

**BEFORE THE PHARMACY BOARD OF THE STATE OF IOWA**

**IN THE MATTER OF**

**AMANDA CLARY  
6220 NW 106<sup>th</sup> Street  
Johnston, IA 50131**

**RESPONDENT**

**CASE NO.: 2024-0139**

**COMBINED STATEMENT OF  
CHARGES, SETTLEMENT  
AGREEMENT, AND FINAL ORDER**

**COME NOW** the Iowa Board of Pharmacy (“Board”) and Amanda Clary (“Respondent”) and enter into this Combined Statement of Charges, Settlement Agreement, and Final Order (“Order”) pursuant to Iowa Code sections 17A.10(2), 272C.3(4), and 272C.10 and 657 IAC 35.24.

**A. BACKGROUND**

1. **Iowa License.** Respondent holds Iowa pharmacist license number 21168. Respondent’s pharmacist license is active and will next expire on June 30, 2025.
2. **Practice Setting.** Respondent is an Iowa-registered pharmacist practicing in Johnston, Iowa, during the time period relevant to these allegations.
3. **Jurisdiction.** The Board has jurisdiction in this matter pursuant to Iowa Code § 155A.
4. **Stipulated Facts.** On or about the date of June 12, 2024, Respondent self-reported to the Impaired Practitioners Health program for mental health concerns. Respondent ultimately declined to participate in the program. Subsequent investigation revealed the Respondent had made multiple mistakes in the course of her duties as a pharmacist which can be attributed to mental health challenges.

**B. STATEMENT OF CHARGES**

**COUNT I**

5. Respondent is charged under 657 Iowa Administrative Code 36.6(13) with failing to

practice with reasonable skill and safety by reason of mental impairment.

### C. SETTLEMENT AGREEMENT

6. Respondent acknowledges the Stipulated Facts in the Background section, if proven in a contested case hearing, would constitute grounds for the discipline agreed to in this Order.

7. In order to resolve this matter without proceeding to hearing, Respondent agrees to the following terms and conditions:

A. Respondent is CITED for her conduct and WARNED that failure to safely practice pharmacy without appropriate mental health treatment could be grounds for the Board to take disciplinary action in the future; and

B. Respondent is ordered to participate in the Impaired Practitioners' Health Program and is responsible for all costs associated therewith.

C. Any documentation required to be submitted to the Board pursuant to this Order shall be sent to the Iowa Board of Pharmacy, Attn: Amanda Woltz, 6200 Park Avenue, Suite 100, Des Moines IA 50321 or by email as appropriate to [amanda.woltz@iowa.gov](mailto:amanda.woltz@iowa.gov).

8. In accepting this Settlement Agreement, Respondent acknowledges the following:

a. This Combined Statement of Charges, Settlement Agreement, and Final Order is subject to the approval of the Board and will have no force or effect if it is not accepted by the Board.

b. Counsel for the State will present this Combined Statement of Charges, Settlement Agreement, and Final Order to the Board *ex parte*.

c. I have the right to be represented by counsel in this matter.

d. I understand I have an opportunity to be heard and to contest the allegations against

me in a formal hearing before the Board and that by waiving the formal hearing, I waive my right to challenge the allegations against me and all attendant rights, including the right to seek judicial review of the Board's actions.

e. I waive my ability to review the investigative file in this case.

f. I understand this Combined Statement of Charges, Settlement Agreement, and Final Order will be part of my permanent licensure file and may be considered by the Board in determining the nature and severity of any disciplinary action to be imposed in the event of any future violations.

g. I am voluntarily entering into this Combined Statement of Charges, Settlement Agreement, and Final Order.

h. Failure to comply with the provisions of this Combined Statement of Charges, Settlement Agreement, and Final Order shall be grounds for further disciplinary action pursuant to Iowa Code § 272C.3(2)(a).

i. Respondent understands and acknowledges the Board will report this Order to the National Association of Boards of Pharmacy (NABP) Clearinghouse. The report to the Clearinghouse will reflect the language included in this Order.

12. This Combined Statement of Charges, Settlement Agreement, and Final Order constitutes discipline against Respondent and is the final agency action in a contested case pursuant to Iowa Code section 17A.10.

13. This Combined Statement of Charges, Settlement Agreement, and Final Order shall not preclude the Board from taking additional action against Respondent should Respondent violate laws, rules, or standards of practice administered by the Board in the future.

14. This Combined Statement of Charges, Settlement Agreement, and Final Order becomes a public record available for inspection and copying upon execution in accordance with the requirements of Iowa Code Chapters 17A, 22, and 272C.

15. The Board's approval of this Order shall constitute a **Final Order** of the Board.

**D. FINAL ORDER**

**IT IS THEREFORE ORDERED:**

Pursuant to this Settlement Agreement,

- A. **Citation and Warning.** Respondent is CITED for her conduct and WARNED that failure to safely practice pharmacy with out appropriate mental health treatment could be grounds for the Board to take disciplinary action in the future; and
- B. **Impaired Practitioner Program Participation.** Respondent is ordered to participate in the Impaired Practitioners' Health Program and is responsible for all costs associated therewith.
- C. **Compliance with laws and rules.** Respondent shall abide by all state and federal laws and regulations governing the practice of pharmacy.

**FOR THE RESPONDENT:**

Voluntarily agreed to and accepted by Amanda Clary on this 1st day of November, 2024.

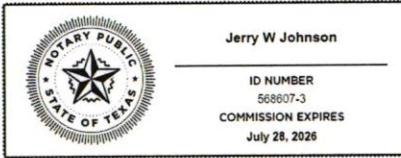
*Amanda Clary*

By: Amanda Clary, Respondent

State of Texas )

County of Tarrant )

Signed and sworn to before me on this 1st day of November, 2024, by:



*Jerry W Johnson*

Notary Public, State of Texas

Printed Name: Jerry W Johnson

My Commission Expires: 07/28/2026

Electronically signed and notarized online using the Proof platform.

**FOR THE IOWA BOARD OF PHARMACY:**

Voluntarily agreed to and accepted by the **IOWA BOARD OF PHARMACY** on this 5<sup>th</sup> day of November, 2024.

*Kathryn Stone*

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Chairperson  
Iowa Board of Pharmacy