug Summit, Madison, MS. July 2019.
5. **Addiction and the Healthcare Professional & Prescribing Tips and Update on Benzodiazepines and Medical Marijuana** (2 hour lecture) at the 41th Annual Caduceus Club Family Retreat and Conference, Louisville, MS. Activity Chair, Moderator and Speaker. July 2019.
6. **Impairment, Substance Abuse and Relapse in Healthcare Professionals Panel** at 2019 National Association of Drug Diversion Investigators Mississippi Chapter Conference, Raymond, MS. June 2019.
7. **Mississippi Physician Health Program (MPHP) Update** at Northeast Mississippi Medical Society, Tupelo, MS. June 2019.

Scott L. Hambleton, M.D.

8. **Medication Assisted Treatment and Medical Marijuana: Myths, Facts & Tips for Better Outcomes** at Seventeenth Annual MSMA CME in the Sand, Sandestin, FL. May 2019.
9. **Update on Benzodiazepines and Medical Marijuana** at MSMA Opioids & Pain Conference, Hattiesburg, MS. May 2019.
10. **Kratom** (radio interview) at The Gallow Radio Show, Jackson, MS. April 2019.
11. **Update on Benzodiazepines and Medical Marijuana** at MPHP Prescriber Summit, Jackson, MS. Activity Chair, Moderator and Speaker. April 2019.
12. **Addiction and the Healthcare Professional** at Quality Improvement Organizations 2019 Healthcare Quality Summit, Flowood, MS. April 2019.
13. **Update on Benzodiazepines and Medical Marijuana** at MPHP Prescriber Summit, Gulfport, MS. Activity Chair, Moderator and Speaker. March 2019.
14. **2019 Update on Proper Prescribing: Opioids & Benzodiazepines** at the 11th Annual Mississippi Addiction Conference, Jackson, MS. March 2019.
15. **Healthcare Professionals & Substance Use Disorders: Is Recovery a Viable Option?** at Prescribing Series & Internal Medicine Grand Rounds Collaboration, University of Mississippi Medical Center, Jackson, MS. March 2019.
16. **Update on Benzodiazepines and Medical Marijuana** at MPHP Prescriber Summit, Oxford, MS. Activity Chair, Moderator and Speaker. March 2019.
17. **Addiction and the Healthcare Professional** at Department of Physician Assistant Studies, Mississippi College, Clinton, MS. February 2019.
18. **Medical Marijuana** at Mississippi State Medical Association Counsel on Medical Services, Jackson, MS. January 2019.

Presentations in 2018:

1. **Medical Marijuana** at AMA/MSMA Student Section, University of Mississippi Medical Center, Jackson, MS. November 2018.
2. **Medical Staff Services Impairment Issues** at St. Dominic Jackson Memorial Hospital Licensure Roundtable, Jackson, MS. October 2018.
3. **Proper Prescribing and Prescription Drug Abuse Crisis – 2018** at Appalachian Addiction & Prescription Drug Abuse Conference, Charleston, WV. October 2018.
4. **Wellness: the Burnout Antidote and Addiction: Brain Disease or Just an Excuse for Bad Behavior** (two hour workshop) at Montana PHP Annual Retreat, Bozeman, MT. September 2018.
5. **The Mississippi Prescription Drug Abuse Crisis: 2018 Update** at Mississippi Public Health Institute, Ridgeland, MS. August 2018.
6. **Physician Suicide** Panel at Mississippi State Medical Association (MSMA) Annual Meeting, Jackson, MS. August 2018.
7. **Physician Health Issues** at William Carey University of Osteopathic Medicine 4th Annual Prescriber's Conference, Hattiesburg, MS. July 2018.
8. **Use of Suboxone and Other Treatment Modalities: Myths, Facts & Tips for Better Outcomes** at William Carey University of Osteopathic Medicine, Hattiesburg, MS. July 2018.

Scott L. Hambleton, M.D.

9. **Mississippi State Board of Medical Licensure Rules and Regulations: Update on Controlled Substances** at the 40th Annual Caduceus Club Family Retreat and Conference, Louisville, MS. Activity Chair, Moderator and Speaker. July 2018.
10. **Use of Suboxone and Other Treatment Modalities: Myths, Facts & Tips for Better Outcomes** at Mississippi Opioid & Heroin Summit, Ridgeland, MS. July 2018.
11. **Use of Suboxone and Other Treatment Modalities: Myths, Facts & Tips for Better Outcomes** at MPHP Prescribers Summit, Jackson, MS. Activity Chair, Moderator and Speaker. June 2018.
12. **Use of Suboxone and Other Treatment Modalities: Myths, Facts & Tips for Better Outcomes** at MSMA CME in the Sand, Annual Conference, Sandestin, FL. May 2018.
13. Bennett LC, Hambleton S. **The Balancing Act: Confidentiality and Public Safety with Professional Sexual Misconduct** at FSPHP Annual Conference and Business Meeting, Charlotte, NC. April 2018.
14. Hambleton S, Moss L. **Use of Controlled Substances as Treatment Modalities for Physicians Being Monitored by PHPs** at FSPHP Annual Conference and Business Meeting, Charlotte, NC. April 2018.
15. Hambleton S, Ramirez M, Hall B, Dinnan M. **Management of Complex Cases, Funding, and Relationships with Shareholders: Experiences of Four Rural PHPs** at FSPHP Annual Conference and Business Meeting, Charlotte, NC. April 2018.
16. **Use of Suboxone and Other Treatment Modalities: Myths, Facts & Tips for Better Outcomes** at MPHP Prescribers Summit, Gulfport, MS. Activity Chair, Moderator and Speaker. April 2018.
17. **Use of Suboxone and Other Treatment Modalities: Myths, Facts & Tips for Better Outcomes** at MPHP Prescribers Summit, Oxford, MS. Activity Chair, Moderator and Speaker. March 2018.
18. **Controlled Substances: Diagnosis, Screening & Drug Testing: Evidence-based Tips for Improved Workflow** at Mississippi Primary Health Care Association Conference, Pearl, MS. March 2018.
19. **The Prescription Drug Abuse Crisis: 2018 Update** at University of Mississippi Medical Center Department of Medicine Chairs' Conference, Jackson, MS. March 2018.
20. **Rethinking Addiction Treatment Based on Four Decades of PHP Experience** at the 10th Annual Mississippi Addiction Conference, Jackson, MS. March 2018.
21. **The Mississippi Prescription Drug Abuse Crisis: 2018 Update** at Mississippi State Hospital, Pearl, MS. February 2018.
22. **The Mississippi Prescription Drug Abuse Crisis: 2018 Update** at Merit Health Hospital, Clarksdale, MS. February 2018.

Presentations in 2017:

1. **Physician Health** at Northeast Mississippi Medical Society, Tupelo, MS. December 2017.
2. **The Prescription Drug Abuse Crisis: 2017 Update** at Dental Professionals of East Mississippi,

Scott L. Hambleton, M.D.

Starkville, MS. November 2017.

3. **The Prescription Drug Abuse Crisis: 2017 Update** at MPHP Prescribers Summit, Pearl, MS. Activity Chair, Moderator and Speaker. October 2017.
4. **Controlled Substances Panel Discussion: Pharmacists** at Walgreen's Corporate Office, Flowood, MS. October 2017.
5. **Epidemiology of the Prescription Drug Crisis & Risks of Prescribing Controlled Substances for Chronic Conditions** at Greenwood Leflore Hospital, Greenwood, MS. September 2017.
6. **The Prescription Drug Abuse Crisis: 2017 Update** at Anderson Regional Medical Center, Meridian, MS. August 2017.
7. **Provider Burnout** at North Mississippi Medical Center Aiming for the Best Outcomes Conference, Counce, TN. August 2017.
8. **Controlled Substances Panel Discussion: Pharmacy Managers** at Walgreen's Corporate Office, Flowood, MS. August 2017.
9. **To Bupe or Not to Bupe: That is the Question!** at IDAA Annual Meeting, Salt Lake City, UT. Activity Moderator and Speaker. August 2017.
10. **Mississippi Physician Health Program** at Student Orientation at William Carey College of Osteopathic Medicine, Hattiesburg, MS. July 2017.
11. **The Prescription Drug Abuse Crisis: 2017 Update** at MPHP Prescribers Summit, Gulfport, MS. Activity Chair, Moderator and Speaker. June 2017.
12. **Controlled Substances Panel Discussion: Pharmacy Students** at Walgreen's Corporate Office, Flowood, MS. June 2017.
13. **39th Annual Caduceus Club Family Retreat and Conference**, Louisville, MS. MPHP. Activity Chair and Moderator. June 2017.
14. **Mississippi Physician Health Program & Addictive Illness: Avoiding Pitfalls of Inappropriate Prescribing** at University of Mississippi Medical Mall Conference Center, Jackson, MS. June 2017.
15. **Physician Burnout: Solutions Panel Discussion** at MSMA CME in the Sand, Annual Conference, Sandestin, FL. May 2017.
16. **Physician Health Program Monitoring** at Medical Assurance Company of Mississippi, Ridgeland, MS. May 2017.
17. **Stress, Burnout & MPHP** Panel Discussion at Department of Mental Health, Brandon, MS. May 2017.
18. Hambleton S, Brown M, Gunderson D, Ramirez M. **PHPs and Professional Sexual Misconduct: Pitfalls and Pearls** at FSPHP Annual Conference and Business Meeting, Fort Worth, TX. Moderator. April 2017.
19. Bennett LC, Hambleton S, Moody S. **The Aging Physician: PHP Involvement in Education, Evaluation and Treatment** at FSPHP Annual Conference and Business Meeting, Fort Worth, TX. April 2017.

Scott L. Hambleton, M.D.

20. **The Prescription Drug Abuse Crisis: 2017 Update** at MPHP Prescribers Summit, Oxford, MS. Activity Chair, Moderator and Speaker. March 2017.
21. **Physician Well-Being** at William Carey University of Osteopathic Medicine, Hattiesburg, MS. February 2017.
22. **Addiction and Responsible Prescribing Practices** at District 1 Meeting of the Mississippi Dental Association, Tupelo, MS. February 2017.

Presentations in 2016:

1. **Avoiding Pitfalls of Inappropriate Prescribing: Understanding Addiction as a Brain Disease** at Department of Physician Assistant Studies Controlled Substance Education Seminar, Mississippi College, Clinton, MS. December 2016.
2. **Avoiding Pitfalls of Inappropriate Prescribing: Understanding Addiction as a Brain Disease** at Southern Medical Association Psychiatry Pearls for the Primary Care Provider Meeting, Chattanooga, TN. November 2016.
3. **Opioid Use and Pain Management Best Practices** at Mississippi Rural Health Association 21st Annual Conference, Jackson, MS. October 2016.
4. **The Prescription Drug Abuse Crisis: 2016 Update** at Illinois Physician Health Program 2nd Annual Symposium on Addiction, Lombard, IL. September 2016.
5. **Avoiding Pitfalls of Inappropriate Prescribing: Understanding Addiction as a Brain Disease** at North Mississippi Medical Center Aiming for the Best Outcomes Conference, Counce, TN. August 2016.
6. **Opioid Prescribing: Safe Practice, Changing Lives** at MSMA Drug Summit Seminar, Jackson, MS. August 2016.
7. **Mississippi Physician Health Program: Boundaries, Physician Impairment & Unprofessional Conduct** at William Carey College Osteopathic School of Medicine, Hattiesburg, MS. July 27, 2016.
8. **Addictive Disorders: Management Principles & the MPHP Approach** at MPHP Prescribers Summit, Gulfport, MS. Activity Chair, Moderator and Speaker. June 2016.
9. **Addictive Disorders: Management Principles & the MPHP Approach** at the Southern Medical Association's Prescribing Controlled Substances Course, Hattiesburg, MS. June 2016.
10. **The Prescription Drug Abuse Crisis: 2016 Update** at Mississippi Primary Health Care Association Annual Meeting, Tunica, MS. June 2016.
11. 38th Annual Caduceus Club Family Retreat and Conference, Louisville, MS. Activity Chair, and Moderator. June 2016.
12. **Update on Physician Health** at Northeast Mississippi Medical Society, Tupelo, MS. June 2016.
13. **Physician Burnout & the Mississippi Physician Health Program and Controlled Substances: Prescribing Pearls for Difficult Patients** (two hour workshop) at MSMA CME in the Sand, Annual Conference, San Destin, FL. May 2016.
14. **Physician Burnout & the Mississippi Physician Health Program** at Greenwood Leflore Hospital, Greenwood, MS. May 2016.
15. **To Bupe or Not to Bupe: That Is the Question** at FSPHP Annual Conference and Business

Meeting, San Diego, CA. Debate Moderator. April 2016.

16. **Benzodiazepines and Other Controlled Substances: Avoiding Prescribing Pitfalls** at Central Mississippi Medical Center CME Event, Flowood, MS. April 2016.
17. **The Prescription Drug Abuse Crisis: 2016 Update and Addictive Disorders: Management Principles & the MPHP Approach** (two hour workshop) at Ochsner Medical Clinic Medicine on the Beach Conference, Sandestin, FL. April 2016.
18. **Stress, Burnout & Mississippi Professionals Health Program** at Department of Physician Assistant Studies, Mississippi College, Clinton, MS. March 2016.
19. **Substance Use Disorders: Alcohol and Substance Use Disorders: Stimulants & Opioids** (two hour guest lecture) at William Carey College Osteopathic School of Medicine, Hattiesburg, MS. March 2016.
20. **The Distressed Physician and the Mississippi Professionals Health Program** at Family Medicine Residency Program, Forrest General Hospital, Hattiesburg, MS. March, 2016.
21. **Physician Health Programs: Gold Standard for Management of Patients with Addictive Disorders** (two hour workshop) at MSMA CME on the Slopes, Snowbird, UT. February 2016.
22. **Mississippi Professionals Health Program & Physician Health** at William Carey Osteopathic School of Medicine, Hattiesburg, MS. February 2016.
23. **The Prescription Drug Abuse Crisis: Mississippi Prescribers' Response** at University of Mississippi Medical Center, Department of Psychiatry and Human Behavior, Jackson, MS. February 2016.

Presentations in 2015:

1. **Addiction as a Brain Disease and Overview of the Prescription Drug Abuse Crisis** (two-hour guest lecture) at Department of Physician Assistant Studies Controlled Substance Education Event, Mississippi College, Clinton, MS. December 2015.
2. **Avoiding Pitfalls of Inappropriate Prescribing: Understanding Addiction as a Brain Disease** at William Carey University College of Osteopathic Medicine, Hattiesburg, MS. November 2015.
3. **Drug and Alcohol Detox and Treatment: Recognizing when There Is a Problem** at University of Mississippi Medical Center Department of Internal Medicine Grand Rounds, Jackson, MS. November 2015.
4. **Update on MPHP: Role and Development** at Round-Table Discussion Sponsored by Medical Staff Services at St. Dominic Hospital, Pearl, MS. November 2015.
5. **2015 Update on the Opioid Use Epidemic: Are We Making Progress?** at MSMA CME with the Saints, New Orleans, LA. November 2015.
6. **2015 Prescribers Summit: Focus on Controlled Substances** at MPHP Prescribers Summit, Jackson, MS. Activity Chair, Moderator and Speaker. October 2015.
7. **Professionalism, Boundaries & Recovery** (two-hour workshop) at Montana PHP Annual Retreat, Kalispell, MT. September 2015.
8. **PHPs: The Gold Standard for Management of Patients with Addictive Disorders** at North

Scott L. Hambleton, M.D.

Mississippi Medical Center Aiming for the Best Outcomes Conference, Counce, TN. August 2015.

9. **Comparing State Physician Health Programs** Panel Discussion at IDAA Annual Meeting, Norfolk, VA. August 2015.
10. **Mississippi Professionals Health Program & Physician Health** at William Carey College of Osteopathic Medicine, Hattiesburg, MS. July 2015.
11. **Controlled Substances and the Prescription Drug Crisis: Mississippi Rules, Regulations & Prescribing Pearls** at Singing River Hospital, Pascagoula, MS. July 2015.
12. **Prescribing Tips for Maximizing Effectiveness of Controlled Substances and Minimizing Abuse** at the 37th Annual Caduceus Club Family Retreat and Conference, Louisville, MS. Activity Chair, Moderator and Speaker. July 2015.
13. **Prescription Drug Abuse Crisis: 2015 Update** at Greenwood Leflore Hospital, Greenwood, MS. June 2015.
14. **Understanding Addiction as a Brain Disease and Benzodiazepines: Avoiding Pitfalls of Inappropriate Prescribing** (two-hour workshop) at Southern Medical Association Prescriber Course, Hattiesburg, MS. June 2015.
15. **Addiction** (radio interview) at Southern Remedy Public Broadcasting Radio Program, Jackson, MS. June 2015.
16. **The Prescription Drug Crisis: Controlled Substances Update** at Mississippi Osteopathic Medical Association Annual Conference, Sandestin, FL. May 2015.
17. **2015 Update on the Opioid Use Epidemic: Are We Making Progress?** at MSMA CME in the Sand, Annual Conference, San Destin, FL. May 2015.
18. **The Faces of Addiction** at Department of Mental Health, Meridian, MS. May 2015.
19. **The Prescription Drug Abuse Crisis: Mississippi Prescribers' Response and Avoiding Pitfalls of Prescribing Controlled Substances: Understanding Addiction as a Brain Disease** (two-hour workshop) at Mississippi Orthopedic Society Conference, Biloxi, MS. May 2015.
20. **Application of DSM 5 Diagnostic Criteria: MSBML Workshop** at Mississippi State Board of Medical Licensure, Jackson, MS. May 2015.
21. Hambleton S, Earley P. **Southeast Regional FSPHP Survey of Treatment Provider Services** at FSPHP Annual Conference and Business Meeting, Ft. Worth, TX. April 2016.
22. **Substance Use Disorders: Alcohol and Substance Use Disorders: Stimulants & Opioids** (two-hour guest lecture) at William Carey College Osteopathic School of Medicine, Hattiesburg, MS. April 2015.
23. **Avoiding Pitfalls of Prescribing Controlled Substances: Understanding Addiction as a Brain Disease and The Prescription Drug Abuse Crisis: 2015 Update** (two-hour lecture) at 8th Annual Mississippi School for Addiction Professionals, Hattiesburg, MS. April 2015.
24. **Pain & Addiction** (panel discussion) at Medical College of Georgia, Augusta, GA. April 2015.
25. **The Prescription Drug Abuse Crisis: 2015 Update** at MPHP Prescribers Summit, Oxford, MS. Activity Chair, Moderator and Speaker. March 2015.

Scott L. Hambleton, M.D.

24. **The Prescription Drug Abuse Crisis: 2015 Update** at 7th Annual Mississippi Addictions Conference, Jackson, MS. March 2015.
25. **The Prescription Drug Abuse Crisis: Mississippi Prescribers' Response** at University of Mississippi Medical Center, Department of Psychiatry and Human Behavior, Jackson, MS. February 2015.
26. **MPHP and the Importance of a Non-Disciplinary Recovery Tract** at Cirque Lodge, Orem, UT. January 2015.
27. **Non-Disciplinary Recovery Tracks for Recovering Physicians: Do They Protect the Public Health?** at Mississippi Board of Nursing, Jackson, MS. January 2015.

Presentations in 2014:

1. **Avoiding Pitfalls of Prescribing Controlled Substances and Prescription Drug Abuse Crisis: Mississippi Prescribers Response** (two-hour guest lecture) at Department of Physician Assistant Studies, Mississippi College, Clinton, MS. December 2014.
2. **Principles of Medicine and Boundaries** (three-hour workshop) at Pine Grove Behavioral Health Professional Boundaries Course, Hattiesburg, MS. November 2014.
3. **MPHP and Physician Health** at Mississippi Hospital Association Society for Behavioral Health Services, Madison, MS. October 2014.
4. **Drug Testing** at Mississippi National Association of Drug Diversion Investigators Diversion Training, Raymond, MS. September 2014.
5. **Southeast Regional FSPHP Survey to Assess Treatment Provider Services** at Federation of State Physicians Health Program Southeast Regional Meeting, Amelia Island, FL. Activities Chair and Presenter. September 2014.
6. **Burnout and Physician Health** at Mississippi Department of Corrections Medical Staff Education, Ridgeland, MS. August 2014.
7. **Cannabis: Is It Truly a Product for Medicine?** at North Mississippi Medical Center Aiming for the Best Outcomes Conference, Counce, TN. August 2014.
8. **The Prescription Drug Abuse Crisis: Mississippi Prescribers' Response** at Mississippi Drug Court Professionals Convention, Natchez, MS. August 2014.
9. **MPHP and Jurisprudence** at William Carey Osteopathic School of Medicine, Hattiesburg, MS. August 2014.
10. 36th Annual Caduceus Club Family Retreat and Conference, Louisville, MS. Activity Chair and Moderator. July 2014.
11. **Role of the Examining Committee and Relationship to MPHP** at Mississippi State Board of Medical Licensure Executive Committee, Jackson, MS. July 2014.
12. **Avoiding Pitfalls of Prescribing Controlled Substances and Prescription Drug Abuse Crisis: Mississippi Prescribers Response** (two-hour guest lecture) at Department of Physician Assistant Studies Controlled Substance Education Event, Mississippi College, Clinton, MS. June 2014.
13. **25 Tips for Maximizing Effectiveness of Controlled Substances and Minimizing Abuse** at MSMA CME in the Sand, Annual Conference, San Destin, FL. May 2014.
14. **Benzodiazepines: Avoiding Pitfalls of Inappropriate Prescribing** at Greenwood Leflore

Hospital, Greenwood, MS. May 2014.

15. **Principles of Medicine and Boundaries** (three-hour workshop) at Pine Grove Behavioral Health Professional Boundaries Course, Hattiesburg, MS. May 2014.
16. **The Distressed Physician and MPHP** at Mississippi Medical and Surgical Association 112th Scientific Assembly, Biloxi, MS. May 3, 2014.
17. Hemphill P, Hambleton S. **Risk Assessment and PHP Involvement with Complex Cases: A Roadmap for Success** at FSPHP Annual Conference and Business Meeting, Denver, CO. April 2014.
18. **Opioid Use Disorders and Alcohol Use Disorders** (two-hour guest lecture) at William Carey College of Osteopathic Medicine, Hattiesburg, MS. April 2014.
19. **MPHP and Physician Health** at Mississippi Association of Family Physicians' Spring Conference, Ridgeland, MS. April 2014.
20. **Prescription Drug Abuse Crisis: Mississippi Prescribers Response and Benzodiazepines: Avoiding the Pitfalls of Inappropriate Prescribing** (two-hour workshop) at Central Mississippi Medical Center Prescribers Conference, Jackson, MS. April 2014.
21. MPHP Prescribers Summit, Oxford, MS. Activity Chair and Moderator. March 2014.
22. **Addiction as a Brain Disease and Overview of the Prescription Drug Crisis** (two hour workshop) at Clarksdale Hospital, Clarksdale, MS. March 2014.
23. **Avoiding Pitfalls of Prescribing Controlled Substances and The Prescription Drug Abuse Crisis: Mississippi Prescribers' Response** (two-hour guest lecture) at Department of Physician Assistant Studies, Mississippi College, Clinton, MS. March 2014.
24. **20 Tips for Maximizing Effectiveness of Prescribing Controlled Substances and Minimizing Abuse Potential** at Greenwood Leflore Hospital, Greenwood, MS. February 2014.
25. **MPHP and Physician Health** at St. Dominic Hospital, Jackson, MS. February 2014.

Presentations in 2013:

1. **Avoiding Pitfalls of Prescribing Controlled Substances: Understanding Addiction as a Brain Disease and The Prescription Drug Abuse Crisis: Mississippi Prescribers Response** (two-hour guest lecture) at Department of Physician Assistant Studies, Mississippi College, Clinton, MS. December 2013.
2. **Prescription Drug Abuse Crisis: Mississippi Prescribers' Response** at MPHP Prescribers Summit, Moss Point, MS. November 2013.
3. **The Mississippi Professionals Health Program** at Mississippi e-Center at Jackson State University. Trinity Broadcasting Interview. Jackson, MS. October 2013.
4. **Prescription Drug Abuse Crisis: Mississippi Prescribers' Response** at MPHP Prescribers Summit, Jackson, MS. Activity Chair, Moderator and Speaker. October 2013.
5. **Perspectives on Prescription Drug Abuse in Mississippi: a Panel Discussion** at Medical Assurance Company of Mississippi Young Physicians Advisory Council, Ridgeland, MS. October 2013.
6. **Prescription Drug Abuse Crisis: Mississippi Prescribers' Response** at Anderson Regional Medical Center, Meridian, MS. October 2013.

Scott L. Hambleton, M.D.

7. **Perspectives on Prescription Drug Abuse in Mississippi: A Panel Discussion** at Medical Assurance Company of Mississippi Continuing Medical Education Program, New Orleans, LA. September 2013.
8. **Avoiding Pitfalls of Prescribing Controlled Substances: Understanding Addiction as a Brain Disease** and **The Prescription Drug Abuse Crisis: Mississippi Prescribers' Response** (two hour workshop) at North Mississippi Medical Center Aiming for the Best Outcomes Conference, Counce, TN. August 2013.
9. **Avoiding Pitfalls of Prescribing Controlled Substances: Understanding Addiction as a Brain Disease** and **The Prescription Drug Abuse Crisis: Mississippi Prescribers Response** (two-hour workshop) at Mississippi Association of Public Health Physicians Controlled Substances Workshop, Jackson, MS. August 2013.
10. **The Mississippi Professionals Health Program** at William Carey Osteopathic School of Medicine, Hattiesburg, MS. July 2013.
11. 35th Annual Caduceus Club Family Retreat and Conference, Louisville, MS. Activity Chair and Moderator. July 2013.
12. **Prescription Drug Abuse Crisis: Mississippi Prescribers Response** at Greenwood Leflore Hospital, Greenwood, MS. June 2013.
13. **Principles of Medicine and Boundaries** (three-hour workshop) at Pine Grove Behavioral Health Professional Boundaries Course, Hattiesburg, MS. June 2013.
14. **Mississippi Professionals Health Program and Disruptive Physician Behavior** at University of Mississippi Medical Center Office of Faculty Affairs, Jackson, MS. May 2013.
15. **Avoiding Pitfalls of Prescribing Controlled Substances: Understanding Addiction as a Brain Disease** at MSMA CME in the Sand, Annual Conference, Sandestin, FL. May 2013.
16. **Mississippi Response to Prescription Drug Abuse: Medical & Legal Considerations** at Mississippi Osteopathic Medical Association 2013 Annual Conference, Sandestin, FL. May 2013.
17. **The Mississippi Professionals Health Program** at William Carey Osteopathic School of Medicine, School of Medicine, Hattiesburg, MS. April 2013.
18. **Addiction, Pain & Controlled Substances: Treatment Considerations, Part I & II** (two-hour workshop) at Mississippi Nurses Association 2013 APRN Spring Convention. Natchez, MS. April 2013.
19. DuPont RL, Merlo LJ, Skipper GE, Hambleton S. **Long-Term Follow-Up of Physician Health Program (PHP) Participants: An Ongoing Study** at FSPHP Annual Conference and Business Meeting, Cambridge, MA. April 2013.
20. **Addiction, Pain & Controlled Substances: Treatment Considerations, Part I & II** (two-hour workshop) at Mississippi University for Women, Department of Graduate Nursing, Columbus, MS. April 2013.
21. **The Distressed Physician** at Singing River Health Systems, Gautier, MS. March 2013.
22. **Principles of Medicine and Boundaries** (three-hour workshop) at Pine Grove Behavioral Health Professional Boundaries Course, Hattiesburg, MS. March 2013.

23. **The Distressed Physician** at Greenwood Leflore Hospital, Greenwood, MS. February 2013.
24. **Stress, Burnout and the MPHP** at Department of Physician Assistant Studies, Mississippi College, Clinton, MS. February 2013.
25. **Addiction: Brain Disease or Just an Excuse for Bad Behavior? and Prescription Drug Abuse Crisis: Mississippi Prescribers' Response** (two-hour workshop) at Mississippi Academy of Physician Assistants Controlled Substances Education Event. Baptist DeSoto Hospital, Southaven, MS. February 2013.
26. **Mississippi Professionals Health Program: Purpose and Services** at John Douglas 2013 Southwest Mississippi Prescription Forum, Brookhaven, MS. February 2013.
27. **Avoiding Pitfalls of Prescribing Controlled Substances: Understanding Addiction as a Brain Disease** at Mississippi State Medical Association, INREACH Continuing Education Solutions, Ridgeland, MS. January 2013.
28. **Stress and Burnout: Impact on Acute Care Readmission Rates** at OCH Regional Medical Center. Starkville, MS. January 2013.

Presentations in 2012:

1. **The MPHP and Jurisprudence** at William Carey Osteopathic School of Medicine, Hattiesburg, MS. August 2012.
2. **Addiction: Brain Disease or Just an Excuse for Bad Behavior and Overview of the Opioid Analgesic Epidemic** (two-hour guest lecture) at Department of Physician Assistant Studies, Mississippi College, Clinton, MS. July 2012.
3. **Addiction as a Brain Disease: Prevention and Intervention** at Mississippi Prescription Drug Summit, Jackson, MS. July 2012.
4. **Energy Drinks, Bath Salts, and Synthetic Cannabis: a Dangerous Mix for Recovery** at 34th Annual Caduceus Club Family Retreat and Conference, Louisville, MS. Activity Chair, Moderator and Speaker. July 2012.
5. **The Prescription Drug Crisis** (radio interview) at The Gallow Radio Show, Jackson, MS. July 2012.
6. **Principles of Medicine and Boundaries** (three-hour workshop) at Pine Grove Behavioral Health Professional Boundaries Course, Hattiesburg, MS. June 2012.
7. **Overview of the Opioid Prescription Crisis** at the National Methamphetamine and Pharmaceuticals Initiative, San Antonio, TX. May 2012.
8. **Energy Drinks, Bath Salts and Synthetic Cannabis: a Dangerous Mix for Recovery** at Mississippi Association of Drug Court Professionals, Hattiesburg, MS. May 2012.
9. **The MPHP and Jurisprudence** at William Carey Osteopathic School of Medicine, Hattiesburg, MS. April 2012.
10. **Gambling, Sex and Process Addictions: Brain Disease or Just an Excuse for Bad Behavior?** at 2012 Governors' Conference on Substance Abuse, Des Moines, Iowa. April 2012.
11. **Addiction, Impairment and the Mississippi Professionals Health Program** at Greenwood

Leflore Hospital, Greenwood, MS. March 2012.

12. **Principles of Medicine and Boundaries** (three-hour workshop) at Pine Grove Behavioral Health Professionals Boundaries Course, Hattiesburg, MS. March 2012.
13. **Burnout, Addiction and the MPHP** at Department of Physician Assistant Studies, Mississippi College, Clinton, MS. February 2012.
14. **Addiction: Brain Disease or Just an Excuse for Bad Behavior?** and **Controlled Substances: Prescribing Pitfalls** (two-hour workshop) at Mississippi Academy of Physician Assistants Controlled Substances Education Program, Ocean Springs Hospital Ocean Springs, MS. February 2012.
15. **Bath Salts: Not for Bathing** at Coast Counties Medical Society, Gulfport, MS. January 2012.

Presentations in 2011:

1. **Overview of MPHP** at Mississippi Association for Medical Staff Services Annual Conference, Ridgeland, MS. November 2011.
2. **Anxiety, Depression and Addiction: Treatment Considerations** at NCADD Addiction, Intervention, & Prevention Workshop, St. Dominic Hospital, Jackson, MS. November 2011.
3. **Addiction: Brain Disease or Weakness?** at National Association of Drug Diversion Investigators Pharmaceutical Diversion Training. Hinds Community College, Raymond, MS. September 2011.
4. **Anxiety, Depression and Addiction: Treatment Considerations** at St. Dominic Hospital, Jackson, MS. August 2011.
5. **Addiction: Brain Disease or Weakness?** and **Controlled Substances: Prescribing Pitfalls** (two-hour guest lecture) at Department of Physician Assistant Studies, Mississippi College, Clinton, MS. August 2011.
6. **Gambling and Sex Addiction: Brain Disease or Weakness?** Midwest Conference on Problem on Problem Gambling & Substance Abuse, Kansas City, MO. July 2011.
7. **Anxiety, Depression and Addiction: Treatment Considerations** at Mississippi State Medical Association Medical Affairs Forum, Tupelo, MS. May 2011.
8. **Opioid Replacement Therapy and the Licensed Practicing Health Care Provider** at Mississippi Board of Nursing, Jackson, MS. February 2011.

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Speaker Bio Intro 2025 -- Brian Fingerson, RPh

Brian Fingerson is a 1973 graduate of North Dakota State University College of Pharmacy. He has practiced in chain and independent community settings as well as with the KY Dept. of Corrections. He is currently a consultant with Kentucky Professionals Recovery Network--KYPRN, a practice he formed in 2003 to educate health care professionals about substance use disorders and to provide addictions recovery facilitation and maintenance services. The practice monitors the recovery of Kentucky licensed professionals. KYPRN administers the recovery programs for multiple licensing Boards in Kentucky. He has worked in this field since 1986.

Brian Fingerson has presented countless presentations on Substance Use Disorders, Relapse Prevention, Spirituality, Recovery, and Professional Recovery Programs around the United States. He is actively involved with the annual CAPTASA Conference in Kentucky as well as the APhA Institute on Substance Use Disorders.

Brian E. Fingerson, B.S. Pharm, RPh, FAPhA
202 Bellemeade Road
Louisville, KY 40222-4502
Cell: 502-262-9342
Email: kvprn@att.net

Website: www.kvprn.com

DOB: December 22, 1950

Married: LaVonne with sons Jacob (wife Kerri) and Peter (wife Aubrey) as well as Two-Boys Gumedé and Banele Gumedé (adopted 23 September 2010) of South Africa

EDUCATION

North Dakota State University, Fargo, ND

B.S. Pharmacy

1973

Kentucky Pharmacist License #007250

Indiana Pharmacist License #26013093A – inactive/retired

Glenwood High School, Glenwood, MN
Diploma

1968

AWARDS

Fellow – American Pharmacists Association

2013

Cardinal Health Generation Rx Champions Award

2012

APhA-APPM Distinguished Achievement Award in Specialized Pharmacy Practice

2011

Bowl of Hygeia Award

2003

KPhA Distinguished Service Award

2001

KPhA Pharmacist of the Year

1992

PROFESSIONAL EXPERIENCE – ADDICTIONS + RECOVERY FACILITATION

Kentucky Professionals Recovery Network - KYPRN

Addictions Consultant + Addictions Recovery Facilitator

1986 - present

Consultant/Contractor Kentucky Board of Pharmacy

Consultant/Contractor Kentucky Board of Dentistry

Consultant/Contractor Kentucky Board of Physical Therapy

Consultant/Contractor Kentucky Board of Veterinary Examiners

Consultant/Contractor Kentucky Board of Respiratory Care

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Presenter at numerous seminars, forums, and conferences

University of Utah School on Alcoholism and Other Drug Dependencies multiple years; Kentucky School of Alcohol and Other Drug Studies; Southeast Regional Pharmacists Recovery Network annual meeting in Atlanta, GA; Kentucky Pharmacists Association; Kentucky Society of Health Systems Pharmacists; CAPTASA conferences on Alcohol, Drugs and the Health Care Professional; WVPhA; Tennessee Dental Association; Challengers of Oldham County (KY); Challengers of Bullitt County (KY); Southern KY AHEC; Medco Health; University of Kentucky Colleges of Pharmacy and Dentistry; University of Louisville School of Dentistry; Western Kentucky University School on Dental Hygiene; APhA Self Care Institute 2007; Regional Prevention Center of Comprehensive, Inc; ASCP '04; Operation Unite; NADDI regional meeting; 2008 American Academy of Physician Assistants annual meeting; 2008 Tennessee Pharmacists Association annual meeting; 2009 APhA annual meeting; 2009 Kroger Mid-South Division Pharmacist meeting; Fall 2009 IDN Summit in Dallas, TX; 2009 NASCSA meeting in San Diego, CA; Pharmacy Society of Wisconsin; 2011 ADA Health and Wellness Conference; Champions for a Drug-free Harrison County (KY); 2012 Hazelden Return to Work Symposium; 2012 Federation of State Boards of Physical Therapy meeting in Indianapolis, IN; 2013 National Drug Abuse Summit in Orlando, FL; TN Dental Association Caduceus Retreat 2013; 2013 ADA Dentist Health and Wellbeing Conference; 2013 CLEAR Conference; 2013 FSBPT Conference; CAPTASA 2014; PCSS-O Webinar presenter; 2014 American Pharmacists Association annual meeting; 2014 National Rx Drug Abuse Summit; 2014 American Academy of Physician Assistants annual meeting; 2014 University of Utah School on Alcoholism and Other Drug Dependencies; North Carolina Caring Dental Professionals annual conference; 2015 CAPTASA Conference; 2015 National Organization of Alternative Programs; 2015 APhA Institute on Alcoholism and Drug Dependencies; 2016 CAPTASA conference; 2016 Heartland PRN conference; 2017 ADA-PCSS-O Webinar; 2017 TN Caduceus Annual Retreat; 11th Annual Addictions and Compulsive Behaviors Symposium, Baptist Health Paducah (2017); 2017 Southeast PRN meeting; 2018 CAPTASA Conference as well as many others though 2024 too numerous to list.

PROFESSIONAL EXPERIENCE - PHARMACY

Kentucky Department of Corrections

Pharmacist Supervisor – based at Luther Luckett Correctional Complex

1981-2003

Various Pharmacist work

Relief Pharmacist + Consultant Pharmacist
Heads Drugstore + Taylor Drug Store + RiteAid Pharmacy +

1981-2004

Amia's Pharmacy and

Super Key Drugs, LaGrange, KY

Pharmacist – Assistant Manager

1975-1981

SuperX Drugs, Louisville, KY

Pharmacist Intern + Staff Pharmacist

1973-1975

MINISTRY

Lay Worship Leader/Minister for the Evangelical Lutheran Church in America (ELCA) – Indiana-Kentucky Synod

Member St Mark Lutheran Church, Louisville, KY and St Matthew's Episcopal Church, Louisville, KY

Interim Lay Parish Minister at Grace + Glory Lutheran Church, Goshen, KY (October 2008 – November 2010)

Lay minister at St. Mark Lutheran Church, Louisville, KY since September 2017

Ordained Minister with the Universal Life Church

VOLUNTEER

American Red Cross blood/apheresis donor (685+ donations)

Louisville Public Media volunteer

Homebuyer Advocate for Metro Louisville Habitat for Humanity

Kentucky Medical Reserve Corps

MEMBERSHIPS

Kentucky Pharmacists Association

American Pharmacists Association - Fellow

APhA SIG on Pain, Palliative Care and Addictions – Coordinator 2015/2017

All of Us Group (AOU) – CAPTASA Conference Committee

Metro Medical Reserve Corps (Louisville – Jefferson County KY) + K-HELPS volunteer

Veteran Drug Club (Louisville, KY)

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Chad J. Braddock

Southaven, MS • 901-907-9757 • chadbraddock@gmail.com

Board & Governance Leadership

Idlewild Presbyterian Church, Memphis, TN – Twice elected to governing leadership body; contributed to **strategic planning, budget oversight, and policy development.**

Chaired **two executive search committees** for pastoral leadership, overseeing **candidate recruitment, evaluation, and organizational transition.**

Board of Directors, Rebel Club of Memphis – Provided direction on membership engagement, fundraising, and community relations.

Executive Board, Mississippi Association of Recovering Pharmacists – Guided statewide professional support initiatives, including **policy, governance, and program oversight.**

Professional Leadership

Clarksdale Pharmacy, Clarksdale, MS – Pharmacist & Pharmacy Manager (2019–Present)

Direct business operations, financial management, and compliance for a leading community pharmacy. Mentor staff, strengthen patient services, and sustain organizational growth.

Tyson Drug Company, Holly Springs, MS – Pharmacist & Pharmacy Manager (2009–2019)

Led daily operations and implemented initiatives to enhance efficiency and patient outcomes.

Wal-Mart Pharmacy, MS – Pharmacist, Pharmacy Manager, Intern (1994–2007)

Advanced through roles from technician to management, gaining deep expertise in leadership and compliance.

Community & Service Leadership

Active in **12-step recovery program leadership** since 2008, serving at local and district levels in governance, facilitation, and mentorship.

Advocate for health equity and professional development through **Mississippi Pharmacist Association, Mississippi Independent Pharmacies Association, and American Pharmacist Association.**

Education

Doctor of Pharmacy, University of Mississippi

Bachelor of Science, Pharmaceutical Sciences, University of Mississippi

Associate of Arts, Northeast Mississippi Community College

Biography

Dr. John Carr is a gifted psychiatrist specializing in adult and young adult treatment and medication management for patients suffering from addiction, trauma, and other disorders. He is board-certified in general psychiatry and board-certified in the subspecialty of addiction psychiatry. He is an expert in the treatment of anxiety disorders; mood disorders, such as bipolar illness and depression; eating disorders; adult ADD/ADHD; trauma disorders, such as PTSD and dissociative disorders; thought disorders, such as schizophrenia and delusional disorders; and impulse control disorders, such as gambling and sex addiction.

Dr. Carr also successfully treats patients with a wide variety of substance abuse addictions, including alcohol, cocaine, PCP, cannabis, nicotine, club drugs, and methamphetamine. He has extensive experience working with patients from a wide variety of socioeconomic backgrounds and cultures, including the gay, lesbian, bisexual, and transgendered communities, and he is comfortable working with interpreters for sign and other languages.

Dr. Carr earned his undergraduate degree from Delta State University in Mississippi and his medical degree from the University of Mississippi. He did post-graduate training in internal medicine at Louisiana State University.

From 1990 to 1993, Dr. Carr served as a Lieutenant and General Medical Officer in the United States Navy. In that capacity he served as Medical Officer on the Marine Corps Logistics base in Albany, GA and as the Group Medical Officer at the Marine Corps Air Station in Cherry Point, NC. During Operation Desert Shield/Desert Storm, Dr. Carr served as a Battalion Surgeon with the Second Battalion, Fourth Marines. He was awarded the National Defense Medal, the South West Asia Medal, the Liberation of Kuwait Medal, the Sea Service Deployment Ribbon, the Fleet Marine Force Ribbon, and the Combat Action Ribbon.

After his military service, Dr. Carr was an Ambulatory Care Staff Physician with Western Maryland Health Systems/Sacred Heart Hospital from 1993-2002. From 2002 to 2005 he was a Psychiatry Resident at the University of Maryland's Sheppard Pratt Hospital in Baltimore, where in 2004 he also served as the Chief Resident for Inpatient Adult Services and Psychiatric Urgent Care. From 2005 to 2006, he was an Addiction Psychiatry Fellow at the University of Maryland. From 2006 to 2008, he was Associate Medical Director/Staff Addiction Psychiatrist at the Kolmac Clinic in Silver Spring. Most recently, Dr. Carr was a staff psychiatrist with Adventist Behavioral Health and Outpatient Wellness Center, where he also served as the Medical Director of Behavioral Health Services for Adventist Health Care/Washington Adventist Hospital from January 2012- September 2013.

Dr. Carr is a member of the American Psychiatric Association, where he was recently elected as a Fellow, and the American Association of Addiction Psychiatrists. In 2009, he received the Caron Community Service Medical Professional Award, and the Washington Post Magazine recently named him one of the metropolitan area's "Super Doctors."

Curriculum Vitae

John Thomas Carr, M.D.

Personal Information

Title:	Psychiatrist
Business Name:	Potomac Psychiatry
Business Address:	5920 Hubbard Drive
City, State, Zip:	Rockville, MD 20852
Business Phone:	(301) 984-9791
Business Fax:	(301) 816-0907

Licensure and Certification

Maryland: D45444
District of Columbia: MD036634
Board Certified in Psychiatry by the American Board of Psychiatry and Neurology
Certificate Number: 60763
Board Certified in Addiction Psychiatry by the American Board of Psychiatry and Neurology
Certificate Number: 2119

Undergraduate Education

Delta State University, August 1981- May 1985
Cleveland, MS
Bachelor of Science May 1985
Major: Biology/Chemistry

Medical Education

University of Mississippi School of Medicine, August 1985- May 1989
Jackson, MS
Doctor of Medicine, May 1989

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ohn-carr-

GENERAL QUESTIONNAIRE

SECTION 5.11

INFORMED CONSENT

CONFIDENTIALITY NOTICE: This document contains sensitive recovery program information and is not to be shared outside of MARP without the participant's written consent or as required by law.

Informed Consent to Participate in the Mississippi Association of Recovering Pharmacists (MARP) Program

Participant Name: _____

License/Student ID (if applicable): _____

Purpose of the Program

The Mississippi Association of Recovering Pharmacists (MARP) provides monitoring, advocacy, and recovery support services to pharmacists, pharmacy technicians, and student pharmacists with substance use disorders, mental health conditions, or related impairments. The purpose of this program is to protect public health, ensure patient safety, and support recovery and re-entry into professional practice.

Voluntary Participation

- Participation in MARP is voluntary, except when mandated by the Mississippi State Board of Pharmacy or an academic institution.
- I understand that my participation may be subject to monitoring requirements, including drug screens, support meetings, and case management reviews.

Confidentiality

- All records are kept confidential to the extent permitted by law.
- Information may be shared with the Mississippi State Board of Pharmacy, my College of Pharmacy, or other appropriate entities if required for compliance, safety, or legal obligations.

Participant Responsibilities

- Follow all terms of my Recovery Monitoring Agreement.

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- Maintain honesty and compliance with drug testing, reporting, and treatment recommendations.
- Communicate with my assigned monitor, Executive Director, and/or committee as required.

Risks and Benefits

- Benefits include recovery support, advocacy in re-entry to professional practice, and protection of licensure when possible.
- Risks include potential disclosure of impairment to licensing or academic authorities, required treatment costs, and consequences for noncompliance.

By signing below, I acknowledge that I have read and understand this informed consent, that I have had the opportunity to ask questions, and that I voluntarily agree to participate in MARP.

Participant Signature: _____ Date: _____

MARP Representative Signature: _____ Date: _____

TECHNICAL QUESTIONNAIRE

SECTION 6.11

GRIEVANCES

Mississippi Association of Recovering Pharmacists (MARP)**Participant Grievance Form**

This form is to be used by participants of the Mississippi Association of Recovering Pharmacists (MARP) to file a grievance or disagreement regarding program requirements, monitoring, or committee decisions. Completed forms should be submitted to the MARP Executive Director within 10 business days of the incident or decision.

Participant Name: _____

Date of Submission: _____

Case ID or Participant ID (if applicable): _____

Phone Number: _____

Email Address: _____

Describe the grievance or disagreement (include dates, individuals involved, and specific details):

What resolution are you requesting?

Supporting documentation attached (check all that apply):

☐ Drug testing results ☐ Meeting attendance logs ☐ Peer/Therapist report ☐ Other:

Participant Signature: _____ Date: _____

Received by (MARP Executive Director): _____ Date: _____

MARP Grievance Committee Members:

Adam Lochridge

jaloichridge@yahoo.com

662-251-3790

Tonya McCord Lawrence

tonyaamccord@gmail.com

228-238-9937

Jennifer Duncan

JenniferLongmireDuncan@outlook.com

601-850-6353

TECHNICAL QUESTIONNAIRE

SECTION 6.12

DE-IDENTIFIED PARTICIPANT ADVOCACY

U.S. PROBATION SERVICE

MEMORANDUM



TO: Clay Joyner
United States Attorney
Northern District of Mississippi

FROM: Sharkey Luna
U.S. Probation Officer

DATE: July 28, 2025

RE: [REDACTED]
Docket No. 3:2400002D-1
Pretrial Diversion: Certification of Completion of Program

This memorandum serves as notification that I have supervised [REDACTED] under the pretrial Diversion Program of the United States Attorney. He began the Pretrial Diversion on July 31, 2024. I am aware of the conditions and terms of program as set forth in the Agreement for Pretrial Diversion attached hereto. I Hereby certify that the above-named individual has complied with the said conditions and terms of the program. He is scheduled to expire on July 31, 2025.



DEPARTMENT OF VETERANS AFFAIRS
Medical Center
1030 Jefferson Avenue
Memphis, TN 38104-2193

Section 6.12 Page 2.

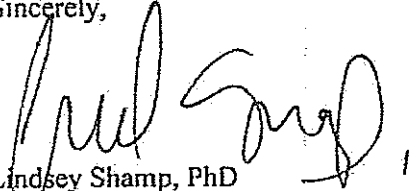
March 12, 2025


In Reply Refer To: 614/116A2

To whom it may concern,

This letter is to provide you information verbally requested by [REDACTED] is a current active participant in the Psychosocial Rehabilitation and Recovery Center Program (PRRC). He is a valued member of our program! PRRC is a program designed around the veteran and their recovery needs. The purpose of our PRRC program is to strive to assist the veteran in every way possible to reach their self-identified goals of recovery.

Sincerely,

 Ph.D.
Lindsey Shamp, PhD
PRRC graduate Psychologist
901-523-8990 x24972

 Ph.D.

Catherine Morton, PhD
PRRC Psychologist, Supervisor on record
901-523-8990 x24970

Zach Thompson, LPC
Thompson Psychotherapy
1525 Lelia Drive
Jackson, MS 39216
601-822-1757
zthompsonlpc@gmail.com

Date: February 28, 2025

To Whom It May Concern:

I am writing in my professional capacity as a Licensed Professional Counselor in support of Mr. [REDACTED]. He has demonstrated reliability, accountability, and ongoing stability throughout his participation.

At this time, I see no inhibitory or clinical concerns that would prevent [REDACTED] from safely and effectively returning to work in his role as a pharmacist. His progress and dedication to maintaining his recovery reflect positively on his readiness to resume professional responsibilities.

Please feel free to contact me should you need any additional information or clarification.

Sincerely,

Z. Thompson

Zach Thompson, LPC
Thompson Psychotherapy


MARP

Jerry M. Fortenberry
MARP
211 Chapman Rd.
Columbus, MS 39705


Telephone 662-328-1422

December 04, 2024

Jennifer Neumann
Alabama Board of Pharmacy
111 Village St.
Birmingham, AL 35242

Re: 

Dear Ms. Neumann,

, Senatobia, MS, is presently under a contract with The Mississippi Association of Recovering Pharmacists that began November 05, 2023, and has been renewed each time we have met with him since. He is in compliance with all the rules and regulations stated within the contract from the original contract date until the present time.

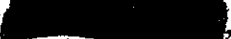
He is attending all the meetings that are required by MARP. His urine drug screens have all been negative and he is called for drug screens at random for the duration of his contract with MARP. Any positive or ambiguous drug screen will be reported to the Board of Pharmacy. He has been urine drug screened a minimum of 8 times during a 12 month period and also has been submitting a hair sample for testing twice in the 12 month period. The hair tests have all been negative also.

Please feel free to call me at 601-937-1672 if you need any further information.

Sincerely,

Jerry M. Fortenberry
Coordinator, MARP

JF:jf

cc: , Robert Jordan

February 28, 2025

Dear Mississippi Board of Pharmacy Member,

I am a member of the Mississippi Association of Recovering Pharmacists Executive Board, and I approve of [REDACTED]'s petitioning the Board of Pharmacy for possible reinstatement of his license. [REDACTED] has done everything we have asked him to do, and his drug screens have all been negative. [REDACTED] was present at all the Batesville regional support group meetings and at all the six-week meetings in Jackson.

Sincerely,

Chris Shackelford

February 28, 2025

Dear Mississippi Board of Pharmacy Member,

I am a member of the Mississippi Association of Recovering Pharmacists Executive Board, and I approve of [REDACTED] petitioning the Board of Pharmacy for possible reinstatement of his license. [REDACTED] has done everything we have asked him to do, and his drug screens have all been negative. [REDACTED] was present at all the Batesville regional support group meetings and at all the six-week meetings in Jackson.

Sincerely,


Bill Jones

February 28, 2025

Dear Mississippi Board of Pharmacy Member,

I am a member of the Mississippi Association of Recovering Pharmacists Executive Board, and I approve of [REDACTED] petitioning the Board of Pharmacy for possible reinstatement of his license. [REDACTED] has done everything we have asked him to do, and his drug screens have all been negative. [REDACTED] was present at all the Batesville regional support group meetings and at all the six-week meetings in Jackson.

Sincerely,

A handwritten signature in cursive script, appearing to read "Robert Jordan", with a horizontal line extending from the end of the signature.


Robert Jordan

February 28, 2025

Dear Mississippi Board of Pharmacy Member.

I am a member of the Mississippi Association of Recovering Pharmacists Executive Board, and I approve of [REDACTED] petitioning the Board of Pharmacy for possible reinstatement of his license. [REDACTED] has done everything we have asked him to do, and his drug screens have all been negative. [REDACTED] was present at all the Batesville regional support group meetings and at all the six-week meetings in Jackson.

Sincerely,

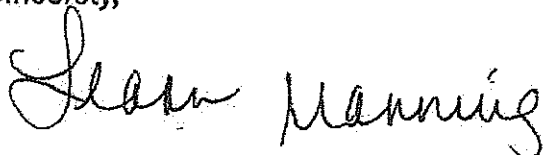

Frank (Bubba) Burton

February 28, 2025

Dear Mississippi Board of Pharmacy Member,

I am a member of the Mississippi Association of Recovering Pharmacists Executive Board, and I approve of [REDACTED] petitioning the Board of Pharmacy for possible reinstatement of his license. [REDACTED] has done everything we have asked him to do, and his drug screens have all been negative. [REDACTED] was present at all the Batesville regional support group meetings and at all the six-week meetings in Jackson.

Sincerely,

A handwritten signature in cursive script that reads "Leann Manning". The signature is written in dark ink and is positioned below the word "Sincerely,".

Leann Manning

REPORT FOR JANUARY 12, 2025

EXCELLENT AT CLOCKING IN AND OUT AND ENTERING FIELD DATA.



THIS REPORT IS FOR A 30 DAY PERIOD IN DECEMBER – 14 MEETINGS IN A 30 DAY PERIOD IS 3.50 MEETINGS PER WEEK AND CONTRACT SAYS 3 MEETINGS PER WEEK. 9 MEETINGS WERE LIVE – REQUIREMENT MET.



[REDACTED] REPORT FOR NOVEMBER 17, 2024

EXCELLENT AT CLOCKING IN AND OUT AND ENTERING FIELD DATA.



THIS REPORT IS FOR A 30 DAY PERIOD IN OCTOBER – 14 MEETINGS IN A 30 DAY PERIOD IS 3.50 MEETINGS PER WEEK AND CONTRACT SAYS 3 MEETINGS PER WEEK. 9 MEETINGS WERE LIVE – REQUIREMENT MET.



REPORT FOR FEBRUARY 09, 2025

EXCELLENT AT CLOCKING IN AND OUT AND ENTERING FIELD DATA.



THIS REPORT IS FOR A 30 DAY PERIOD IN JANUARY – 12 MEETINGS IN A 30 DAY PERIOD IS 3.00 MEETINGS PER WEEK AND CONTRACT SAYS 3 MEETINGS PER WEEK. 9 MEETINGS WERE LIVE – REQUIREMENT MET.



CONTRACT FOR MONITORED CARE BY THE MISSISSIPPI ASSOCIATION OF RECOVERING PHARMACISTS

Pursuant to an Order from the Mississippi Board of Pharmacy (Board), the Mississippi Association of Recovering Pharmacists (MARF), located at 211 Chapman Rd, Columbus, MS 39705, contracts with:

Name: _____ (Licensee/Registrant)

Address: _____ 304 _____ SENATOBIA, MS 38668

Telephone: (work) _____

(home) _____

(cell) _____

Email: _____@_____et

License/Registration #: _____

Date of Birth: _____

Social Security #: _____

The terms of this contract shall be effective beginning March 27, 2025 and continuing until March 26, 2030, unless modified by Board Order.

Licensee/Registrant agrees to the following terms and conditions:

X I understand that I am approved to work at New Season's in Walls, MS. Any other employment in pharmacy must be pre-approved by the Mississippi Board of Pharmacy.

X I agree to abstain from the use of any and all mood-altering chemicals, including, but not limited to, alcohol (i.e., ethyl alcohol or ethanol), marijuana, CBD, tranquilizers, inhalants, sedatives, stimulants, narcotics, opioids including tramadol nalbuphine, soporifics, androgenic steroids, scheduled and/or unscheduled drugs, mood altering over-the-counter medications, herbals, dietary supplements, and any other known addictive drug, except as prescribed by my physician. Any such prescription that shall extend beyond seven (7) days must be approved in writing by MARF or the Board.

X Except in an emergency, prior to consuming any prescribed drug, I will provide MARF with a copy of the prescription issued to me and notify MARF in writing of the name of the drug, the dosage regimen, the indication for the use of the drug and the name, contact information and registration number of the prescriber.

X I agree that should any healthcare provider determine that it is necessary to administer or prescribe any scheduled drug, or any drug having addiction-forming or addiction-sustaining liability, the healthcare provider shall notify MARF in writing by fax or email within twenty-four (24) hours of administration or issuance of any prescription.

X I have been provided with a list of approved over-the-counter medications.

X I agree to provide MARF with a release for monitoring any treatment provided to me by any healthcare provider.

X I agree to attend a self-help group such as:

- Alcohol Anonymous (AA)
- Narcotics Anonymous (NA)
- Cocaine Anonymous (CA)
- Other

At a frequency of 3 meetings per week. (The frequency of attendance may be modified throughout this contract by MARP based on need). Documentation of attendance shall be provided to MARP.

 X I agree to utilize a GEO tracking application, as requested by MARP, to verify attendance at required meetings.

 X I agree to attend the MARP meetings in Jackson, MS at a frequency of one every six weeks and the annual MARP seminar and any other special functions of MARP as directed and as posted on the webpage: mymarp.com.

 X I agree to attend a MARP support group meeting at a frequency of 2 meetings in a four (4) week period at one of the following locations:

- XX Batesville
- Tupelo
- Hattiesburg
- Gulf Coast
- Jackson
- Meridian
- Columbus
- Natchez

 X I agree to attend the Impaired Pharmacists Committee of MARP located in Jackson, MS for evaluations as requested by my MARP contact and to follow the recommendations of the Impaired Pharmacists Committee of MARP.

 X Unless excused by MARP or the Board, I agree to attend one of the following seminars during my contract phase.

- Southeast PRN Conference
- Northwest PRN Conference
- Southwest PRN Conference
- Heartland PRN Conference
- Utah Annual School on Alcoholism and Drug Dependencies
- The Annual Captasa Conference in Lexington, KY
- Other MARP approved Conference

 X I agree to talk to my designated MARP contact at a frequency of at least once a week or more often as assigned by my contact. My MARP contact is Bubba Burton .

 X I agree to submit a urine specimen, serum specimen or hair sample to a collection site approved by MARP for a drug screen when requested by MARP and to pay all costs related to the drug screen. The collection of a urine specimen shall be witnessed by the collection site. The specimen shall be submitted within 24 hours of the request and the results shall be sent to:

Chrisaustin2009@gmail.com or mailed to:

Chris Austin, 211 Chapman Rd, Columbus, MS 39705.

Any positive drug screen or any test results deemed to be adulterated or invalid by the testing agency will be reported to the Board. I understand that it is my responsibility to notify MARP in advance of any event that may affect my availability for a screen, i.e., vacation, travel, family obligations, etc. Accommodations for drug screens during such events shall be at the discretion of MARP.

X I agree to avoid exposure to anything that may cause my drug screens to be positive, including "hemp oil", "cocoa tea", and poppy seeds (which can be an ingredient in curry sauces, breads, salad dressings and other foods).

X I agree to abstain from using ethyl alcohol in any form, including but not limited to:

- alcohol "free" wine or beer;
- over-the-counter drugs containing alcohol (e.g., cough syrups or other similar drugs or supplements);
- mouthwash or other hygiene products containing ethanol (e.g., sanitizing hand or body gels);
- foods or beverages containing alcohol (e.g., communion wine, desserts, vanilla extract, etc.)
- any other form of ethyl alcohol.

X I have read and understand the "Safe Drugs" pamphlet.

X I agree to maintain a Daily Feelings Journal for three months and thereafter as required by my MARP contact.

X I agree to notify MARP and the Board of my current place of employment and any changes of employment within 24 hours of changing employment.

X I agree to notify MARP and the Board in writing of any change of residence within 24 hours of such change.

X I agree to provide MARP with the name, address and phone number of my primary care physician. Other physicians/caregivers shall be on a referral basis from the primary care physician.

X I agree that this document shall serve as authorization to release all medical records and patient information to MARP including permission to discuss my medical condition with all physicians/caregivers providing me treatment during the period covered by this contract. I agree to sign any other release documents necessary to facilitate the sharing of such information or documents.

X I agree to follow these recommendations also: _____

My primary physician is:

Name: Holly Springs VA Clinic

Address: 1700 Crescent Meadow Drive, Holly Springs, MS 38635

Telephone: 662-252-2552

Additional caregivers who have prescribing authority:

Name: _____

Address: _____

Telephone: _____

Name: _____

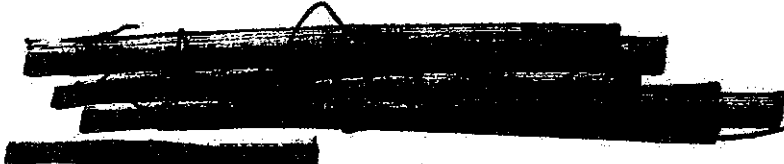
Address: _____

Telephone: _____

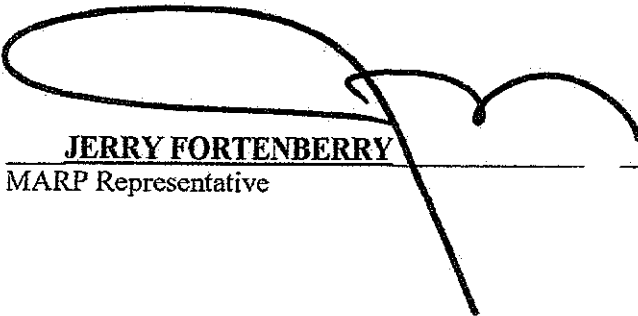
☒ I agree to pay MARP a monthly monitoring fee in the amount of \$60

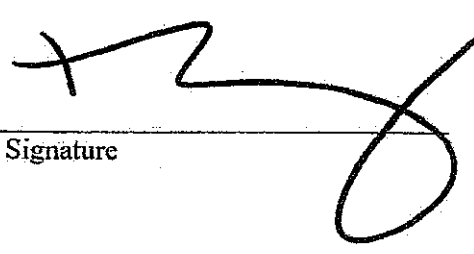
☒ I understand that any violation of any of the terms and conditions of this contract can be reported to the Board and may affect the status of my license/registration.

☒ I understand that I must provide a copy of this contract and any changes made to this contract to the Mississippi Board of Pharmacy.



Printed Name Signature


JERRY FORTENBERRY
MARP Representative


Signature

MARP • 211 Chapman Rd. • Columbus, MS 39705 • Phone: (662) 328-1422
www.mymarp.com

TECHNICAL QUESTIONNAIRE

SECTION 6.13

MEMBER MANAGEMENT AND EDUCATION

***THE MISSISSIPPI ASSOCIATION OF
RECOVERING PHARMACISTS***

Policies and Procedures Manual

“Help for the profession,
from the profession.”

DEFINITION OF TERMS

Substance Abuse: Many substances, including alcohol, cannabis, opioids, sedatives, and stimulants, can be taken in excess resulting in impaired control, social impairment, risky use, and neglect normal daily, occupational, educational, and social activities. A person with a history of a substance-specific disorder (such as Alcohol Use Disorder) is at an increased risk of developing SUD specific to another substance (such as Opioid Use Disorder). Alcohol is frequently the “gateway drug” to chemical dependency of other substances.

The following definitions may be useful:

Use: Legal mood-altering substances consumed by choice, in safe amounts, at appropriate times and places, in ways not harmful to self or others.

Abuse: Mood-altering substances still being used by choice, but in unsafe amounts, or at inappropriate times and places, or in ways harmful to self or others.

Dependency: Powerlessness over mood-altering substances characterized by episodes of loss of control and/or the apparent inability to modify drinking and substance use even after experiencing negative consequences. Sometimes but not always accompanied by physical addiction to the chemical, dependency may or may not be preceded by a history of abuse.

Relapse: To slip or fall back into a former condition, especially after improvement or seeming improvement.

Fit For Duty: An employee is fit for duty when they are able to perform their essential job functions, with or without reasonable accommodation, in a manner that does not pose a direct threat to the safety and welfare of themselves, co-workers, patients, and other parties. An employee's essential job functions are fundamental duties of the position or the primary reasons the position exists.

MENTAL ILLNESS

ANY MENTAL ILLNESS (AMI) is defined as a mental, behavioral, or emotional disorder. AMI can vary in impact, ranging from no impairment to mild, moderate, and even severe impairment.

SERIOUS MENTAL ILLNESS (SMI) is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.

Anxiety disorders and depression are the most common mental disorders among U.S. adults. These disorders can occur among pharmacists, student pharmacists, and pharmacy technicians regardless of age, race, and religious belief. Symptoms of anxiety include feeling restless or on edge, unable to get restful sleep, difficulty concentrating, irritability, and muscle tension (commonly in head, shoulders, and back). Depression symptoms include anhedonia- feeling of loss of interest in people, to sloppy dispensing or study habits and even a loss of interest in the profession in general. Symptoms and impairment for both anxiety and depression can range from mild to severe. Thoughts of suicide can occur in people with these disorders.

Other less common disorders with an impact on a person's mental health and ability to function can include but are not limited to post traumatic stress disorder, bipolar disorder, personality disorders, and neurological disorders like dementia and Parkinson Disease.

Physical Impairment: An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment.

Quorum: To take any action or change policy and procedures a majority of the MARP Board of Directors must be present.

I. INTRODUCTION

A. Need for Program

This program addresses the problems that the pharmacist, student pharmacist, and pharmacy technician may experience in their professional life due to inappropriate chemical use and physical or mental impairment. A pharmacist should hold the health and safety of patients to be of first consideration and should render to each patient the full measure of professional expertise as an essential health practitioner. The profession must identify cases of impairment early, protect the public, and rehabilitate the impaired pharmacist, student pharmacist, and pharmacy technician. While we acknowledge that not all cases of impairment are treatable, the large majority of the cases involving substance use disorder and/or mental health issues do respond to treatment.

Ideally, with the training a pharmacist receives and through their contacts with other health professionals, they would seek proper treatment on their own. In the case of a student pharmacist, counseling aid is available and can be sought through on-campus facilities. However, the very nature of the substance use disorder and/or mental health issues impairs not only performance, but the ability to judge it. It is frequently the task of another person to identify problem(s).

A friend, family member, respected person, or colleague may be effective in having an honest discussion of how the performance of the pharmacist, student pharmacist or pharmacy technician has deteriorated and the extent of the impact it has had or could have on the public. More formalized efforts of control may come from the employer, or in the case of the student pharmacist, from a faculty member, College of Pharmacy or University. Ultimately the loss of employment, their business or dismissal from college, is a possibility for the pharmacist, student pharmacist, or pharmacy technician.

If the impaired pharmacist, student pharmacist, or pharmacy technician is unable or unwilling to seek treatment on their own or agree to treatment upon urging of their colleagues, family or others, the matter will be referred to the Mississippi State Board of Pharmacy and/or the Dean of their College of Pharmacy. Ultimately, the loss of their license, or in the case of the student pharmacist, the inability to obtain a license, is a real possibility.

B. Structure of the Program

The MARP Board of Directors, for clinical case management, have employed a full-time Executive Director.

A volunteer Board of Directors governs MARP. Request from the MARP participant regarding their MARP Recovery Monitoring Agreement is submitted in writing to the MARP Executive Director at which time it is placed on the next available MARP Board of Directors agenda for approval or disapproval of said request. The MARP Executive Director is responsible for the day-to-day operation of MARP.

Assistance may be obtained by calling the MARP "Helpline" at 1-662-328-1422, twenty-four hours a day seven days a week. A recorded message may be left, and the call will be returned as soon as possible. A number will be available for immediate assistance if deemed necessary. All calls are kept confidential. No anonymous calls are acted upon. The Executive Director will arrange for an appropriate evaluation once contacted.

C. Mandated Approach – The Mississippi State Board of Pharmacy

This is the only body with the power to revoke, suspend, fine, reprimand, or cancel a license to engage in the practice of pharmacy or to operate a pharmacy. The board is composed of seven pharmacists who share concern for the welfare of pharmacists and have the responsibility to protect the public. Generally, the board's approach is to work with an impaired pharmacist whenever possible. The Mississippi State Board of Pharmacy is empowered by the legislature to take action against an impaired pharmacist, student pharmacists, or pharmacy technician.

D. Advocacy Approach – The Mississippi Association of Recovering Pharmacists (MARP)

The MARP program works independently but cooperatively with the Board of Pharmacy. However, should a pharmacist, student pharmacist, or pharmacy technician refuse to accept and comply with recommendations of the MARP Executive Director acting on behalf of the program, a referral shall be made to the State Board and/or Dean of the College of Pharmacy, detailing the recommendation of MARP and the refusal of the individual.

II. OPERATING PROCEDURES FOR THE MARP PROGRAM

No one set of prescribed procedures will cover all cases referred to the MARP program and therefore procedures have been established to fit individual circumstances. These include:

A. Individual Initiative

1. The pharmacist, student pharmacist, or pharmacy technician calls the Helpline. The callers must give their name, address, telephone numbers (home and work), age, and the nature of the problem to be addressed.
2. The Executive Director determines whether the referred individual has already entered treatment. If this individual has no history of treatment for a substance use disorder and/or mental health disorders, an evaluation is needed to identify problem(s), severity, and treatment recommendations. This initial process is called an Evaluation and Referral (E&R)
3. If warranted, the Executive Director prepares a contract for the individual to sign outlining specific requirements for them to remain in the MARP program. There will be a requirement in the contract for random urine drug screening.
4. If warranted, upon completion of the E&R, the individual enters a treatment program suited for the individual's needs.
5. If warranted, a monitor will be assigned to the case to follow the progress of the individual. The individual will be required to contact their monitor as specified in the MARP Recovery Monitoring Agreement.
6. Voluntary contracts may not be terminated without mutual consent of MARP and the pharmacist, student pharmacist, or pharmacy technician under contract.
7. Regular reports documented in the recovery monitoring agreement outlined in the participants MARP contracts (self-report, verification of meeting attendance, sponsor contact form and any other time sensitive report) are due to the MARP office by the 10th of the following month. Reports received after the 10th will not be counted towards credit in the peer assistance program (MARP). In the event of technical issues causing reports to be late, participants can forward time and date-stamped documentation of their submissions.

8. When specimen issues arise (i.e., not enough urine, temperature out of normal range, nobody to observe, etc.) at the collection site, MARP participant should remain at the site until an acceptable specimen can be provided. Leaving the site without providing an acceptable specimen will be considered a "no show." Specimens determined to be outside of normal temperature range must be destroyed. The participant must be observed providing a second specimen. Specimens obtained at a second location after issues have been identified will be voided. If a participant is at a collection site and needs further instructions, the participant should contact the MARP Executive Director before leaving the site.

B. "Concerned Other" Initiative

1. A "concerned other" calls the Helpline. Callers must give their name, phone numbers (i.e., home and work), and relationship to the reported individual and explicit information as to why it is believed the pharmacist, student pharmacist, or pharmacy technician is impaired.
2. The Executive Director receives the call. If the information indicates probable impairment, the case is prepared, and an intervention is arranged if necessary.
3. If the participant acknowledges a need for assistance, the Executive Director will make an appointment for the E&R as soon as possible (preferably at the conclusion of the intervention). The case then proceeds as indicated in II, A.

C. "Complex" Cases

In cases where the pharmacist, student pharmacist, or pharmacy technician denies any illness and/or refuses suggestions of evaluation and/or treatment then the following sequence of events may occur:

1. The Executive Director will make multiple attempts to convince the impaired person to agree to an evaluation and/or treatment before further action is taken.
2. If the participant refuses an evaluation and/or treatment, a report of this action is made.
3. If the Executive Director and/or MARP Board of Directors believe that eminent danger to the pharmacist, student pharmacist, pharmacy technician, or the public exists, the Executive Director will contact the State Board of Pharmacy and/or the Dean of the College of Pharmacy immediately.

4. If there does not appear to be eminent danger to the pharmacist, pharmacy student, or pharmacy technician in question, the Executive Director will urge the pharmacist, student pharmacist, or pharmacy technician to seek assistance and point out MARP's responsibility to report the case to the Mississippi State Board of Pharmacy and/or the Dean of the College of Pharmacy if no corrective action is taken voluntarily.
5. If the individual in question continues to deny or continues to decline assistance, the Executive Director will communicate the facts of the case to the Mississippi State Board of Pharmacy and/or the Dean of the College of Pharmacy in writing. Written notification is sent to the pharmacy, student pharmacist, or pharmacy technician that a report has been made but the Executive Director will remain available for counsel and support if requested by the participant. MARP's involvement ends at this point, except to provide appropriate support of the individual if requested.

D. Mississippi State Board of Pharmacy Initiative

1. When the Mississippi State Board of Pharmacy refers a case to the MARP program, records are checked to determine whether the referral is already a participant in the program. If the referral is already in the MARP program, the progress of the case may be discussed with the MARP. If the individual is not in the program, an intervention is conducted and the case is managed as indicated in II, A.
2. The Executive Director also encourages the referral to have an E&R and follow through with recommended treatment. The Mississippi State Board of Pharmacy and the MARP Executive Director work together on referred cases to be sure that all parts of the board order are fulfilled. In the event board orders are not fulfilled, noncompliance reports will be made to the Mississippi State Board of Pharmacy in accordance with the contract between MARP and the board.
3. MARP is required to report certain non-compliance issues to the Mississippi State Board of Pharmacy and/or the Dean of the College of Pharmacy, including but not limited to positive drug screens and refusal to follow MARP recommendations, regardless of how the participant was referred to the program.

III. RE-ENTRY INTO THE PRACTICE SETTING

MARP may act as an advocate for the participant when the participant is in compliance with the recommended treatment plan. The pharmacist, student pharmacist, or pharmacy technician may be asked to submit to a Fit-For-Duty assessment (assessment to see if the individual is ready to return to work) with a MARP approved and qualified evaluator, to determine if it is suitable that they return to work at that time.

IV. RELAPSE POTENTIAL

If at any time during the duration of the MARP contract of the recovering pharmacist, student pharmacist or pharmacist technician, MARP is concerned of relapse, the individual may be asked to submit to a re-evaluation to assess any possible treatment needs at that time. If further treatment is recommended and the MARP Board agrees with this recommendation, the individual will be asked to enter into the appropriate level (outpatient, in-patient, etc.) of treatment.

Revised 08/2025

MARP Phase 2 (potential length 0-5 years)

Goal: Provide support for long term sober lifestyle, improved ability for deeper personal and professional relationships, improve quality of mentorship for newly sober pharmacists and technicians, improve retention of MARP activities for members after contract expiration.

Qualification for Phase 2 (maintenance phase) is:

- 5 years (Phase 1) compliance with no to contract infractions
- active participation in recovery within the MARP group
- **no historic positive drug screens**
- no outstanding dues
- **completion of counseling with written completion/release or Licensed counselor admittance recommendation for Phase 2 with quarterly updates**
 - Counselor must be licensed and may include LPC, LCSW, LMFT, PhD, PsyD
 - Any member with a mental diagnosis requiring strict medication adherence must have clearance from their licensed Psychiatrist or Psychiatric NP
 - Only Licensed providers will be recognized by MARP for admittance to Phase 2
 - MARP must have release of information and maintain open communication with provider

This maintenance phase "Phase 2" would require:

- **Live scheduled MARP admin meetings 4 times calendar year (maybe reduced to 2 with 2 years compliance of 4 meetings in a calendar year while in Phase 2 and Executive Board approval)**
- **Yearly Seminar is required**
- **Live scheduled MARP admin meetings may be replaced with MARP approved Licensed Counselor quarterly reports addressing sober lifestyle, mental health, and any other sobriety related information as it pertains to member sobriety. (This must be approved by the MARP Executive Board and may be revoked at any point with 2 weeks notification).**
 - Counselor must be licensed and may include LPC, LCSW, LMFT, PhD, PsyD
 - Any member with a mental diagnosis requiring strict medication adherence must have clearance from their licensed Psychiatrist or Psychiatric NP
- **Geotracking of required number of monthly meetings(if geotracking required)**
- **Drug screens (may be quarterly hair/nails or monthly urine).**

MARP retains the ability to increase any aspect of the monitoring for non-compliance or relapse concerns. These criteria will be vetted by three different mental health professionals or treatment groups. These items will be re-visited by our executive board periodically to remain current with the standard of care, should it change.

LIVE SUPPORT GROUP MEETINGS

A decision was made at the September 11, 2022, MARP Executive Board meeting that for the first 3 years in MARP 2/3 of the required support group meetings made by a participant under contract must to be live.

MARP MATERNITY LEAVE POLICY

MATERNITY LEAVE WILL BE ALLOWED FOR 12 WEEKS AFTER THE BIRTH OF A CHILD. THIS WILL EXEMPT A MARP MEMBER FROM ATTENDING LIVE MEETINGS INCLUDING AA MEETINGS, MARP SUPPORT GROUP MEETINGS, AND THE SCHEDULED 6 WEEK MARP MEETINGS IN PEARL. THE MEMBER MAY PETITION TO HAVE AN EXTENSION BUT THE EXTENSION WILL ONLY BE ALLOWED IF ACCEPTED BY THE EXECUTIVE BOARD. THIS POLICY ENACTED BY THE EXECUTIVE BOARD OF MARP ON MAY 22, 2022.

MARP Vacation policy

Revised 6/20/22

- Once license is reinstated and contract is written MARP members are eligible to have screens deferred when traveling.
- Before license reinstatement, screens can be called when out of town and it is the member's responsibility to be prepared. Any exceptions will require IPC approval.
- In order to have screens deferred while out of town on a planned vacation, the dates of the trip must be emailed (marprdd@aol.com) or faxed (662-328-1423) to The MARP Administrator a minimum of 7 days before departure. Failure to do so may result in a call for a random screen while away and you will be required to get the screen within 24 hours even if out of town.
- Planned Trips lasting more than 15 days must be approved by the Executive Board at a regular scheduled meeting before you leave. Email marprdd@aol.com at least 60 days prior to such a trip so that the Executive Board will have time to approve or deny it.
- A maximum of 2 extended trips (15 days or more) will be allowed to be excused per calendar year – and each of these must still be approved by the Executive Board in advance of travel to have screens deferred.
- A maximum of 6 trips will be allowed to be excused per calendar year – and each of these must still be approved by the Executive Board either before or after the missed meeting for the absence to be deemed excused.
- Upon return from any excused trip, your screens may be increased to at least 2 per month for that month only, then back to your regular monthly schedule.
- Any travel request should always include destination and contact information if travel is within the country.
- **EACH** travel request **MUST** have a separate written request by email or US Postal Service Mail or by Fax.
- The correct correspondence info:
 - Fax to 662-328-1423
 - Email; marprdd@aol.com
 - Send written letter to: MARP
211 Chapman Rd.
Columbus, MS 39705

IPC Executive Committee Meeting

October 10, 2021

Revised Attendance Policy Regarding every 6 weeks Jackson Area Meetings

Being that aware all Jackson Area meetings are required for all active MARP Members & that these requirements are essential to the time of your contract With the Board of Pharmacy, the increase in absences has forced new policies and enforcement.

- Absences should be avoided based on the early notification of these meetings

- An absence may be excused if written notice (via fax to Jerry's fax number, 662-328-1423) is given in advance of a Jackson Area meeting, or emailed to marprdd@aol.com) 7 days prior to the Pearl meeting you will be missing.

Text messages to Executive Board members will NOT be accepted.

- All requests for excused absences will reviewed be by the Impaired Pharmacists Committee and the member will be notified the absence has been approved as excused.

- 3 approved excused absences will be allowed per 5 years - all subsequent excused absences above this limit may result in the absence being deemed unexcused and the Board of Pharmacy will be notified.

- An absence will be deemed unexcused no advance if written notice is given, if no documentation of your emergency is provided, and if you exceed the

number of allowed excused absences.

- The Board of Pharmacy will be notified in the case of ANY unexcused meeting. MARP has no prior knowledge of what action the Board of Pharmacy might take in this case.

- The Board of Pharmacy will NOT be notified of any excused meeting(s).

- The annual MARP seminar is a REQUIRED function. The Board of Pharmacy will be notified if the seminar is missed and it is deemed unexcused. If the seminar is missed and deemed excused then the missed seminar must be made up by attending a similar and MARP approved alternative.

MARP Medication Use and Reporting Guidelines

As a participant in MARP, you are required to comply with all medication use and reporting guidelines outlined below.

Participant Responsibilities

- Report all prescribed medications.
- Report all over-the-counter medications and supplements.
- Use only one designated pharmacy (if possible) to allow MARP monitoring.
- Agree to Prescription Monitoring Program (PMP) checks.
- Inform MARP and the Mississippi Board of Pharmacy of all new medications within 3 days.
- Notify MARP prior to starting any controlled substance.

Medical Director Role

- Review medication lists and flag potential risks to recovery.
- Conduct periodic medication reconciliations and PMP reviews.

Reporting Method

- Complete MARP Medication Reporting Form within 3 days of any new medication.
- Provide prescribing provider's name and contact information.

Acknowledgment

I have read and understand my responsibilities regarding medication reporting under MARP.

Signature: _____ Date: _____

CONFIDENTIALITY NOTICE: This document contains sensitive recovery program information and is not to be shared outside of MARP without the participant's written consent or as required by law.

HIPAA Release of Information Authorization

Participant Name: _____

Date of Birth: _____

License/Student ID (if applicable): _____

Purpose of Disclosure

This form authorizes the Mississippi Association of Recovering Pharmacists (MARP) to access, use, and/or disclose my protected health information (PHI) for the purpose of case management, recovery monitoring, and compliance with my Recovery Monitoring Agreement.

Authorization to Release Information From

I authorize MARP to obtain information from the following organization(s), provider(s), or institution(s):

1. _____

2. _____

3. _____

(Additional pages may be attached if needed.)

Type of Information to Be Released (check all that apply):

☐ Medical records related to substance use disorder treatment

☐ Mental health treatment records

☐ Medication lists and prescription history

☐ Laboratory and drug screen results

☐ Treatment plans and progress notes

☐ Academic/educational records (for student pharmacists)

MARP • 211 Chapman Rd. • Columbus, MS 39705 • Phone: (662) 328-1422

www.mymarp.com

☐ Other: _____

Redisclosure

I understand that once my information has been disclosed, it may be subject to redisclosure by the recipient and may no longer be protected by HIPAA. However, MARP will maintain confidentiality to the fullest extent permitted by law.

Expiration

This authorization will expire on:

☐ Completion of my MARP Recovery Monitoring Agreement

☐ Other date: _____

Right to Revoke

I understand that I may revoke this authorization at any time by submitting a written request to MARP. Revocation will not affect any information already released prior to the revocation.

Acknowledgement

I understand that:

- Signing this authorization is voluntary.
- I may refuse to sign this form, but doing so may affect my participation in MARP.
- I have the right to receive a copy of this authorization.

Participant Signature: _____ Date: _____

MARP Witness/Representative Signature: _____ Date: _____

CONFIDENTIALITY NOTICE: This document contains sensitive recovery program information and is not to be shared outside of MARP without the participant's written consent or as required by law.

Informed Consent to Participate in the Mississippi Association of Recovering Pharmacists (MARP) Program

Participant Name: _____

License/Student ID (if applicable): _____

Purpose of the Program

The Mississippi Association of Recovering Pharmacists (MARP) provides monitoring, advocacy, and recovery support services to pharmacists, pharmacy technicians, and student pharmacists with substance use disorders, mental health conditions, or related impairments. The purpose of this program is to protect public health, ensure patient safety, and support recovery and re-entry into professional practice.

Voluntary Participation

- Participation in MARP is voluntary, except when mandated by the Mississippi State Board of Pharmacy or an academic institution.
- I understand that my participation may be subject to monitoring requirements, including drug screens, support meetings, and case management reviews.

Confidentiality

- All records are kept confidential to the extent permitted by law.
- Information may be shared with the Mississippi State Board of Pharmacy, my College of Pharmacy, or other appropriate entities if required for compliance, safety, or legal obligations.

Participant Responsibilities

- Follow all terms of my Recovery Monitoring Agreement.

- Maintain honesty and compliance with drug testing, reporting, and treatment recommendations.
- Communicate with my assigned monitor, Executive Director, and/or committee as required.

Risks and Benefits

- Benefits include recovery support, advocacy in re-entry to professional practice, and protection of licensure when possible.
- Risks include potential disclosure of impairment to licensing or academic authorities, required treatment costs, and consequences for noncompliance.

By signing below, I acknowledge that I have read and understand this informed consent, that I have had the opportunity to ask questions, and that I voluntarily agree to participate in MARP.

Participant Signature: _____ Date: _____

MARP Representative Signature: _____ Date: _____

MARP Participant Onboarding Packet

Mississippi Association of Recovering Pharmacists (MARF)

This packet contains required forms and acknowledgements for participation in the MARF program.

Table of Contents

1. 1. Informed Consent to Participate
2. 2. HIPAA Acknowledgement Form
3. 3. HIPAA Release of Information Authorization
4. 4. HIPAA Release of Information Revocation Form
5. 5. MARP Handbook Receipt and Acknowledgement Form

CONFIDENTIALITY NOTICE: This packet contains sensitive recovery program information and is not to be shared outside of MARP without the participant's written consent or as required by law.

1. Informed Consent to Participate in MARP

Participant Name: _____

License/Student ID (if applicable): _____

Purpose of the Program

The Mississippi Association of Recovering Pharmacists (MARP) provides monitoring, advocacy, and recovery support services to pharmacists, pharmacy technicians, and student pharmacists with substance use disorders, mental health conditions, or related impairments. The purpose of this program is to protect public health, ensure patient safety, and support recovery and re-entry into professional practice.

Voluntary Participation

- Participation in MARP is voluntary, except when mandated by the Mississippi State Board of Pharmacy or an academic institution.
- I understand that my participation may be subject to monitoring requirements, including drug screens, support meetings, and case management reviews.

Confidentiality

- All records are kept confidential to the extent permitted by law.
- Information may be shared with the Mississippi State Board of Pharmacy, my College of Pharmacy, or other appropriate entities if required for compliance, safety, or legal obligations.

Participant Responsibilities

- Follow all terms of my Recovery Monitoring Agreement.
- Maintain honesty and compliance with drug testing, reporting, and treatment recommendations.
- Communicate with my assigned monitor, Executive Director, and/or committee as required.

Risks and Benefits

- Benefits include recovery support, advocacy in re-entry to professional practice, and protection of licensure when possible.
- Risks include potential disclosure of impairment to licensing or academic authorities, required treatment costs, and consequences for noncompliance.

Participant Signature: _____ Date: _____

MARP Representative Signature: _____ Date: _____

2. HIPAA Acknowledgement Form

Participant Name: _____

DOB/License #: _____

The Mississippi Association of Recovering Pharmacists (MARP) maintains and uses protected health information (PHI) as part of its monitoring and recovery support services.

- I understand that MARP will maintain confidentiality of my PHI in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

- I acknowledge that my PHI may be disclosed only as necessary to:

- The Mississippi State Board of Pharmacy (if applicable);
- Treatment providers for coordination of care;
- The MARP Medical Director, Executive Committee, and contracted behavioral health professionals for clinical oversight;
- Legal or regulatory authorities if required by law.

- I understand that I may request access to my records as allowed by HIPAA.

Participant Signature: _____ Date: _____

MARP Representative Signature: _____ Date: _____

3. HIPAA Release of Information Authorization

Participant Name: _____

Date of Birth: _____

License/Student ID (if applicable): _____

Purpose of Disclosure

This form authorizes the Mississippi Association of Recovering Pharmacists (MARF) to access, use, and/or disclose my protected health information (PHI) for the purpose of case management, recovery monitoring, and compliance with my Recovery Monitoring Agreement.

Authorization to Release Information From

I authorize MARF to obtain information from the following organization(s), provider(s), or institution(s):

1. _____

2. _____

3. _____

(Additional pages may be attached if needed.)

Type of Information to Be Released (check all that apply):☐ Medical records related to substance use disorder treatment☐ Mental health treatment records☐ Medication lists and prescription history☐ Laboratory and drug screen results☐ Treatment plans and progress notes☐ Academic/educational records (for student pharmacists)☐ Other: _____

Redisclosure

I understand that once my information has been disclosed, it may be subject to redisclosure by the recipient and may no longer be protected by HIPAA. However, MARP will maintain confidentiality to the fullest extent permitted by law.

Expiration

This authorization will expire on:

☐ Completion of my MARP Recovery Monitoring Agreement

☐ Other date: _____

Right to Revoke

I understand that I may revoke this authorization at any time by submitting a written request to MARP. Revocation will not affect any information already released prior to the revocation.

Acknowledgement

I understand that:

- Signing this authorization is voluntary.
- I may refuse to sign this form, but doing so may affect my participation in MARP.
- I have the right to receive a copy of this authorization.

Participant Signature: _____ Date: _____

MARP Witness/Representative Signature: _____ Date: _____

4. HIPAA Release of Information Revocation Form

Participant Name: _____

Date of Birth: _____

License/Student ID (if applicable): _____

I previously signed an authorization allowing the Mississippi Association of Recovering Pharmacists (MARF) to obtain and/or disclose my protected health information (PHI).

I hereby revoke that authorization effective immediately.

I understand that this revocation does not apply to any information that has already been released based on my prior authorization, and that MARF may still use or disclose information as required by law or regulation.

I further understand that revoking my authorization may affect MARF's ability to continue monitoring my recovery and may impact my participation in the program.

This revocation applies to the following organization(s), provider(s), or institution(s):

1. _____

2. _____

3. _____

Participant Signature: _____ Date: _____

MARF Witness/Representative Signature: _____ Date: _____

5. MARP Handbook Receipt and Acknowledgement Form

Participant Name: _____

License/Student ID (if applicable): _____

- I acknowledge that I have received a copy of the Mississippi Association of Recovering Pharmacists (MARP) Policies and Procedures Manual ("Handbook").

- I understand that the Handbook outlines the policies, procedures, expectations, and monitoring requirements for participation in MARP.

- I certify that I have been given the opportunity to review the Handbook and to ask questions regarding its contents.

- I understand that compliance with these policies and procedures is required for continued participation in MARP.

Participant Signature: _____ Date: _____

MARP Representative Signature: _____ Date: _____

MARP SUPPORT GROUP (AA) ATTENDANCE

Revised 9-05-2019

- MARP members are expected to attend support group meetings which meet the criteria for AA meetings such as AA, CA, or NA at the frequency spelled out in their contracts.
- Attendance at these meetings **MUST** be documented via the All-Geo app geo tracking system and the Chairperson of the meeting's name along with his/her phone number must be obtained.

CONFIDENTIALITY NOTICE: This document contains sensitive recovery program information and is not to be shared outside of MARP without the participant's written consent or as required by law.

MARP Handbook Receipt and Acknowledgement Form

Participant Name: _____

License/Student ID (if applicable): _____

- I acknowledge that I have received a copy of the Mississippi Association of Recovering Pharmacists (MARF) Policies and Procedures Manual ("Handbook").
- I understand that the Handbook outlines the policies, procedures, expectations, and monitoring requirements for participation in MARF.
- I certify that I have been given the opportunity to review the Handbook and to ask questions regarding its contents.
- I understand that compliance with these policies and procedures is required for continued participation in MARF.

By signing below, I confirm that I have received a copy of the MARF Handbook and understand my responsibilities as a participant.

Participant Signature: _____ Date: _____

MARF Representative Signature: _____ Date: _____

Participant Handbook – MARP

Monitoring Program Guide-Oral

Date- _____

Interviewer- _____

Participant- _____

Section 1. Welcome & Program Overview

- Introduction to the MARP monitoring program.
- Mission statement: support recovery, protect the public, and help participants maintain accountability.
- Length of participation for your individual circumstance.

Section 2. Participant Responsibilities

- Maintain total abstinence from alcohol and non-prescribed drugs. Exceptions explained for surgery, etc.
- Comply with all program requirements.
- Communicate honestly with program staff and administration.
- Protect confidentiality and professionalism.
- Report at least weekly to your MARP contact person

Section 3. Daily Monitoring & Drug Testing

- Daily check text messages, emails from MARP.
- Random testing: frequency, notification method, collection process.
- Policy on missed or positive tests.
- Medication disclosure process (approval of prescriptions).

Section 4. Support Meetings & Counseling

- Required number of 12-Step or peer support meetings per week.

- Proof of attendance (geo-tracking process).
- Therapy, counseling, or aftercare sessions as assigned.
- Role of a contact person with MARP.
- Role of a sponsor.

Section 5. Reporting & Documentation

- quarterly reporting to MS Board of Pharmacy.
- Employer or supervisor reports (if applicable).
- Treatment provider progress updates.
- Change of employment, residence, or contact info must be reported within 24–48 hours.

Section 6. Confidentiality & Records

- Program records are confidential.
- Information may be shared only with approved entities (licensing boards, employers, etc.).
- HIPAA compliance paperwork and guidelines.

Section 7. Non-Compliance & Consequences

- Examples of non-compliance: missed test, positive result, failure to report, dishonesty.
- Graduated responses: warning, increased monitoring, suspension, referral to licensing board.
- Appeal or grievance procedures.

Section 8. Completion of Program

- Conditions for successful completion.
- Graduation process and award.
- Aftercare and continued recovery recommendations.

Appendix (Forms & Tools)

- Daily Check-in Log
- Support Meeting Attendance Log

MARP • 211 Chapman Road • Columbus, MS 39705 • Phone: (662) 328-1422
www.mymarp.com

- Medication Disclosure Form
- Quarterly report to MS Board of Pharmacy form
- Contact List (program staff, approved labs, emergency resources)

Signature of Participant- _____



Safe Drug Use for the Recovering Addict or Alcoholic

3995 South Cobb Drive
Smyrna, Georgia 30080
770-434-4567
1-800-329-9775

www.ridgeviewinstitute.com

Revised September 2012

Safe Drug Use for the Recovering Addict or Alcoholic

People in recovery must be especially careful when taking any kind of over-the-counter (OTC) or prescription medications. Many OTC meds contain alcohol or other ingredients that could endanger their sobriety by triggering a relapse. Even physicians not familiar with addiction may prescribe meds that are not safe for the addict/alcoholic. People in recovery must be vigilant in protecting their sobriety. They must read ingredients, ask questions, and use much caution in using any kind of medication. If in doubt about a specific medication, contact your psychiatrist/addictionologist or another knowledgeable person for guidance.

Important points:

- Never take a medication given to you by someone else without knowing what it is. For example, a friend trying to be helpful can inadvertently cause a setback for a person in recovery by giving them a narcotic for a headache.

OTC meds

- Avoid OTC meds that contain alcohol. Read the label. These meds are typically liquid cough medicines or liquid cold medications, such as Nyquil. There are several cough syrups available that are alcohol-free, such as Tussin DM.
- Most OTC meds for minor problems are safe. These include topical analgesic, anti-itch, and antibiotic creams, hemorrhoid preparations, antacids, meds for diarrhea and nausea, and throat lozenges.
- Use caution with laxatives and nasal sprays. Overuse of either of these products can cause physical dependence on them. They should be for occasional use only.

Mouthwash

- Mouthwashes contain alcohol and are frequently abused by alcoholics. Look for alcohol-free alternatives. There are alcohol-free mouthwashes available.

Cold/allergy meds

- Cold/allergy meds are a danger to many. When absolutely necessary, choose non-drowsy type meds. Take the med as directed for the minimum time needed.

Sleep meds

- Medications for sleep should only be prescribed by a psychiatrist/addictionologist. Do not use OTC sleep meds, including Benadryl, without approval.

Attention Deficit Disorder meds

- Attention Deficit Disorder is being diagnosed more frequently in adults. At this time, the ADD meds approved by the Ridgeview treatment team are Clonidine, Intuniv, Strattera, Tenex and Wellbutrin. Only your psychiatrist/addictionologist should prescribe an ADD med for you.

Pain meds

- Pain meds are tricky for people in recovery. Most OTC pain relievers are fine—ibuprofen (Advil, Motrin), naproxyn (Aleve), Tylenol. These meds are very effective for many aches and pains. There are times when the addict/alcoholic must have stronger pain meds, such as narcotics, after surgery or for a severe injury. If the narcotics are necessary and taken only as directed, this is not considered a relapse. It is normal for this to cause anxiety in recovering people, so it is recommended that the recovering person prepare themselves before surgery when possible with extra recovery support and pre-planning regarding pain relief. In any case, the recovering person should not handle the pain meds themselves. Someone close to the person should keep the med and give it only as directed during the recuperation time. Any leftover pain meds should be discarded as soon as possible. Your psychiatrist/addictionologist should be aware of the situation and be available to offer guidance in the use of these meds. Addicts/alcoholics are not expected to suffer with severe pain, but they must be very cautious with the use of pain medications.

Prescribed meds

- Recovering people need to make sure all of their physicians are aware of their addiction. They should ensure their charts at their physicians' offices are marked accordingly so no one can make a mistake in prescribing meds. When in doubt about a medication, consult your psychiatrist/addictionologist.
- In general, most antidepressants and mood stabilizers are fine and it is encouraged that recovering people take them if they are recommended by their physician. They can actually aid in your recovery by keeping moods stable.

Vitamins and herbal supplements

- Vitamins are safe for use and are encouraged as part of a healthy lifestyle.
- Many herbal supplements are safe, but caution should be used. Weight loss products and appetite suppressants should be avoided. Many cause a stimulant-type effect. Supplements for sleep or mood (such as Kava Kava and Valerian) should also be avoided unless approved.
- Some supplements are recommended. One is milk thistle, which has been shown to help with liver repair.
- Avoid energy drinks, such as Red Bull. These are full of caffeine and cause a stimulant-type effect. Some of the drinks contain small amounts of alcohol.

The following is a partial list of over-the-counter and prescription medications divided into three categories:

- safe to use anytime
- gray area medications (use with caution; before using, consult your addictionologist)
- dangerous medications (never safe to use except in extreme circumstances; consult your addictionologist)

Pain relief/analgesics

<i>Safe</i>	<i>Gray area</i>	<i>Dangerous</i>
Acetaminophen (Tylenol) Aleve Anacin Ascriptin Aspirin BC Powders Bufferin Dolobid Excedrin Goody's Powder Ibuprofen (Advil, Motrin) Midol and Midol IB Nuprin Pamprin Vanquish May use "extra strength" of these meds Non-steroidal anti-inflammatory meds (NSAIDs) These include, but are not limited to: Anaprox Celebrex Feldene Lodine Mobic Motrin Naprosyn (naproxen) Relafen Vioxx	Bellergal (contains ergotamine and Phenobarbital) Daypro (can cause a urine drug screen to show positive for opioids) Imitrex Midrin Subutex and Suboxone (buprenorphine hydrochloride) Toradol (can only be used up to 5 days. Can be irritating to stomach lining) Zomig	No OTC pain reliever containing Benadryl (diphenhydramine) – many times indicated as "PM" For example, Tylenol PM Any prescription med categorized as a narcotic and/or a controlled substance. <i>You must ask your prescribing physician what type of medication you are being given!</i> These include, but are not limited to: Darvon, Darvocette (propoxyphene) Demerol Fentanyl Fiorinal, Fioricet Hydrocodone Hydromorphone Methadone Opium Oxycodone Soma Ultram (Tramadol)

Laxatives

<i>Safe</i>	<i>Gray area</i>	<i>Dangerous</i>
Metamucil Miralax Stool softeners, which include, but are not limited to: Colace Dialose Doxinate Ducosate Fleet Sof-Lax Surfak	Stimulant laxatives, which include, but are not limited to: Bisacodyl Cascara Sagrada Castor Oil Dulcolax Ex-Lax Senna Senokot <i>Note: Use laxatives as directed and for short durations. People can abuse laxa- tives and become dependent on them.</i>	

Attention Deficit Disorder (ADD or ADHD)

<i>Safe</i>	<i>Gray area</i>	<i>Dangerous</i>
Clonidine Intuniv Strattera Tenex Wellbutrin	Provigil	All others: Adderall Concerta Cylert Dexadrine Preludin Ritalin

Anticonvulsants (seizure control)

<i>Safe</i>	<i>Gray area</i>	<i>Dangerous</i>
Depakote (valproic acid) Dilantin (phenytoin) Keppra Neurontin Tegretol (carbamazepine) Topamax (topiramate)		

Allergy preparations

<i>Safe</i>	<i>Gray Area</i>	<i>Dangerous</i>
Allegra (fexofenadine) Clarinet (desloratadine) Claritin, Alavert (loratadine) Zyrtec (cetirizine)	Actifed (triprolidine) Allegra D Benadryl (diphenhydramine) — only to be used for an extreme allergic reaction Chlor-trimeton (chlorpheniramine) Claritin D Dimetapp, Dimetane (brompheniramine) Tavist (clemastine fumarate) Zyrtec D	

Cough/cold preparations

<i>Safe</i>	<i>Gray area</i>	<i>Dangerous</i>
Mucinex (guaifenesin) Tessalon Perles (benzonatate)	Dextromethorphan — found in many cough syrups, usually ones ending in “DM.” This is safe if used as directed, but is abused by many if taken in large quantities. Use with caution. Duratuss	Anything containing codeine or hydrocodone as an ingredient Any OTC or prescription med containing alcohol, such as Nyquil or Comtrex

Muscle relaxants

<i>Safe</i>	<i>Gray area</i>	<i>Dangerous</i>
Baclofen	Flexeril Norflex Robaxin Skelaxin Use of muscle relaxants should be limited to a short period of time	

Nasal sprays

<i>Safe</i>	<i>Gray area</i>	<i>Dangerous</i>
Aerobid Astelin Azmecort Beconase Flonase Nasacort Nasalcrom Nasonex Rhinocort Saline sprays (Ayr, NaSal, Ocean Mist, Salinex) Vancanase	Ephedrine (Pretz-D) Epinephrine HCL Naphazoline (Afrin, Allerest, Dristan, Duration, Sina-Rest) Phenylephedrine Pseudoephedrine Vicks Inhaler	

Nausea and vomiting/diarrhea preparations

<i>Safe</i>	<i>Gray area</i>	<i>Dangerous</i>
Bonine Emecheck Emetrol Immodium (loperamide) Kaopectate Nausetrol Norzine Octamide Pepto-Bismol Reglan Thorazine Tigan Trilafon Zofran	Compazine Dramamine (dimehydrinate) Phenergan Scopolamine Transdermal (Transderm-Scop)	Anything containing alcohol, such as Immodium A-D liquid, Paregoric, Pepto Diarrhea Control Donnagel Liquid (contains opium) Lomotil (diphenozylate HCL Atropine Sulfate)

Anti-anxiety

<i>Safe</i>	<i>Gray area</i>	<i>Dangerous</i>
Buspar (buspirone HCL)	Seroquel Vistaril/Atarax (hydroxyzine)	All benzodiazepines, which include, but are not limited to: Ativan (lorazepam) Centrax (prazepam) Doral (quazepam) Halcion (triazolam) Klonpin (clonazepam) Librium/Librax (chlordiazepoxide) Serax (oxazepam) Tranxene (clorazepate) Valium (diazepam) Versed (midazolam) Xanax (alprazolam)

Sleep aids/sedatives

<i>Safe</i>	<i>Gray area</i>	<i>Dangerous</i>
Abilify Buspar (buspirone HCL) Desyrel (trazadone) Elavil Geodon Paxil Risperdal Rozerem Seroquel Sinequan (doxepin) Thorazine Trilafon	Vistaril/Atarax (hydroxyzine pameate)	Any controlled substance. This list includes, but is not limited to: Ambien Chloral hydrate Dalmane (flurazepam) Lunesta Meprobamate (Equanil, Miltown, Meprospan) Placidyl (ethchlorvynol) Restoril (temezepam) Soma (carisoprodol) Sonata (zaleplon) Any OTC sleep aid, including, but not limited to: Any med ending in "PM" Benadryl Nytol Sleep-Eze Sominex

Weight control

<i>Safe</i>	<i>Gray area</i>	<i>Dangerous</i>
Slim-fast Xenical/Alli (orlistat)	Note: It is best to avoid weight loss products unless supervised by a physician as well as your addictionologist.	Any diet product containing: Amphetamine Benzphetamine HCL Caffeine Ephedra Ephedrine MaHaung Phentermine Phendimetrazine

The following categories of drugs are all considered safe:

- Antacids/gas relief
- Antibiotics
- Antidepressants
- Antifungal products
- Asthma meds
- Dermatological products
- Eye and ear products
- Fever blister products
- Hemorrhoid products
- Medications prescribed to treat medical conditions
- Mouth (including toothache products) and throat products
- Sunscreens
- Topical creams
- Vaginal and urinary products
- Vitamins and iron supplements

Note: Be extremely cautious in using herbal products. They are not well-regulated and may contain ingredients that could interfere with other meds you are taking or could affect your sobriety. Two products to avoid are Valerian and St. John's Wort.

Mississippi Association of Recovering Pharmacists (MARP) Anti-Harassment and Anti-Discrimination Policy

1. Purpose

The Mississippi Association of Recovering Pharmacists (MARP) is committed to providing a safe, respectful, and inclusive environment for its employees, board members, peer monitors, contractors, volunteers, and participants in the Pharmacy Professionals Recovery Program. Harassment, discrimination, or retaliation of any kind will not be tolerated. This policy ensures compliance with all applicable federal, state, and local laws, including Title VII of the Civil Rights Act, the Americans with Disabilities Act (ADA), and the Mississippi Employment Protection Act.

2. Policy Statement

MARP strictly prohibits harassment, discrimination, and retaliation based on any legally protected status, including but not limited to:

- Race, color, or national origin
- Religion or creed
- Sex, gender, gender identity, or sexual orientation
- Pregnancy or parental status
- Age (40 and over)
- Disability, medical condition, or genetic information
- Veteran or military status
- Participation in recovery or monitoring programs

This policy applies to all interactions involving employees, board members, contractors, volunteers, peer monitors, and program participants.

3. Definitions

A. Harassment

Unwelcome verbal, physical, or visual conduct that creates an intimidating, offensive, or hostile environment or interferes with an individual's participation in MARP programs or employment.

B. Sexual Harassment

Unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature when:

1. Submission is made explicitly or implicitly a term of employment or participation;
2. Submission to or rejection of such conduct is used as the basis for decisions affecting the individual; or
3. The conduct creates a hostile, intimidating, or offensive environment.

C. Discrimination

Unequal treatment based on a protected status in decisions regarding employment, program participation, or access to MARP services.

4. Reporting Procedures

MARP encourages prompt reporting of any incidents of harassment, discrimination, or retaliation:

- Primary Contact: MARP Executive Director
- Secondary Contact: MARP Board Chair
- Anonymous Reporting: Reports may also be submitted through MARP's secure reporting portal or sealed letter to the Board.

All reports will be taken seriously, handled confidentially whenever possible, and investigated promptly and thoroughly.

5. Investigation Process

All complaints will be reviewed by the MARP Executive Director or designated investigator. Investigations may include interviews, document review, and consultation with legal counsel if necessary. Findings will be communicated to all relevant parties.

6. Non-Retaliation Policy

MARP strictly prohibits retaliation against any individual who reports harassment, discrimination, or retaliation, participates in an investigation, or refuses to engage in prohibited conduct. Retaliation will result in disciplinary action, up to and including termination or removal from program participation.

7. Corrective Action

Violations of this policy may result in:

- Verbal or written warnings
- Suspension or termination of employment
- Removal from the Pharmacy Professionals Recovery Program
- Referral to licensing or regulatory authorities when applicable

8. Policy Review and Training

MARP will provide annual training to employees, peer monitors, and board members on harassment prevention and reporting. This policy will be reviewed annually by MARP's Executive Committee to ensure compliance with current laws and best practices.

Acknowledgment of Receipt and Understanding

I acknowledge that I have received, read, and understand the MARP Anti-Harassment and Anti-Discrimination Policy. I understand my responsibility to comply with this policy and to foster a safe and respectful environment.

Printed Name: _____

Signature: _____

Date: _____

MARP Treatment Center Coordination Form

This form is used to coordinate care and communication between MARP and the participant's treatment center.

Participant Information

Name: _____

Date of Birth: _____

Phone: _____

Treatment Center Information

Center Name: _____

Clinical Lead: _____

Phone: _____

Email: _____

Treatment Plan Summary

Diagnosis: _____

Level of Care: _____

Duration: _____

Goals: _____

Attendance Verification

Treatment attendance verified: ☐ Yes ☐ No

Verification completed by: _____ Date: _____

Progress Reporting Schedule

Reports will be provided: ☐ Monthly ☐ Quarterly ☐ Other: _____

Authorization

This form is authorized under participant's HIPAA release on file with MARP.

Signature (Treatment Center Lead): _____ Date: _____

Executive Summary – MARP Monitoring and Compliance Tools

The Mississippi Association of Recovering Pharmacists (MARP) uses a structured, validated system of monitoring tools to ensure accountability and support recovery. The following provides a high-level summary of the key mechanisms in place for program oversight.

- **Drug Testing – MedScreens, Inc.:** Random, observed toxicology testing with chain-of-custody and electronic timestamping. Results are reported securely and validated against national standards.
- **Recovery Meeting Tracking – allGeo App:** GPS-enabled mobile application logs meeting attendance through clock in/out with real-time verification. MARP monitors conduct random chairperson validation calls.
- **Monthly Recovery Monitoring Reports:** Completed by a peer contact, therapist, or approved individual. Tracks compliance with program expectations, cross-checked against drug screens and meeting logs.
- **Quarterly Reports:** Participants complete quarterly compliance reports submitted to both the Mississippi Board of Pharmacy and the MARP Executive Committee.
- **Case Reviews & Committee Oversight:** Regular reviews conducted by the Impaired Pharmacists Committee, Medical Director, and a contracted LCSW/LPC to assess progress and ensure compliance.
- **Relapse Indicator Tracking:** Noncompliance events (missed meetings/tests, late reports) are flagged and addressed promptly, with corrective actions monitored by the Executive Committee.

Together, these tools ensure reliable monitoring, provide clear documentation of participant compliance, and support accountability to the Mississippi Board of Pharmacy and MARP leadership.

TECHNICAL QUESTIONNAIRE

SECTION 9

KEY OFERER STAFF RESUMES

BRENT BOYETT, D.M.D., D.O., DFASAM

Hamilton, AL | bboyett@boyettthealth.com | 205-412-2454

Professional Summary

Distinguished physician and addiction medicine specialist with dual degrees in Dentistry and Osteopathic Medicine. Over 25 years of leadership in clinical practice, research, and healthcare innovation. Published extensively in peer-reviewed journals and widely recognized for advancing the integration of addiction treatment into mainstream healthcare systems.

Key Roles & Leadership

- Medical Director / Principal Investigator — Boyett Health Services (2009–Present)
- Medical Director — Mental Health Center of Alabama (2024–Present)
- Faculty Core Preceptor — NMMC Internal Medicine Residency Program (2023–Present)
- Addictionologist — NMMC Neuroscience Institute, Tupelo, MS (2021–Present)
- Corporate Medical Director of MAT, Bradford Health Services (2019–2021)
- Founder/CMO, Pathway Healthcare, LLC (2017–2019)
- President, Alabama Osteopathic Medical Association (2012–2017)
- President, Alabama Society of Addiction Medicine (2016–2018)

Education & Certifications

- Certified Psychedelic Provider, Integrative Psychiatry Institute (2025)
- Certified Ketamine Provider, Integrative Psychiatry Institute (2023)
- D.O., University of Health Sciences, Kansas City, MO (1998)
- D.M.D., University of Alabama-Birmingham (1994)
- B.S. Chemistry/Biology, Birmingham-Southern College (1989)
- Board Certifications:
 - Addiction Medicine (ABPM) – Current
 - Family Medicine – Current
 - Anesthesiology Diplomate (Dental Board)

Research Portfolio

Principal Investigator on 20+ clinical trials across addiction medicine, psychiatry, cardiometabolic disease, and infectious disease.

- OUD Studies: Indivior INDV-6000-402; Braeburn HS-11-421; Orexo BRIDGE Project
- Metabolic Disorders: Pfizer Hyperlipidemia trials, Novo Nordisk Diabetes studies
- Other Clinical Trials: Influenza (Shionogi), Chronic Pain (Braeburn), Atrial Fibrillation (Boehringer Ingelheim)

Publications & Scholarly Work

- **Books & Chapters:**
 - Cannabinology; The Science Behind Medical Cannabis (2024)
 - Move Beyond Pain (2024)
 - Healing or Harming? Consequences of Controlled Substance Medications (2024)
 - Cambridge Handbook of SUD and Behavioral Addictions — Chapter on Precision Behavioral Management
- **Peer-Reviewed Articles (Selection):**
 - Boyett B, et al. Drug & Alcohol Dependence. Assessment of Cravings in OUD: Validation of the Opioid Craving VAS. 2021.
 - Boyett B, et al. J Addict Med. Continued Post-trial Benefits of Buprenorphine Extended Release: RECOVER Study. 2023.
 - Boyett B, et al. Am J Drug Alcohol Abuse. Open-Label, Rapid Initiation Pilot Study for Extended-Release Buprenorphine. 2023.
 - Boyett B, et al. Front Psychiatry. Cannabis-Induced Hypodopaminergic Anhedonia. 2021.
- **Other Contributions:**
 - Frequent contributor to The Hill, Politico, Vice, Washington Times, and other outlets on addiction policy and treatment innovation.

Professional Service & Recognition

- Distinguished Fellow, American Society of Addiction Medicine
- Advisory Boards: Indivior, Kaleo, BDSI, US World Meds
- Chairman, Rules Committee for AL Senate Bill 425 (Buprenorphine Prescribing)
- Past President, ALSAM & ALOMA

Appendix: Full Research & Publications List

Full list of research studies and publications (2009–2024), as detailed in original CV document.

Appendix: Comprehensive Research & Publications

Research Studies (2009–2024)

- 2019-2020 — Indivior INDV-6000-402: Opioid Use Disorder
- 2017-2018 — KOWA K-877-303: Hypertriglyceridemia
- 2017-2018 — KOWA K-877-301: Hypertriglyceridemia
- 2018 — Orexo BRIDGE Project: Opioid Use Disorder
- 2016-2017 — Indivior US INDV-6000-301: Opioid Use Disorder
- 2016-2017 — Braeburn HS-14-499: Opioid Use Disorder
- 2015-2017 — Braeburn HS-11-421: Opioid Use Disorder
- 2015-2016 — Reckitt Benckiser, Indivior RB-13-0001: Opioid Use Disorder
- 2016-2019 — Braeburn HS-16-555: Chronic Low Back Pain
- 2017 — Shionogi 1602T0832: Influenza in High-Risk Patients
- 2015-2016 — Reckitt Benckiser, Indivior RB-13-0003: Opioid Use Disorder
- 2015-2016 — BDSI BNX-401: Opioid Use Disorder
- 2015-2016 — Pfizer B1481022: Hyperlipidemia
- 2014-2016 — Pfizer B1481038: Hyperlipidemia
- 2014-2016 — Novo Nordisk NN9068-4056: Diabetes
- 2014-2015 — Braeburn PRO-814: Opioid Use Disorder
- 2013-2014 — Orexo OX219-006: Opioid Use Disorder
- 2013-2014 — Orexo OX219-008: Opioid Use Disorder
- 2013-2014 — Novo Nordisk NN1250-3587: Diabetes
- 2009-2010 — Boehringer Ingelheim REAL-AF: Atrial Fibrillation Retrospective Study

Publications

- Cannabinology; The Science Behind Medical Cannabis. Boyett B. (2024)
- Move Beyond Pain. Boyett B. (2024)
- Healing or Harming? The Biochemical Consequences of Controlled Substance Medications. Boyett B. (2024)
- Assessment of Cravings in Opioid Use Disorder: Psychometric Evaluation and Predictive Validity of the Opioid Craving VAS. Drug Alcohol Depend. 2021.
- Continued Posttrial Benefits of Buprenorphine Extended Release: RECOVER Study Findings. J Addict Med. 2023.
- Open-label, rapid initiation pilot study for extended-release buprenorphine subcutaneous injection. Am J Drug Alcohol Abuse. 2023.
- Cannabis-Induced Hypodopaminergic Anhedonia and Cognitive Decline in Humans. Front Psychiatry. 2021.
- Transmodulation of Dopaminergic Signaling to Mitigate Hypodopaminergia and Pharmaceutical Opioid-Induced Hyperalgesia. Curr Psychopharmacol. 2020.
- In Search of Reward Deficiency Syndrome (RDS)-free Controls. Curr Psychopharmacol. 2020.

- Molecular Neuro-Biological and Systemic Health Benefits of Achieving Dopamine Homeostasis in the Face of COVID-19. *J Syst Integr Neurosci*. 2020.
- Hypodopaminergia and Precision Behavioral Management: A Generational Family Affair. *Curr Pharm Biotechnol*. 2020.
- Americans' opioid/psychostimulant epidemic and genetic addiction risk. *J Syst Integr Neurosci*. 2019.
- Rapid Anti-Depressant Relief by Ketamine. *Curr Psychopharmacol*. 2019.
- Death by Opioids: Are There Non-Addictive Scientific Solutions? *J Syst Integr Neurosci*. 2019.
- Precision Behavioral Management. *Cambridge Handbook on SUD and Behavioral Addictions*.
- The Individualized Treatment of Opioid Use Disorder. *JMCP*. 2019.
- Spotlighting Reward Deficiency Syndrome in Face of the Opioid Epidemic. *EC Psychology and Psychiatry*. 2017.
- Early Identification of Genetic Risk for Substance Use. *Curr Psychiatry Research and Review*.
- Buprenorphine-naloxone Buccal Film Study. IOCC BDSI Poster. 2017.
- Various Op-Eds and Articles in The Hill, Politico, Washington Times, Vice, Bustle, Healthline, Addiction Now, Hello Giggles (2018–2024).

Jerry M. Fortenberry

Jerry Fortenberry, RPh, is a pharmacist, leader, and advocate whose career reflects a strong commitment to his profession and a focus on improving the lives of others. After earning his degree from the University of Louisiana at Monroe (formerly Northeast Louisiana University) School of Pharmacy in 1980, Jerry became a registered pharmacist, starting his career with professionalism, service, and a dedication to his local community.

Jerry's entrepreneurial mindset came to life in 1992 when he founded Richland Discount Drugs in Richland, Mississippi. For more than a decade, the pharmacy became a reliable resource, known for its personalized care and commitment to meeting the healthcare needs of the area. While his success in business was noteworthy, his achievements were complemented by his dedication to combating an important issue in the field of pharmacy: helping pharmacists and pharmacy technicians struggling with substance dependence.

With an understanding of the difficulties healthcare professionals face when it comes to substance dependence, Jerry co-founded the Mississippi Association of Recovering Pharmacists (MARP) in 1987. Along with the organization's other founding members, he helped create a support system to reduce stigma and provide structured assistance for pharmacy professionals in recovery. He contributed to developing MARP's goals and shaping it into an organization dedicated to addressing the specific needs of pharmacists and technicians experiencing these challenges. By collaborating with the Mississippi Board of Pharmacy, Jerry helped clarify how the pharmacy profession could respond to these issues with support and compassion. His proactive approach has made MARP a visible and trusted resource in the field.

During MARP's initial years, Jerry played a key role in several of the organization's achievements. He helped implement a confidential 1-800 helpline to provide immediate support and information. Jerry also assisted the organization in attaining 501(c)(3) nonprofit status to allow for long-term success and worked with state legislators to ensure legal protection for those acting in good faith to offer or seek recovery assistance. These steps established MARP as a well-regarded resource within the pharmacy community, actively addressing a pressing need and providing solutions based on integrity and support.

For over 30 years, Jerry has been an active leader within MARP. He has held the position of Treasurer for 36 of the organization's 38-year history and has served on the Executive Board since it began. His involvement has included coordinating annual recovery conferences for over 25 years, organizing regular meetings every six weeks, and attending Mississippi Board of Pharmacy meetings to support and advocate for recovering pharmacists. With his guidance, MARP has gained national recognition, inspiring similar programs across the U.S. and becoming a valued example in the field. These achievements underscore Jerry's steady commitment and his ability to encourage meaningful progress.

Jerry views the work of MARP as more than just a professional responsibility. His efforts have allowed many pharmacists and technicians to overcome significant challenges, regain perspective, and move forward with their careers and lives. By connecting individuals with recovery solutions, Jerry has made a lasting impact and provided a thoughtful model of leadership in the pharmacy field. His work reflects a genuine desire to help others succeed in both their personal and professional pursuits. It is this balanced dedication to addressing challenges and promoting recovery that highlights his broader vision of service.

Beyond his work in pharmacy, Jerry Fortenberry has contributed extensively to his community through various volunteering roles. Over the years, Jerry has become recognized for his steady commitment to supporting his community through leadership and collaborative efforts. His contributions extend to many civic, cultural, and educational initiatives, each helping to enhance the areas they serve. He approaches his volunteer work with the same determination and sense of purpose that he brings to his professional life, creating a sense of continuity in all of his efforts.

Jerry's involvement in the arts is highlighted by his work with the Columbus Arts Council, where he has taken on leadership roles, including Secretary in 2015, Vice President in 2016, and President in 2017. During this time, he played an important role in organizing successful gala fundraisers and bringing in internationally recognized performers like the Vienna Boys Choir for a 2017 concert. His contributions helped strengthen the organization's visibility and foster an appreciation for the arts in the community, cultivating a deeper sense of cultural enrichment.

Jerry also contributed to the Columbus Exchange Club, where he served as Vice President in 2018, President-Elect in 2019, and President in 2020. These roles saw Jerry taking the lead on coordinating speakers, managing fundraising efforts, and organizing events that supported the community and various causes. His ability to organize and motivate others made him a valuable leader in these roles and ensured that each initiative had a positive and noticeable impact. While serving as President of this organization, Jerry's leadership ensured that the organization not only remained open and active throughout the challenges of the COVID-19 pandemic but also continues to thrive and be an organization that make a positive impact on the community.

His involvement in education and environmental stewardship is also evident through his work with the Lowndes County Master Gardeners. As Vice President (2023–2024) and current President, Jerry helped organize educational programs, speaker events, and outreach activities aimed at encouraging gardening knowledge and environmental responsibility in the community. These efforts often extend beyond gardening, touching on broader themes of sustainability and lifelong learning that resonate with residents of all ages.

His volunteer contributions span several ongoing efforts. Jerry actively supports organizations like the Columbus-Lowndes County Library Board, working to keep educational resources accessible and impactful. Additionally, he serves on the Columbus Historical Commission Board, contributing to preserving the area's history. Jerry's involvement with the Hitching Lot Farmers Market Board and the Preservation Society of Columbus further showcases his commitment to maintaining and enriching local culture and heritage. His activities in these organizations have helped strengthen the community's connection to its roots while fostering an inclusive environment for growth.

Jerry also focuses on public health and safety through his membership in the Lowndes County Addiction Task Force, where he engages with programs addressing addiction. His role as Secretary of the Lowndes County Rodeo Committee underscores his efforts to unite the community through events that promote civic engagement. These roles complement his professional work in recovery advocacy and reflect his wider concern for community wellness.

Jerry's dedication to disaster recovery is shown in his contributions to Community Recovery Lowndes County as a board member. The organization played a vital role in the response to Columbus's 2019 tornado and continues to serve as a resource in challenging times. Jerry remains an active supporter of its mission and works to ensure the community is prepared for and capable of weathering future emergencies with resilience.

One of Jerry's long-standing volunteer efforts is his 15-year involvement with the Tennessee Williams Tribute and Tour of Victorian Homes. He has helped plan this annual multi-day event, which includes activities such as the 'Stella Shouting Contest,' poetry readings, literary seminars as well as other educational opportunities, and theater competitions. This event has become a cherished highlight of the community calendar, and Jerry's role in its success is widely appreciated by attendees and organizers alike.

Jerry Fortenberry reflects the value of community involvement and thoughtful leadership. Through his wide-ranging efforts and ongoing contributions, he encourages others to make a positive difference. His work extends across the areas of education, arts, recovery, and historic preservation, leaving a meaningful influence on many aspects of the community. This broad range of activities demonstrates his commitment to enhancing the future for the people and places he cares deeply about, solidifying his legacy as a dedicated professional and community advocate.

Jerry Fortenberry

✉ jmfrrdd@aol.com

☎ 601.937.1672

📍 Columbus, 39705

EXPERIENCE

Administrator

Mississippi Association of Recovering Pharmacists (MARP), Jackson, MS / Jan 2015 - Present

- Keep records and help to ensure proper organization
- Manage finances ensuring the organization runs smoothly, paying bills and collecting dues.
- Plan seminars for educational purposes
- Advocate for pharmacists and pharmacy technicians appearing before the Board of Pharmacy
- Coordinate with other state programs when needed
- Prepare monthly profit/loss statements
- Prepare monthly reports to the Board of Pharmacy

Pharmacist

Fred's Pharmacy, Ackerman, MS / May 2016 - Nov 2019

- Completed all pharmacist duties
- Established and maintained rapport with co-workers as well as with customers ensuring a positive work environment with open communication
- Followed all safety measures for the protection of co-workers and customers

Pharmacy Director

Pioneer Hospital, Aberdeen, MS / Jul 2011 - May 2016

- Ran both the hospital and retail pharmacies for the first four years of employment
- Fulfilled prescription needs for inpatient as well as outpatient clients
- Worked with the administration managing various departments to create policies and procedures, work through strategic planning, manage budgets, as well as completing other miscellaneous tasks
- During the last year of employment, worked to train additional personnel and focused solely on the success of the retail pharmacy
- Was the leader on the addition of the 340(b) program to the Clinic Pharmacy and held educational events for the physicians and nurse practitioners

Pharmacist

Rite Aid, Columbus, MS / Jul 2009 - Jul 2011

- Collaborated with co-workers to complete all necessary tasks within the pharmacy
- Helped to establish and maintain a positive working environment
- Ensured safety of self and others through complying with all safety measures

Pharmacist ("Floater")

CVS, Richland, MS / Dec 2003 - Jun 2009

- Traveled and worked at various locations to ensure pharmacist shifts were covered during times of need
- Helped to establish and maintain a positive work environment characterized by open communication and positive rapport
- Complied with all safety protocols to ensure a safe work environment for both employees and customers

Pharmacist / Business Owner

Richland Discount Drugs, Richland, MS / Sep 1992 - Dec 2003

- Completed day to day duties as a pharmacist
- Successfully worked to accomplish all managerial tasks
- Established positive rapport with the surrounding community as well as with employees
- Oversaw the buying and selling of all items offered within the pharmacy as well as the retail areas of the store
- Ensured safety of customers as well as employees by abiding by all appropriate safety measures and regulations

EDUCATION

Canton Academy Canton, MS

High School Diploma, (May 1974)

Graduated Star Student

Canton Academy Hall of Fame 1974 Class

Co-editor of the high school student newspaper

University of Louisiana Monroe Monroe, LA

Bachelor of Arts (B.A.) Pharmacy (Jan 1980)

Senator from the School of Pharmacy

CERTIFICATIONS

RPh, E-06839

REFERENCES

References available upon request

WILLIAM JONES

216 Red Hancock Dr Benton, MS 39039 662-419-3511
jones.2by2@yahoo.com

Consummate Staff Pharmacist with over 25 years of experience ensuring proper processing, dispensing and distribution of a wide range of prescriptions with a focus on patient wellness and education in both retail and long term care settings.

EXPERIENCE

PHARMACIST IN CHARGE, Webb's Pharmacy

JANUARY 2021–PRESENT

Performed duties of pharmacist in charge while dispensing a high number of prescriptions with accuracy. Provided good customer service in an independent community pharmacy setting. Oversee technicians and manage inventory.

RELIEF PHARMACIST, FRIENDSHIP PHARMACY

NOVEMBER 2019–DECEMBER 2020

Check and dispense prescriptions. Oversee pharmacy technicians.

PHARMACIST, ELDERSCRIPT

AUGUST 2015–2018

Communicated directly with doctors' offices via phone, fax and email. Retrieved, counted and measured drugs. Processed up to 1000 prescriptions on high volume days with 100% accuracy. Oversaw the pharmacy technicians' drug preparations and distribution activities to provide safe, efficient care for patients. Processed and dispensed written, oral and electronic prescriptions.

PHARMACY MANAGER, FRED'S

JULY 2014–AUGUST 2015

Appropriately resolved customer issues, complaints and questions. Successfully assisted customers with medical issues and provided valuable healthcare counseling. Oversaw inventory, ordered narcotics and administered vaccinations. Accurately filled and distributed prescriptions. Oversaw pharmacy technicians.

PHARMACIST, ELDERSCRIPT**JUNE 2013–MAY 2014**

Same duties as described when employed with Elderscript from above.

JANUARY 2012- MAY 2013**PHARMACIST, LTC PHARMACY SOLUTIONS****JANUARY 2012–MAY 2013**

Entered new patient profiles and prescriptions into medication input software system. Accurately pulled medications from the shelves for Pyxis replenishment and delivered them to various patient care areas. Maintained proper storage and security conditions for all drugs. Followed state and federal record keeping guidelines for legend drugs and controlled substances.

STAFF PHARMACIST, WALGREENS**JANUARY 2005–JANUARY 2012**

Advised customers on the selection of medication brands, medical equipment and healthcare supplies. Resolved customer issues and provided valuable healthcare counseling. Operated the cash register and drive thru window. Accurately filled prescriptions.

STAFF PHARMACIST, WALMART**NOVEMBER 1994–JANUARY 2005**

Created staff schedules, managed payroll and served as Assistant Pharmacy Manager and Pharmacy Manager during my tenure. Communicated with all customers and staff in a pleasant and professional manner. Verified accuracy and completeness of information on prescriptions and refill requests. Efficiently answered multi-line phones and processed a high volume of order requests from nurses, doctors and pharmacists. Provided friendly customer service at prescription drop-off and pick-up counters.

EDUCATION**AUGUST 1991-MAY 1994****BACHELOR OF SCIENCE, PHARMACY**

University of Mississippi- Oxford, MS

AUGUST 1989-MAY 1991**ASSOCIATE OF SCIENCE, PHARMACY**

Itawamba Community College- Fulton, MS

AUGUST 1985-MAY 1989**HIGH SCHOOL DIPLOMA**

Pontotoc High School-Pontotoc, MS

SKILLS

- Immunization services
- HIPPA regulations compliance
- Patient counseling
- Excellent patient care
- Drug utilization review
- Efficient and accurate inventory control

REFERENCES

Meghan Cobb-Pharmacist
662-538-4693 cell

Andrew Sweeney-Pharmacy Director
662-416-1001 cell

Shaina Dunaway
662-296-0389 cell

Robert M. Jordan PharmD

PHARMACY OWNER/MARP PRESIDENT

Clinton, MS | 601-473-5379 | pharmboy72@outlook.com

Experience

MARP

- President 2023-current
- Treasurer 2021-2023

The Corner Pharmacy and Market - Flora, MS 2022-current

- Owner/PIC

Webb's Pharmacy Yazoo City, MS 2019-2022

- Staff Pharmacist

Fred's Pharmacy Jackson, MS 2016-2019

- Staff Pharmacist

Walgreen's Clinton, MS 2005-2015

- PIC

Walgreens mall Order Tempe, AZ 1999-2005

- Pharmacist, Performance Coach

Education

Midwestern University Glendale, AZ 2005

PharmD

Grand Canyon University Phoenix, AZ

Major: Chemistry, Minor: Biology

Skills & abilities

- 20 years Pharmacy Management
- 7 years Pharmacy Technician practice
- Organizational Leadership
- 10 years of experience in 12 step recovery

Curriculum Vitae

Of

Leann Williams

209 Fairway Lane

Madison, MS 39110

601-862-8500

Leannwilliams3@att.net**EDUCATION**

August 1986-December 1991 B.S. Pharmacy, Summa Cum Laude
University of Louisiana at Monroe

LICENSURE

Mississippi Board of Pharmacy, E08187

PROFESSIONAL EXPERIENCE

May 2017-currently Infusion Pharmacist
Health Care Medical Infusion Specialties, Ridgeland, MS

September 2016-May 2016 Pharmacist
Specialty Pharmacy, Flowood, MS

May 2013-June 2015 Oncology Pharmacist
UMMC Cancer Institute, Jackson, MS

March 2004-August 2015 Intermittent Pharmacist
GV "Sonny" Montgomery VAMC, Jackson, MS

March 2004-June 2015 Pharmacist
Mosby Drug Store, Canton, MS

August 2003-May 2013 Pharmacist
GV "Sonny" Montgomery VAMC, Jackson, MS

December 1991-March 2004 Staff Pharmacist
MS Baptist Hospital, Jackson, MS

Christopher Shackelford

(662) 672-0191

chrisrphjenjd@aol.com

Ripley, MS 38663

Experienced in optimizing pharmacy operations through innovative technologies and regulatory compliance, with proven skills in patient education and safety. Adept at building strategic vendor relationships and enhancing pharmacy benefit management. Seeking to leverage expertise as a Pharmacist to support patient care and operational excellence.

EXPERIENCE

DIRECTOR OF PHARMACY

Hometown Market & Pharmacy

Tupelo, MS

April 2022 - Present

- Analyzed monthly reports on sales performance metrics such as average order size and number of orders per month, to identify opportunities for improvement.
- Developed and implemented policies and procedures to ensure compliance with regulatory standards.
- Implemented innovative technologies to improve workflow efficiency within the pharmacy department.
- Cultivated relationships with vendors to negotiate favorable contracts for purchasing pharmaceutical supplies.
- Established protocols for handling customer complaints regarding prescription refills or adverse reactions from medications.

PHARMACY MANAGER

Walmart

Holly Springs, MS

May 2017 - September 2021

PHARMACY MANAGER

Walmart

Tupelo, MS

February 2006 - May 2017

PHARMACY DISTRICT MANAGER

Walmart

Tupelo, MS

July 2000 - February 2006

PHARMACY MANAGER

Walmart

Tupelo, MS

July 1998 - July 2000

PHARMACY MANAGER

Walmart

Corinth, MS

May 1997 - July 1998

PHARMACY MANAGER

Walmart

Iuka, MS

May 1996 - May 1997

PHARMACY TECHNICIAN

Walmart

New Albany, MS

August 1994 - May 1996

EDUCATION

RPH IN PHARMACY

University of Mississippi, University, MS, US

May 1996

Frank Burton II
10052 N Cockrum Dr
Hernando, MS 38632
662-801-0708
rebelrx@aol.com

Professional Experience

October 2019 to Present Coldwater Pharmacy
Coldwater, MS
Pharmacist In Charge/Pharmacy Manager

July 2017 to January 2018 Byhalia Drug Co
Byhalia, MS
Pharmacist In Charge/ Pharmacy Manager

April 2010 to July 2017 CVS
Olive Branch, MS
Pharmacist In Charge/Pharmacy Manager/Staff Pharmacist

September 1993 to April 2010 Super D Drugs
Olive Branch, MS
Pharmacist In Charge/Pharmacy Manager/Staff Pharmacist

Education and Training

1993 University of Mississippi

Licensure

Mississippi Board of Pharmacy, T09537
Tennessee Board of Pharmacy, 08920

From: **Zach Thompson** zthompsonlpc@gmail.com
Subject: **bio**
Date: **Mar 15, 2025 at 6:35:34 PM**
To: **Jerry Fortenberry** jmfrdd@aol.com

Section 8 Page 16.

Zach Thompson MA, LPC

I am a licensed therapist with offices in Jackson, MS. I operate a private practice that treats anxiety, depression, and addiction (process and chemical). I am also a partner and Clinical Director with Lighthouse Healing Center, an outpatient program in Ridgeland, MS. Lighthouse Healing Center treats post-traumatic depression and anxiety, substance use disorder, and obsessive-compulsive disorders.

I also specialize in Brainspotting, dream interpretation, and other depth-therapy interventions, and somatic healing practices.

MARP • 211 Chapman Rd. • Columbus, MS 39705 • Phone: (662) 328-1422
www.mymarp.com

John Zachary Thompson

877 Northpark Drive
Ridgeland, Mississippi 39157
601-822-1757
zthompsonlpc@gmail.com

RELEVANT EXPERIENCE

*Owner/Partner, Clinical Director, **Lighthouse Healing Center**, 7/2021 to present*

*Owner/Proprietor, **Thompson Psychotherapy**, 3/2021 to present*

- Individual psychotherapist specializing in trauma resolution and depth psychotherapy.

*Clinical Therapist, **Defining Wellness Centers**, 3/2020 to 3/2021*

- Individual and group psychotherapy
- Trauma resolution psychotherapy in individual and group settings
- Co-facilitated treatment team meetings for all levels of care (detoxification, residential, PHP, and IOP)

*Program Coordinator, Clinical Therapist, **Psycamore Psychiatric Programs**, 1/2019 to 3/2020*

- Adolescent Program Coordinator from 1/2019 until 2/2020
- Adult Evening Program Coordinator 10/2019 to 3/2020
- Conducted individual and family counseling for adult, adolescent, and child programming
- Facilitated specialty groups including trauma resolution, relationship, spirituality, family (family dynamics and family-of-origin), grief recovery, and co-occurring disorders
- Led treatment team meetings for Adult Evening Services. Member of treatment team for adult (day), adolescent, and child programming

*Program Coordinator, Clinical Therapist, **The Ranch Mississippi** (3/2015 – 12/2019)*

- Clinician on Men's and Women's Units
- Supervised staff on Men's Unit
- Scheduled treatment programming on the Men's Unit
- Provided individual and group counseling, screening and assessments, and continuing care planning

LICENSURE and EDUCATION

Licensed Professional Counselor (LPC), State of Mississippi

M.A., Integrated Recovery for Co-Occurring Disorders, Hazelden Betty Ford Graduate School of Addiction Studies

B.A., English, University of Mississippi

EXECUTIVE DIRECTOR POSITION

TASKS.....

TYPE MINUTES FROM MAIN MEETING

TYPE MINUTES FROM THE EXECUTIVE BOARD MEETING

TAKE AND TYPE MINUTES FROM THE BOARD OF DIRECTORS MEETING

TYPE MINUTES FROM THE IPC MEETINGS

UPDATE THE PI FILES (PERSONAL INFO FILES) ON EACH MEMBER

UPDATE THE PHO-ADD LIST AND ADD NEW INFO TO CONTRACTS IF ANY

SCAN THE JACKSON 6-WEEK ATTENDANCE SHEETS AND LOG THEM ACCORDINGLY

UPDATE ATTENDANCE COMPLIANCE SPREADSHEET

UPDATE THE CONTACT LOG WITH CHANGES FROM EACH MEETING

EMAIL COPIES OF 6 WEEK CONTRACTS AND CATALOG THEM

EMAIL COPIES OF EVALUATIONS AND CATALOG THEM

PREPARE CONTRACT FOR NEW MEMBERS AND SCAN INTO THE COMPUTER – ALSO MAIL OUT THIS COPY TO THE PARTICIPANT AND THE BOARD OF PHARMACY

SCAN SUPPORT GROUP MEETING LISTS AND CATALOG FOR ALL THE SIX SUPPORT GROUPS-THESE ARE THE SIGNED LISTS

PROVIDE SUPPORT GROUP LISTS FOR MEMBERS (THE ONES THEY DO GET SIGNED)

POST PAYMENTS

PREPARE DEPOSIT SLIPS

UPDATE ANY EMAIL CHANGES FOR QUICK BOOKS

UPDATE ANY ADDRESS CHANGES FOR QUICK BOOKS

RECEIVE AND LOG TREATMENT CENTER UPDATES FOR MEMBERS IN TREATMENT CENTERS

PROVIDE THE BOARD OF PHARMACY COPIES OF THESE TREATMENT CENTER UPDATES

IS ANYONE GOING TO THE BOARD?? LETTERS TO THE BOARD MUST BE SENT

IS ANYONE GOING TO THE BOARD?? CALL BOARD TO ADD TO DOCKET

WHERE ARE WE WITH THE SEMINAR???? LOOK AHEAD TO PLAN DATES AND TOPICS

RECEIVE DRUG SCREENS FROM OTHER STATES AND LOG THEM (PRESENTLY FROM TN, LA, FL)

TRANSMIT COPIES OF DRUG SCREENS TO OTHER STATES (PRESENTLY WE SEND ONE TO TN AND FL AND LA

CHECK SUPPLIES- INK, STAPLES, PAPER CLIPS, PAPER, PENS, ETC AND ORDER FROM AMAZON OR GET LOCALLY

CHECK BOOK HAS TO BE BALANCED WHEN STATEMENT COMES IN

ANY CONTRACT WRITTEN?? UPDATE CONTRACT ENDING FORM(S) THERE ARE TWO

STATEMENTS GO OUT ON THE FIRST- POST CHARGES FIRST

FINANCIALS PRINTED FOR MEETING

ANY PRESCRIPTIONS SCANNED AND CATALOGED AND EMAILED OUT TO THE EXEC BOARD

VACATION REQUESTS RECEIVED AND LOGGED AND EMAILED TO THE EXEC COMMITTEE

ANY CONTRACT CHANGES REQUESTED LOGGED AND EMAILED TO THE EXECUTIVE BOARD

PREPARE BOTH LAPTOPS FOR MARP PEARL MEETINGS WITH TOUCHSCREEN CONTRACTS FOR BOTH GROUPS

PAY BILLS- AT AND T, PEARL ROOM RENTAL, PAPA JOHNS, VISA, ETC.

ORDER FOOD FROM PAPA JOHNS FOR PEARL MEETINGS.

SHOP FOR DRINKS AND COOKIES AND PAPER GOOD FOR MARP PEARL MEETINGS

COORDINATE WITH THE PEARL COMMUNITY CENTER FOR ANNUAL RENTAL OF THE ROOM WE MEET IN

COORDINATE WITH THE PEARL COMMUNITY CENTER WEEK OF THE PEARL MEETINGS FOR ROOM ARRANGEMENT AND TIME TO OPEN THE DOOR

ATTEND THE BOARD OF PHARMACY MEETINGS

ATTEND REGIONAL SEMINARS WHEN POSSIBLE

ATTEND THE ANNUAL APHA ADDICTION SEMINAR WHEN POSSIBLE

PREPARE MONTHLY PROFIT/LOSS STATEMENTS

PREPARE PAPERWORK FOR THE PEARL MEETINGS INCLUDING BUT NO LIMITED TO A QUICK BOOKS PRINT OUT FOR SAVINGS AND CHECKING ACCOUNTS, COPIES OF CHECKS WRITTEN, LIST TO BE SEEN, DEPOSIT TICKETS, AND COPIES OF MINUTES

MAKE DEPOSITS AT TRUSTMARK WHEN NEEDED

BILL THE BOARD OF PHARMACY MONTHLY OR ANY ORGANIZATION WE ARE CONTRACTED WITH

BE AVAILABLE 24/7 FOR CALLS FROM PHARMACISTS AND TECHS UNDER CONTRACT

BE AVAILABLE 24/7 FOR CALLS FROM THE BOARD OF PHARMACY

ANSWER THE MARP LINE WHEN AT OFFICE AND WHEN NOT REPLY TO MESSAGES

PLAN AND ORGANIZE SEMINARS FOR MARP INCLUDING PROCURING SPEAKERS AND COORDINATE WITH LOCATIONS FOR HOLDING THE SEMINAR AND WORKING WITH THEM FOR MEAL PREPS

WORK WITH THE ACPE PROVIDER TO MAKE SURE WE HAVE ACPE APPROVED SEMINARS

KEEP UP WITH ALL SEMINAR PAYMENTS ADDING THEM TO A SPREADSHEET AND DEPOSITING MONEY IN THE ACCOUNT AT TRUSTMARK

SEMINAR PAYMENTS MADE BY PAYPAL HAVE A FEE AND I DEDUCT THAT FROM THE PAYMENT AND LOG AS SUCH

DUES PAYMENTS MADE BY PAYPAL HAVE A FEE AND I DEDUCT THAT FROM THE PAYMENT AND LOG AS SUCH

DAILY UPDATE THE GEO TRACKING SPREADSHEET

DAILY UPDATE THE SUPPORT GROUP MEETING SPREADSHEET

ASSEMBLE PACKETS FOR THE SEMINARS

PREPARE THE SEMINAR PAMPHLET FOR SUBMISSION TO THE PRINTER

COORDINATE WITH THE PRINTER FOR PRINTING THE PAMPHLETS FOR THE SEMINARS

COORDINATE WITH THE PRINTER FOR THE MAILING OF THE SEMINAR PAMPHLETS

COORDINATE WITH THE PRINTER FOR PRINTING MARP PAMPHLETS

RECEIVE AND LOG REQUESTS FOR REDUCTIONS IN GEO TRACKING AND SUBMIT THEM TO THE EXEC BOARD

COORDINATE WITH PERSON CALLING THE DRUG SCREENS TO UPDATE ON WHO TO CALL AND WHEN (IS MEMBER GETTING SCREENS IN TREATMENT?) (IS THIS A NEW MEMBER?) (DO WE NEED TO INCREASE SCREENS?)

RECEIVE NOTICES FROM MEMBERS CONCERNING SURGERY AND PROVIDE COPIES TO THE EXECUTIVE BOARD

PROVIDE A MONTHLY SPREADSHEET OF COMPLIANCE FOR ALL MARP MEMBERS UNDER CONTRAC TO THE BOARD OF PHARMACY

PAY SALARIES THE FIRST OF EACH MONTH AND MAILING OUT THOSE THAT NEED TO BE MAILED

SEND THE BOARD OF PHARMACY A MONTHLY DRUG SCREEN REPORT MAKING SURE ALL SCREENS ARE MARKED AS OBSERVED AND WITHIN THE TIME PERIOD TO BE COLLECTED. IF THEY ARE NOT OBSERVED I MUST CONTACT THE MEMBER OR THE LAB AND GET A LETTER STATING THEY WERE IN FACT OBSERVED. IF THEY ARE LATE I HAVE TO CONFIRM THIS IS NOT JUST AN AM/PM ISSUE AND THEN FIND OUT WHAT THE REASON FOR THE SCREEN BEING LATE WAS IF IT WAS INDEED LATE. ALSO, IF NO TEMPERATURE IS RECORDED THAT HAS TO BE INVESTIGATED ALSO

MAIL OUT DRUG KITS WHEN ASKED – EXAMPLE – NEW MEMBERS

PICK UP DRUG KITS AT MEDSCREENS AND BRING TO MARP PEARL MEETINGS AND TO THE COLUMBUS SEMINAR

PRINT OUT ALL AMAZON INVOICES AND SCAN THEM INTO PAID BILLS AS THESE WERE PAID BY VISA

**WORK WITH NEW MEMBERS TO ACCLIMATE THEM AS FAR AS GEO TRACKING AND DRUG SCREENING ARE CONCERNED-
FINDING THEM COLLECTION SITES**

**SEND BOARD OF PHARMACY INFO WHEN REQUESTED SUCH AS LIST OF MEDICATIONS MEMBERS ARE TAKING OR
ANYTHING ELSE REQUESTED**

GET COFFEE AND DONUTS FOR THE MARP PEARL MEETINGS

TRANSFER MONEY FROM PAYPAL TO CHECKING ACCT IN A TIMELY MANNER

ATTEND ALL PEARL MEETINGS AND ALL THE MARP SEMINARS

PREPARE NAME TAGS FOR SEMINAR PARTICIPANTS

UPDATE OUR INFO WITH THE SECRETARY OF STATE AND PAY THE ANNUAL FEE

COORDINATE WITH THE ACCOUNTANT TO FILE OUR TAX RETURN

RENEGOTIATE THE AT AND T CONTRACT YEARLY

SHRED CONFIDENTIAL INFO DAILY

SCAN ALL BILLS AND CATALOG THEM ACCORDING TO THE MONTH THEY WERE PAID

SCAN RECEIPTS WHEN POSSIBLE AND CATALOG THE ACCORDING TO THE APPROPRIATE MONTH

**PREPARE PAPERWORK FOR THE EXECUTIVE BOARD MEETINGS SUCH AS MEMBER GEO TRACKING HISTORY WHEN
REQUESTS FOR REDUCTIONS ARE MADE, ETC.**

PREPARE PAPERWORK AND AGENDA FOR THE BOARD OF DIRECTORS MEETING

**SEND LETTERS VERIFYING COMPLIANCE FOR MEMBERS WHO HAVE OUT OF STATE LICENSES WHEN REQUESTED-EX
RENEE VOSHAKE AS CALIFORNIA REQUIRED QUARTERLY LETTERS WITH DOCUMENTATION (I SENT COPIES OF HER
SCREENS AND COPIES OF HER EVALUATIONS)**

COORDINATE WITH WEBSITE MANAGER TO UPDATE THE WEBSITE AS NEEDED

MAKE SURE THE WEB HOSTING IS UP TO DATE AND PAID

**MAIL OUT SEMINAR PAMPHLETS TO SURROUNDING STATE BOARDS, STATE ASSOCIATIONS, AND COLLEGES OF
PHARMACY**

EMAIL OUT MINUTES FROM THE MEETINGS TO ALL MEMBERS TO BE APPROVED AT THE FOLLOWING MEETING

CONTACT ALL GEO FOR CORRECTIONS WHEN NEEDED (ADDING MEMBERS, DROPPING MEMBERS, ETC)

SEND RECEIPTS OUT FOR SEMINAR PAYMENTS FOR EVERYONE WHO PAID FOR THE SEMINAR

UPDATE BYLAWS WHEN AMENDMENTS ARE PASSED BY THE EXECUTIVE BOARD

UPDATE POLICIES ON WEBSITE WHEN NEEDED

BACK UP FILES FROM QUICK BOOKS WEEKLY

BACK UP COMPUTER WEEKLY

RANDOMLY CHOOSE THREE CHAIN OF CUSTODY REPORTS AND CALL LABS TO VERIFY

PREPARE A REPORT FOR EACH OF THE BOARD OF PHARMACY MEETINGS WITH STATISTICS OF RELAPSE, ETC.

UPDATE DAILY THE GEO RECORD SPREADSHEET WITH NAMES AND PHONE NUMBERS OF MEETINGS CHAIRS AND
RANDOMLY CONTACT THEM AND RECORD THE FINDINGS ON SAID SHEET

MAKE SURE ALL CONTACT PERSONS SEND IN A MONTHLY REPORT ON ANY MEMBERS WHO THEY SERVE AS CONTACT
FOR AND SCAN AND LOG ALL THESE REPORTS BY MONTH AND YEAR.

NOTIFY MEDSCREENS OF REQUIRED TWICE A YEAR HAIR TESTING AND COORDINATE THAT WITH MEDSCREENS

SECTION 10

**ADDITIONAL INFORMATION NOT
SPECIFICALLY REQUESTED**

August 28, 2025
RFP Evaluation Committee
Mississippi Board of Pharmacy
6311 Ridgewood Road, Suite E401
Jackson, MS 39211

RE: Letter of Support for the Mississippi Association of Recovering Pharmacists (MARP)

Dear Members of the RFP Evaluation Committee:

I am writing to share my strong support for the Mississippi Association of Recovering Pharmacists (MARP) to continue administering and managing the Pharmacy Professionals Recovery Program for the Mississippi State Board of Pharmacy.

As an Addiction Medicine fellowship-trained physician, board-certified by the American Board of Preventive Medicine in Addiction, and having served as the Medical Director of In the Mississippi Physician Health Program, I have witnessed the effectiveness of recovery programs when they are designed by professionals who understand the unique challenges within their own field. Pharmacists face situations that are very different from those of other healthcare professionals, including constant access to controlled substances, and high-volume dispensing environments, which exacerbate the personal and professional stigma associated with seeking help.

This is why MARP's peer-led, pharmacist-driven model is so important. The organization is run by pharmacists for pharmacists, and that connection makes a real difference. Participants can speak openly with people who truly understand their work, their pressures, and their struggles. That sense of understanding and belonging helps build trust, keeps participants engaged, and increases the chances of long-term recovery with a safe return to practice.

MARP has shown a strong commitment to:

- Providing monitoring and advocacy specifically tailored to the needs of pharmacy professionals
- Offering peer support and mentorship from pharmacists who have successfully navigated recovery
- Collaborating with treatment providers and regulatory partners to deliver safe, confidential and supportive care
- Addressing the specialized challenges pharmacists face that other monitoring programs may not fully understand

In my experience, recovery programs are most successful when they are built on shared understanding, peer support, and specialized expertise. MARP provides all of this and more. For these reasons, I believe the Mississippi Board of Pharmacy and the citizens of our state are best served by allowing MARP to continue managing the Pharmacy Professionals Recovery Program.

Thank you for your consideration and for your continued commitment to supporting the health and well-being of Mississippi's pharmacy professionals.

Sincerely,

A handwritten signature in black ink, appearing to read 'Scott Hambleton', with a stylized flourish at the end.

Scott Hambleton, MD, DFASAM

Immediate Past President, Federation of State Physician Health Programs

Past Medical Director, Mississippi Physician Health Program (2010-2021)

Chair, Board of Trustees, Mississippi State Medical Association

Chief Medical Officer, Molina Healthcare, Mississippi

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MISSISSIPPI STATE MEDICAL ASSOCIATION

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Section 10 Page 3.

September 1, 2025

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To Whom It May Concern:

RE: Letter of Support for the Mississippi Association of Recovering Pharmacists (MARP)

I am honored to write in support of the Mississippi Association of Recovering Pharmacists (MARP) and their continued role in administering the Pharmacy Professionals Recovery Program for the Mississippi State Board of Pharmacy. As the current President of the Mississippi State Medical Association (MSMA) and a practicing psychiatrist, I have seen firsthand how access to the right support and recovery services can change lives.

My work in psychiatry and my involvement with the Mississippi Physicians Health Program have given me a deep understanding of the unique challenges healthcare professionals face when struggling with substance use disorders. I have seen the difference that compassion, evidence-based recovery programs, and peer support can make for those who are working to rebuild their health and their careers. These experiences have strengthened my belief that pharmacists deserve programs designed specifically for the realities of their profession.

MARP provides exactly that through its pharmacy-specific program. It creates a safe and supportive environment where pharmacists, pharmacy technicians, and students can connect with people who truly understand their experiences. This human connection—the opportunity to speak openly with others who have walked a similar path—builds trust, restores hope, and supports long-term recovery.

As someone who is deeply passionate about mental health and addiction recovery, I believe MARP represents the highest standard of care and professionalism. They lead with compassion, operate with integrity, and produce meaningful results. The lives they have touched and the careers they have helped restore are proof of the importance of specialized recovery programs for healthcare professionals.

For these reasons, I strongly encourage the Mississippi Board of Pharmacy to continue its partnership with MARP as the administrator of the Pharmacy Professionals Recovery Program. MARP's leadership and dedication are vital to the well-being of our pharmacy workforce and the safety of the patients they serve.

Thank you for your thoughtful consideration and for your continued commitment to supporting healthcare professionals in Mississippi.

Sincerely,

Katherine Pannel, DO, FAPA

Katherine Pannel, DO, FAPA
President, Mississippi State Medical Association
662-832-6214 (cell)
katherinellantz@hotmail.com

MARP, 211 Chapman Road
Columbus, MS 39705
662-328-1422
www.mymarp.com



To the Mississippi Board of Pharmacy,

I am writing to express my support for the Mississippi Association of Recovering Pharmacists (MARF) as they move forward with their recovery program.

In my capacity as Program Director of the Tennessee Pharmacy Recovery Network, I have had the opportunity to work with MARF on the co-monitoring of several clients. Throughout our collaboration, I have found their team to be professional, compassionate, and committed to supporting the recovery and rehabilitation of pharmacists. Their communication has been timely and thorough, and they have consistently demonstrated a strong understanding of the complexities and sensitivities involved in monitoring healthcare professionals in recovery.

Based on our experience working together, I am confident in their ability to provide high-quality support and oversight in a recovery setting. I believe MARF is well-positioned to serve as a trusted partner in promoting the health and accountability of pharmacists in Mississippi.

Please feel free to contact me if you have any questions.

Sincerely,

Nancy Hooper

Nancy Hooper

Program Director

Tennessee Pharmacy Recovery Network

MARF, 211 Chapman Road
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www.mymarf.com



Mississippi Pharmacists Association

P.O. Box 16861, Jackson, MS 39236
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September 4th, 2025

Pharmacy Professionals Recovery Program Review Committee
Mississippi Board of Pharmacy
6311 Ridgewood Road, Suite E401
Jackson, MS 39211

RE: Letter of Support for the Mississippi Association of Recovering Pharmacists (MARP)

Dear Members of the Review Committee:

On behalf of the Mississippi Pharmacists Association (MPhA), I am honored to express our support for the Mississippi Association of Recovering Pharmacists (MARP) and their continued role in administering and operating the Pharmacy Professionals Recovery Program for the Mississippi State Board of Pharmacy.

For many years, MPhA has worked alongside MARP on efforts to educate, support, and empower Mississippi's pharmacy professionals. Our collaboration has been especially meaningful since 2022, when MARP began playing a vital role on our Education Planning Committee. Their insight and leadership have helped us design relevant, impactful programming that addresses the realities of pharmacy practice today.

One of the clearest examples of MARP's contribution is its involvement in our Last Chance Seminar each December. For the past three years, MARP has helped shape the program by recommending session topics focused on substance use disorder prevention, pharmacist well-being, and recovery support. They have also been instrumental in helping secure inspiring speakers for our Annual Convention and other live continuing education seminars that foster empathy, reduce stigma, and encourage open conversations about mental health and addiction.

In June 2025, MPhA proudly recognized Jerry Fortenberry, MARP's Director, with the prestigious Bowl of Hygeia Award for his outstanding commitment to community service

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and the pharmacy profession. This honor reflects the high level of respect Jerry and MARP have earned across the state for their leadership, advocacy, and dedication to supporting pharmacy professionals.

MARP's work matters because they bring something no other organization can offer: a peer-led model created by pharmacists, for pharmacists. The challenges our professionals face require a program built on understanding, trust, and shared experience. MARP provides that. Their team brings compassion, accountability, and expertise together in a way that truly makes a difference in the lives of Mississippi's pharmacists, technicians, and students.

For these reasons, the Mississippi Pharmacists Association strongly supports MARP's continued role in administering the Pharmacy Professionals Recovery Program. We are grateful for their leadership, proud of our partnership, and confident that Mississippi's pharmacy workforce is stronger and safer because of their work.

Thank you for your thoughtful consideration.

Sincerely,



Mona Arnold-McBride

Executive Director

Mississippi Pharmacists Association

