



Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

November 26, 2024

Shannon Marie Hammerschmidt, RP  
9301 Keystone Dr  
Lincoln NE 68516

RE: Pharmacist, License # 13144

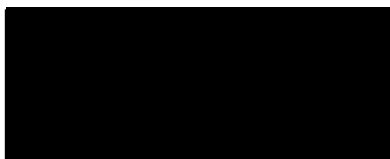
Dear Shannon Marie Hammerschmidt, RP:

This letter is to inform you that your request to have your Pharmacist Probationary license placed on Inactive Status has been accepted by the Licensure Unit, Division of Public Health, Department of Health and Human Services. This status became effective November 25, 2024, and it will remain as such until you reinstate.

Should your license is reinstated, the disciplinary conditions that were in effect before the effective date for the Inactive Status will become effective again.

Please contact the Licensure Unit, Heather Ord, Health Licensing Coordinator at 402-471-2118 or by email at [heather.ord@nebraska.gov](mailto:heather.ord@nebraska.gov) if you have questions.

Sincerely,



Lindsay Braddock, Administrator  
Licensure Unit  
301 Centennial Mall South  
Lincoln, NE 68509-4986

LB/ho

CC: Anna Harrison, RN, BSN, Compliance Monitor  
Licensure Unit

OCT 21 2024

STATE OF NEBRASKA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

DHHS Hearing Office

IN THE MATTER OF THE  
REQUEST FOR HEARING BY

HAMMERSCHMIDT, SHANNON

240861 RP

ORDER ON STIPULATION AND  
AGREED SETTLEMENT

A proposed Stipulation and Agreed Settlement was filed with the Department on October 16, 2024.

ORDER

1. The Stipulation and Agreed Settlement is adopted, attached hereto and incorporated by reference.
2. The parties shall comply with all of the terms of the Stipulation and Agreed Settlement.

Date: 10/21/2024

[REDACTED]

Timothy Tesmer, MD  
Chief Medical Officer  
Division of Public Health  
Department of Health and Human Services

*Civil penalty, if imposed, should be mailed to: DHHS, Division of Public Health, Licensure Unit,  
ATTN: Beth Sorensen, P.O. Box 94986, Lincoln, NE 68509.*

## CERTIFICATE OF SERVICE

The undersigned certifies that copies of the foregoing were sent on the date below by United States Mail, postage prepaid, and/or electronically to the following:

SHANNON HAMMERSCHMIDT  
9301 KEYSTONE DR  
LINCOLN NE 68516

MINDY LESTER  
DHHS ATTORNEY  
AGO.HEALTH@NEBRASKA.GOV

Date: October 22, 20249589 0710 5270 2173 5833 49

[REDACTED]

DHHS Hearing Office  
P.O. Box 98914  
Lincoln, NE 68509-8914  
P. (402) 471-7237 F. (402) 742-2376  
dhhs.hearingoffice@nebraska.gov

**STATE OF NEBRASKA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC HEALTH**

<b>IN THE MATTER OF THE REQUEST FOR HEARING BY:</b>	)	<b>240861 RP</b>
	)	
	)	<b>STIPULATION AND</b>
	)	<b>AGREED SETTLEMENT</b>
<b>SHANNON HAMMERSCHMIDT, RP</b>	)	
	)	

Shannon Hammerschmidt ("Appellant") and the Department of Health and Human Services Division of Public Health ("Department"), in consideration of the mutual promises herein recited, agree as follows:

1. On or about January 1, 2024, the Appellant's Pharmacist License, No. 13144, expired.
2. On or about March 6, 2024, the Department received Appellant's Application for Reinstatement of a License to Practice Pharmacy in the State of Nebraska.
3. On May 20, 2024, the Nebraska Board of Pharmacy reviewed Appellant's application and issued a formal recommendation.
4. On or about May 31, 2024, the Department sent a letter to Appellant offering her a probationary license to practice pharmacy based on the Appellant practicing while impaired and practicing without a license. The letter is attached and incorporated herein as Exhibit "1".
5. On or about June 24, 2024, Appellant filed a timely, written notice of appeal.
6. On or about August 22, 2024, the Appellant received clarification of the conditions of the probationary offer and requested to accept the May 31, 2024, offer of probationary license.
7. The parties agree that the Department's Chief Medical Officer has the authority to approve this Agreed Settlement and thereby bind Appellant and the Department to the terms hereof.
8. The parties agree and stipulate to the Chief Medical Officer ordering the Department to issue Appellant a probationary license to practice pharmacy as set forth in the May 31, 2024, offer. The parties further stipulate Conditions 7 and 8 therein do not prohibit the Appellant from engaging in self-employment.

The Appellant shall comply with Conditions 7 and 8 if she is employed by a person, business, or agency other than herself.

9. The parties further agree and stipulate that Condition 2 shall be amended to read as follows:

For the first six (6) months, abstain from the consumption of alcohol and other products or medications containing alcohol to include but not limited to mouthwash and over the counter medications, such as cough syrups, unless prescribed by a licensed physician or authorized licensed practitioner for a current diagnosed medical condition. Provided the licensee has complied with the conditions of probation, the licensee shall not be required to abstain from the consumption of alcohol after six (6) months.

AGREED TO:

By:

[REDACTED]  
Shannon Hammerschmidt, RP

STATE OF Nebraska )  
COUNTY OF Lancaster ) SS.

Acknowledged before me by Shannon Hammerschmidt, on this 17<sup>th</sup> day of

September, 2024.



[REDACTED]  
Notary Public  
My Commission Expires: Oct. 12, 2025

STATE OF NEBRASKA DEPARTMENT OF  
HEALTH AND HUMAN SERVICES DIVISION  
OF PUBLIC HEALTH

BY: MICHAEL T. HILGERS, #24483  
Attorney General

BY: [REDACTED]  
Mindy L. Lester, #24421  
Assistant Attorney General  
2115 State Capitol  
Lincoln, NE 68509  
(402) 471-1815

APPROVED AS TO FORM:

BY:

  
Kimberly A. Lammers, # 21284

Baird Holm LLP

1700 Farnam Street

Suite 1500

Omaha, NE 68102

(402) 636.8219

[klammers@bairdholm.com](mailto:klammers@bairdholm.com)

Attorney for Defendant.

# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

May 31, 2024



Jim Pillen, Governor

Sent by Certified and First-Class Mail

Shannon Marie Hammerschmidt, RP  
9301 Keystone Dr  
Lincoln, NE 68516

9589 0710 5270 1560 5960 61  
mailed Certified, First Class  
5/30/24

Dear Ms. Hammerschmidt:

This letter provides notification that the Department of Health and Human Services, Division of Public Health, based on the recommendation of the Board of Pharmacy, is offering to reinstate your license #13144 on a Probationary basis to practice Pharmacy.

To respond to this offer, you will need to exercise one of the following options:

- Accept the offered Reinstatement License; or
- Request a Hearing to Appeal the decision of an offered Reinstatement License.

Your response must be made in writing and received by the Department within 30 days of the date of this letter.

If you accept the offered reinstatement license, please complete the enclosed "Request Issuance of a License" form and return it to the Licensure Unit to the address shown on the form. Following receipt of this form, the license will be reinstated, and you would be authorized to begin practicing under the following probationary terms and conditions:

The following probationary terms and conditions would be in effect for two (2) years, starting on the date the license would be reinstated, you must:

1. Within thirty (30) days, from the date the license is reinstated, obtain an updated substance use evaluation and submit the results to the Nebraska Board of Pharmacy in care of Anna Harrison, RN, Compliance Monitor.
2. Abstain from the consumption of alcohol and other products or medications containing alcohol to include but not limited to mouthwash and over the counter medications, such as cough syrups, unless prescribed by a licensed physician or authorized licensed practitioner for a current diagnosed medical condition.
3. Not be a pharmacist-in-charge.
4. Abstain from the personal use or possession of controlled substances and all other prescription drugs, unless prescribed or administered by a licensed physician or authorized licensed practitioner for a current diagnosed medical condition.

To comply with the conditions above, you are to submit reports on any medications that are prescribed to you, using the enclosed Medication Records Report. This Report must be completed and submitted on a quarterly basis by the 10th of each quarter during the term of probation.

5. Submit to random body fluid screening or chemical testing at your own expense and at such times and places as the Nebraska Department of Health and Human Services (NDHHS) may direct.

To comply with this condition, you must follow the instructions and directives of NDHHS for body fluid screening or chemical testing set out in Body Fluid Screen Instructions.

6. Refrain from conduct which would constitute a misdemeanor or felony which has a rational connection to your fitness to practice as a Pharmacist.

7. Provide notification of this Probationary action to all employers and to the licensing authority in any state where you have or obtain an active physician license within 5 days of employment, any changes in employment, or subsequent out-of-state licensure. Such notification shall include providing a copy of the Probationary offer. Written confirmation of this notification shall be provided to the Department within 30 days of any changes in employment or any subsequent out-of-state licensure.

Enclosed are the Employment Notification form, which you are to have your employer complete and return when you commence practicing, and the Licensing Authority Notification form.

8. Inform employers that they must submit quarterly reports. These reports need to describe your work habits, work-related performances, attendance, and rapport and conduct with co-workers/clients/employer. To comply with the condition for completion and submission of reports from your employer/supervisor, enclosed is an Employer Report form on which this information is to be provided. These reports are to be completed and submitted by the 10th day of January, April, July and October for the duration of probation. A final employer report shall be submitted no less than 30 days before the completion of the probation period.
9. Provide written notification, within 7 days of its occurrence of any change in employment status or employer, including the name and complete address and complete phone number of the employer, and its effective date. The name, complete address and complete phone number of your current employer is due within 7 days of the reinstatement of your Probationary license.
10. Provide written notification, within 7 days of its occurrence of any change in residence, address or phone number and its effective date.
11. Obey all state and federal laws and rules and regulations regarding practice as a Pharmacist.
12. Provide all reports, notices, and other documentation, as directed by the Department. If the Department provides any particular form of report, reports must be made on such form.
13. Appear at any meetings of the Board of Pharmacy when requested.
14. Promptly respond to all requests and inquiries by the Department concerning compliance with the terms of probation.
15. Pay any costs associated with insuring compliance with this Probationary status.
16. If you notify the Department in writing that you have discontinued practicing in Nebraska for 6 months or longer or hold an inactive license, the Probationary terms and conditions will not be in effect and the Department will discontinue monitoring your probation from the date you notified the Department. If you return to practice, you must notify the Department and your end date of probation will be adjusted to comply with the original length of probation. If you fail to notify the Department that you have resumed practice, such practice will be considered a violation of probation and may be subject to discipline.
17. If you practice or reside in a jurisdiction other than Nebraska, such practice or residency shall not serve to reduce or satisfy the probationary terms and conditions unless that jurisdiction adopts the probationary terms and conditions that are on your Nebraska license. If this situation should occur, you may submit documentation that includes the terms/conditions of your licensure in the other jurisdiction. This information will be reviewed to determine equivalency with your Nebraska probationary terms and conditions.
18. Advise the Department of any and all professional counseling and provide such written authorization which may be requested by the Department for all medical, substance abuse/dependence treatment, and mental health counseling records, information, and reports including such forms of authorization to permit the obtaining and use of records, information, and reports by the Department and by the Nebraska Attorney General in conformity with 42 Code of Federal Regulations, Part 2.

May 31, 2024

19. Comply with any treatment recommendations, including recommendations for attendance at support groups and maintaining a sponsor. If a specific type of support group/sponsor is recommended, Applicant may substitute an alternative type of support group/sponsor which has been preapproved in writing by DHHS. Enclosed is a Self-Help/Support Group Attendance Record for your convenience.

The basis for offering you a probationary license are:

- Practiced while impaired.
- Practicing without a license

The herein stated probationary terms and conditions on your license are authorized by Neb. Rev. Stat. §38-178 (7) and (16) which states that "...a credential to practice a profession may...have other disciplinary measures taken against it...on any of the following grounds: "... (7) Practice of the profession while the ability to practice is impaired by alcohol, controlled substances, drugs, mind-altering substances, physical disability, mental disability, or emotional disability; ... (16) Violations of the Uniform Credentialing Act or the rules and regulations relating to the particular profession;." Neb. Rev. Stat. § 38-121 provides "(1) No individual shall engage in the following practices unless such individual has obtained a credential under the Uniform Credentialing Act:... (hh) Pharmacy;..."

Once your license is reinstated, your compliance with the herein stated probationary terms and conditions will be monitored by the person whose name appears below. Therefore, you are to submit all reports and direct all questions to this person.

Anna Harrison, RN, BSN, Compliance Monitor  
Licensure Unit, PO Box 94986  
Division of Public Health  
Dept. of Health & Human Services  
Lincoln, NE 68509-4986  
402-471-0313  
E-Fax: 402-742-2306  
Email: [dhhs.licensingcompliance@nebraska.gov](mailto:dhhs.licensingcompliance@nebraska.gov)

Your failure to comply with the probationary terms and conditions is grounds for further disciplinary action against your license. Further, the Chief Medical Officer for the State of Nebraska may summarily suspend your license for non-compliance with any one or a combination of the above probationary terms and conditions.

Your acceptance of the offered license:

1. Requires that you practice under and comply with the herein stated probationary terms and conditions;
2. Nullifies the right to appeal the issuance of a Probationary license; and
3. Signifies your understanding that the herein specified probationary terms and conditions constitute a disciplinary action and that such disciplinary action (a) is a matter of public record; and (b) will be reported to any data banks to which such information is required to be reported.

This licensure decision will become final unless you request a hearing to appeal the decision. Such hearing request:

- Must be made in writing and received by the Department within thirty (30) days of the date of this letter; and
- Nullifies the herein offered probationary license. Therefore, you would not be authorized to practice during the course of the hearing process.

If you request a hearing, you will be notified of the date, time and place of the hearing and other pertinent information as required by law. You may request a copy of the Department's Rules of Practice and Procedure that further explain your rights in relation to that hearing. Following the hearing, The Chief Medical Officer (CMO) will enter an order setting forth the decision. The CMO may:

1. Issue you a Probationary license; or
2. Modify the terms and conditions of the offer; or
3. Deny the credential.

If you do not respond in writing, by accepting the herein offered license or requesting a hearing, your application for a license shall be considered denied without further notice, effective 30 days from the date of this letter. Any such



Shannon Marie Hammerschmidt, RP  
Page 4  
May 31, 2024

If you do not respond in writing, by accepting the herein offered license or requesting a hearing, your application for a license shall be considered denied without further notice, effective 30 days from the date of this letter. Any such denial is a matter of public record and will be reported to any data banks to which such information is required to be reported.

Please contact Vonda Apking, Program Manager, Office of Medical and Specialized Health at (402) 471-4915 or [vonda.apking@nebraska.gov](mailto:vonda.apking@nebraska.gov) if you have questions.

Sincerely,

Timothy Tesmer, MD  
Chief Medical Officer  
Division of Public Health  
Department of Health and Human Services

 By Lindsay Braddock, Administrator  
Licensure Unit

TT/LB/ho

Enclosures: Request Issuance of License Form  
Medication Records Report  
Body Fluid Screen Instructions  
Employment Notification Form  
Licensing Authority Notification Form  
Employer Report Form  
Self-Help/Support Group Attendance Record

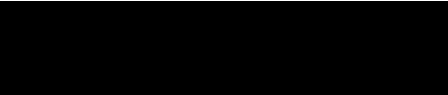
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**CERTIFICATE OF SERVICE**

The undersigned certifies that copies of the foregoing were sent on the date below by United States certified mail, postage prepaid, first-class mail and or electronically to:

Shannon Marie Hammerschmidt, RP  
9301 Keystone Dr  
Lincoln, NE 68516

Dated: 5/30/24

  
Heather Ord, Health Licensing Coordinator  
Office of Medical and Specialized Health  
Licensure Unit, Division of Public Health  
Department of Health and Human Services  
PO Box 94986  
Lincoln, NE 6809-4986

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
STATE OF NEBRASKA

REQUEST ISSUANCE OF CREDENTIAL

I, Shannon Marie Hammerschmidt, having received notification of the offer to reinstate to me a Credential to practice Medicine and Surgery under certain probationary terms and conditions, do hereby accept the offering and request the Department to reinstate my credential in accordance with the probation specified in the notification.

Further, I will abide by the probationary terms and conditions under which my credential is reinstated.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\*\*\*\*\*

Mail to: Heather Ord, Health Licensing Coordinator  
Nebraska Department of Health and Human Services  
Division of Public Health  
Licensure Unit  
PO Box 94986  
Lincoln, NE 68509