

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
BOARD OF PHARMACY**

In the Matter of:

Emlyn Lee Harris
License No. 12259

OIE 2017-105

Respondent.

**VOLUNTARY SURRENDER
(PUBLIC)**

I am over the age of eighteen (18) and competent to make this Agreement; that I have been informed that I have the right to VOLUNTARILY SURRENDER my pharmacist license under Section 40-1-150, Code of Laws of South Carolina, 1976, as amended; that I do hereby VOLUNTARILY SURRENDER my pharmacist license and ask the Board of Pharmacy to accept said VOLUNTARY SURRENDER. I understand that the voluntary surrender of my pharmacist license may not be considered as an admission of guilt by the Board, panel, or court or other entity; that the Board may bring charges against me after proper notice; that I have a right to a hearing; and that I have a right to be represented by legal counsel.

I understand that this voluntary surrender invalidates my pharmacist license and effective immediately I may not be employed as a pharmacist and may not represent that I am currently authorized to act as a pharmacist.

Further, that I make this Affidavit freely and voluntarily and not under duress, restraint or compulsion


RESPONDENT

8/3/17
DATE


WITNESS

8/3/17
DATE


ADMINISTRATOR

8/4/17
DATE