

NEVADA STATE BOARD OF PHARMACY
431 W. Plumb Lane ~ Reno, NV 89509 ~ (775) 850-1440
PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION
Registration Fee: \$40.00 - (non-refundable)

New Application Change of Pharmacy Additional Pharmacy (Please check one)
Complete Name (no abbreviations):

First: Andrea Middle: Kristin Last: Boucher
Home Address: 347 Occidental Drive Apt #: NA
City: Dayton State: NV Zip Code: 89403
Telephone: _____ Social Security Number: _____
Date of Birth: _____ Place of Birth: Las Vegas, NV Sex: M or F
E-mail Address: _____

I am requesting registration at the following pharmacy or approved training program:

Pharmacy: Walmart Pharmacy Store #: 11048
Address: 3770 S. Highway 395 / Tapscott Lane
City: Carson City State: NV Zip Code: 89701
Signature of Managing Pharmacist: [Signature] Lic #: 13981 Date: 9/23/10

(Without the signature of the managing pharmacist, the application will be returned.)

- 1) Are you 18 years of age or older? Yes No
2) Are you a high school graduate or the equivalent? Yes No
(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)
3) I have I have not been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse.
4) I have ___ I have not been charged, arrested or convicted of a misdemeanor or felony
5) I have ___ I have not been the subject of an administrative action whether completed or pending.
6) I have ___ I have not had a professional license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 3 thru 6, please include the following information and provide documentation and/or an explanation.

- a) Board Administrative Action State: _____ Date: _____ Case #: _____
 and/or
b) Criminal Action State: _____ Date: _____ Case #: _____
 County: _____ Court: _____

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications.

I am ___ I am not subject to a court order for the support of a child.

IF YOU ARE SUBJECT to a court order for the support of a child, please mark the appropriate response.

I am ___ I am not in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order for the support of one or more children.

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians in training and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Andrea Boucher
Signature

09/23/2010
Date

Board Use Only
Received: OCT 06 2010 Check Number: MO Amount: 40.00

55171
14157

contract. He reviewed the reasons for his arrest in Nevada and indicated that the Michigan Board of Osteopathic Medicine paralleled the action taken by Nevada. Dr. Mitchell discussed the type of dispensing practice he would like to open and planned to dispense age management products, Latisse and other non-narcotic products.

Larry Espadero reported that Dr. Mitchell has accepted responsibility for his recovery and he has consistently produced negative UA's. Mr. Espadero indicated that he has spoken with Dr. Mitchell's previous monitor and they both feel comfortable with his progress. He also indicated that Dr. Mitchell had his family's support in his recovery process.

Board Action:

Motion: Kam Gandhi moved to approve the application for dispensing practitioner for Dr. Mitchell and would like him to report back to the Board upon completion of the PRN-PRN program.

Second: Russ Smith

Action: Passed Unanimously

10. Request for Pharmaceutical Technician in Training License – Appearance:

* Andrea K. Boucher *

NOTE: Keith Macdonald recused from participation as he is an employee of Wal-Mart.

Andrea Boucher appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Boucher advised the Board that there was a misunderstanding with Wal-Mart and she will have a job in the Carson City South Wal-Mart pharmacy. She informed the Board that she was a heroin addict and that she goes to a methadone clinic to maintain her sobriety. Ms. Boucher has a counselor at the clinic where goals are set and attained on a monthly basis. She indicated that she is drug tested regularly and she has been successfully titrating down on her methadone doses. Ms. Boucher indicated that she should complete her program at the methadone clinic in approximately one year at the rate she is decreasing her methadone dosage. Ms. Boucher stated that she had serious issues in her life that led her to begin using heroin, but she was doing well now.

The Board tabled Ms. Boucher's request for a pharmaceutical technician in training application until she is evaluated by PRN-PRN. Ms. Boucher was also asked to provide documentation from the methadone clinic verifying her progress.

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New Application **Change of Pharmacy** **Additional Pharmacy** (Please check one)
 Complete Name (no abbreviations):

First: Nathan Middle: Aaron Last: EVANS
 Home Address: 1917 C St Apt #: _____
 City: Sparks State: NV Zip Code: 89431
 Telephone: 775 336-9129 Social Security Number: _____
 Date of Birth: _____ Place of Birth: RENO U.S.A. (W) (V) (I)

I am requesting registration at the following pharmacy or approved training program:

Pharmacy: Milan Institute Store #: _____
 Address: 950 Industrial Way
 City: Sparks State: NV Zip Code: 89431
 Signature of Managing Pharmacist: [Signature] Lic #: _____ Date: 5/16/11
 Program Director: [Signature]

(Without the signature of the managing pharmacist, the application will be returned.)

- 1) Are you 18 years of age or older? Yes No
- 2) Are you a high school graduate or the equivalent? Yes No
- (IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)**
- 3) I have I have not been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse.
- 4) I have I have not been charged, arrested or convicted of a misdemeanor or felony *marijuana Paraphernalia*
- 5) I have I have not been the subject of an administrative action whether completed or pending.
- 6) I have I have not had a professional license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 3 thru 6, please include the following information and provide documentation and/or an explanation.

a) Board Administrative Action State: _____ Date: _____ Case #: _____
 and/or
 b) Criminal Action State: FL Date: 6-17-09 Case #: M 1009-004430-BA
 County: Polk Court: Polk county court

In response to federally mandated requirements, the Nevada Legislature and Attorney General require that we include the following questions as part of all applications.

I am I am not subject to a court order for the support of a child.

IF YOU ARE SUBJECT to a court order for the support of a child, please mark the appropriate response.

I am I am not in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order for the support of one or more children.

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians in training and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Signature: [Signature] Date: 05-16-11

Board Use Only
 Received: MAY 16 2011 Check Number: 170 Amount: 40

50915

I was arrested for poss of marijuana paraphernalia on 06-17-09. I had taken blame for the charge so my girlfriend at the time didn't lose her childcare license. It wasn't gonna affect my job at the time. I went to court and paid my \$500.00 dollar fine to resolve this matter. I haven't been in trouble since this matter, I even moved back to Reno NV, from winter haven fl. and I'm no longer seeing the same girl. I'm trying to change my life around and no longer put myself into bad situations like this any longer.

thank you



Nathan Evans

Richard M Weiss, Polk County Clerk of Courts
Collections Enforcement Department
Drawer CC-17, PO Box 9000
Bartow, FL 33831

(Ph) 863-534-4442

(Fx) 863-534-4443

RE: Cause #MM09-004430-BA

Nathan Aaron Evans

Payment Schedule

Initial Payment:	Friday, July 17, 2009	\$96.00
Installment(s)	Monday, August 17, 2009	\$96.00
	Thursday, September 17, 2009	\$96.00
	Saturday, October 17, 2009	\$96.00
Final Payment:	Tuesday, November 17, 2009	\$91.50

Plan Total:

\$475.50

(Includes all applicable time payment and/or
transaction fees)

PARTIAL PAYMENT PLAN

Case No. MM09-004430-BA

Aaron Evans, Defendant

WHEREAS, on 6/17/2009, in the above styled case and court the defendant was assessed and ordered to pay the Court the sum of \$172.50;

WHEREAS, the defendant does hereby acknowledge and understand this sum is due and payable immediately to the Clerk of the Circuit Court, Polk County;

WHEREAS, the defendant has petitioned the Court for an extension of time for payment of this sum.

WHEREAS, the defendant does hereby acknowledge and understand there will be a \$25.00 administration fee added to the fine and court costs for the extension of the time for the Defendant to participate in a partial payment plan;

NOW THEREFORE, the Clerk on behalf of the Court does hereby grant without waiver or modification of any previous court order or judgment, an extension of time for payment of this sum owing by the Defendant and the Defendant voluntarily agrees to the following Terms and Conditions:

Terms and Conditions

\$96.00 will be paid to the Clerk of the Circuit Court by July 17, 2009

the balance due in 3 MO installments of \$96.00 with the first installment of \$96.00 due on 8/17/2009 plus a final installment of \$91.50 due on 11/17/2009

Your first installment payment will include a \$25.00 administrative fee.

All payments will be made as instructed as follows:

By Mail: PLEASE, NO CASH BY MAIL

Richard M. Weiss, Clerk of Courts
P.O. Box 9000, CC-17
Bartow, Florida 33831

In Person or by Express Mail

Richard M. Weiss, Clerk of Courts
Collections Enforcement Dept. (1st Floor)
Polk County Courthouse
255 N. Broadway Ave
Bartow, Florida 33830

Any modification of this agreement shall be approved in writing by the Court

VIOLATION OF ANY PART OF THIS AGREEMENT IS CAUSE FOR IMMEDIATE CANCELLATION AND COULD SUBJECT THE DEFENDANT TO DRIVER'S LICENSE SUSPENSION AND/OR FURTHER COURT ACTION INCLUDING ADDITIONAL COSTS, ISSUANCE OF SUMMONS, COURT APPEARANCES AND WRITS OF BODILY ATTACHMENT (ARREST) FOR FAILURE TO APPEAR.

Signed:

Richard M. Weiss
Clerk of the Circuit Court

X: _____
Signature of Defendant

By: 
Deputy Clerk

**RICHARD M. WEISS, CLERK OF COURTS
COLLECTIONS ENFORCEMENT DEPARTMENT**

Ph: 863-534-4442 Fx: 863-534-4443

Nathan Aaron Evans, Defendant

Case No. MM09-004430-B

You have agreed to a payment plan with the Polk County Clerk of Courts Collections Enforcement Department. Please keep all your paperwork together. If you do not understand or agree with any of the terms of your payment agreement, please ask your Collections Enforcement Officer for an explanation. By signing the bottom of this letter, you agree with the following:

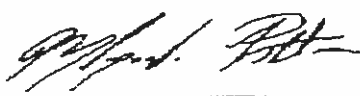
- You have been made aware of the terms and conditions of your payment plan in detail including payment amounts, number of payments, and due dates. It is extremely important that your payments be made on time. The ability to make payments toward your obligation is a privilege provided to you by the Court. If you do not follow the agreement, you are in default. **If you receive a "DEFAULT NOTICE" you must follow its instructions as directed. If you do not comply with the directions, it may result in your driver's license being suspended and/or further court action including additional costs, issuance of summons, court appearances and writs of bodily attachment (arrest) for failure to appear.**
- There is NO grace period for your due date. Your payment arrangement is not comparable to a loan or debt and will not be treated as such.
- Your payment agreement is part of a court order. Willful failure to comply with the Court's Order on the Partial Payment Plan may result in the imposition of additional costs and sanctions, including contempt. You may at any time, file a written request with the Clerk of Courts to schedule your case before the Court for review of your partial payment plan. However, you will still be responsible for on-time payments in the interim.
- You understand if you receive a license suspension notice, your payment plan is void and the remaining balance plus any applicable delinquent or service fees will be due in full before your license may be reinstated.
- You have been made aware of the acceptable methods of payment: cash, personal check, cashier's check, certified check, money order, credit card, or debit card, or Western Union Quick Collect (Code City: CLERKCOLLPOLK; State: FL; Acct No.: Case number & last name).
- You understand it is your responsibility to contact the Collections Enforcement Department at 863-534-4442 **within 5 days** of any status change, including but not limited to any change in name, address, telephone number, employer, employer telephone number, income, etc.

I have read and understand the above. My enforcement officer has reviewed all documents with me, and has provided me an opportunity to ask any questions regarding such

Defendant's Signature

June 17, 2009

By: _____


Deputy Clerk

JUDGMENT
MEMO OF SENTENCE /
ORDER OF THE COURT

IN THE CIRCUIT / COUNTY COURT POLK COUNTY, FLORIDA / CRIMINAL DIVISION

PAGE

DATE: 05/11/09

BONDSMAN: EASY

DEF. LOC: EASY BAIL BONDS

SI #: 0912895

CASE NO: 09-004430-BA

STATE VS: EVANS

NATHAN

AARON

SEC# 001 GT# MISDEMEANOR POSS OF CANNABIS

FINE / CST

BD SRTY / C

1.002 2 USE OR POSSESS DRUG PARAPHERNALIA

NO MORE CHARGES FOR THIS CASE ONLY

STATE ATTORNEY Hadermota
BEFORE COURT / COURT REPORTER

JUDGE NAVIN ARDREY

DEFENDANT

- Pres w/o Atty
- Pres w/Atty
- Pres w/APD
- APD/Atty/RC Mugel
- Interpreter Pres
- Deft's Pres Waived
- FTA
- Capias / Warrant Ordered
- Bond Set \$ _____ c/s
- Each CT Total PISA
- Bond \$ _____ Forfeited
- Bond Changed to \$ _____
- Bond Discharged / Reinstated
- Capias / Warr W/D (PCSO Notified)

PLEA

- Not Guilty
- Guilty
- Nolo Cont ct 2
- PNG W/D
- Waive JT & Counsel
- Waive Speedy Trial
- Case Refer to DIVR/DIVD/DIVC
- Adapt / AIM for NB / NP
- With Valid D/L
- Without D/L
- FTA DISP
- License Suspension CONT License Suspended

ADJUDICATION

- Not Guilty
- Guilty
- Withheld ct 2
- Withheld Pending Disposition
- PSI / PDR Ordered
- INFO FILED in Open Court
- PD Appointed
- PD FEE RED TO LIEN

FINAL DISPOSITION

- Acquitted
- Dismissed
- No-Bill WR / O
- Nolle Prose ct 1
- ADMITS / DENIES VOP
- VOP HRG HELD
- Revoked Term (S / U)
- Restored Modified
- Addendum Aff. Filed
- \$ _____ COS
- FINE RED TO LIEN

Defendant Placed on PROBATION for _____ (DYS / MOS / YRS) to run CONCUR / CONSEC w/

CONDITIONS OF PROBATION / PRETRIAL RELEASE / OTHER

- ACS HOURS w/in
- NCTI / AIM / ADAPT CLASS w/in
- NO WEAPONS / FIREARMS / AMMO
- 8 WEEK ANGER MGMT CLASS
- EVAL: SA / DV / MH w/in
- TREATMENT IF REC BY ORD EVAL
- NO ALCOHOL, BARS, LOUNGES
- VICTIM IMPACT PANEL w/in
- NO DRIVING W/OUT VALID D/L
- REST \$ _____ to _____ w/in _____
- FINES/CC TO COME FROM CASH BOND/RETURN BALANCE TO DEPOSITOR (F.S. 903.286)
- DEFT'S SIGNATURE (X)
- MAY Buy Out NO CONTACT w/ _____
- 8 / 12 / 26 WEEK DV COURSE / BIP
- NO FURTHER ACTS OF VIOLENCE
- DDS / DUI / MOP DUI / BOAT COURSE w/in _____
- WARRANTLESS SEARCHES/RANDOM URINALYSIS
- COURT ORD DL SUSP _____ (DYS/MOS/YRS)
- MAY / NO EARLY TERM after _____
- VEHICLE IMMOB / TAG IMPOUND ORD for _____
- LETTER OF APOLOGY TO _____
- JAIL
- Court Retains Jurisdiction
- \$ _____ FINE/CC
- \$ _____ IC to _____
- \$ _____ PD/CA FEE
- \$ 50.00 PD/CA APP FEE
- \$ 10.00 CLERK FEE
- \$ _____ TOTAL DUE
- STDT w/in _____
- SAO TO DO REST LIEN
- REFER TO COLLECTIONS

SPECIAL CONDITIONS:

- CONTINUED FOR: ARR DOCK DISP HEAR JTRL NTRL PLEA PRET PYMT HREV
- CC: DEFT @ PA/PD/RC SAO NOTIFY DEFT / ATTY / ALL
- JAIL PROB COLL

COMMITMENT

Incarceration Costs Assessed \$ _____ per day (F.S. 960.293)

- Defendant Remanded into Custody
- POLK COUNTY JAIL YOUTHFUL OFFENDER for a term of: _____
- _____ DYS / MOS / YRS CT# _____ TO RUN CONCUR / CONSEC WITH _____
- _____ DYS / MOS / YRS CT# _____ TO RUN CONCUR / CONSEC WITH _____
- _____ DYS / MOS / YRS CT# _____ TO RUN CONCUR / CONSEC WITH _____
- _____ DYS / MOS / YRS CT# _____ TO RUN CONCUR / CONSEC WITH _____

- TO BE GIVEN CREDIT FOR _____ TIME SERVED.
- INMATE WORK RELEASE TO BEGIN _____ @ 7:45 AM
- DEFT TO BE RELEASED THIS CASE ONLY
- WEWR MEMO SIGNED _____ PTR _____ ROR

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL OF THE CIRCUIT / COUNTY COURT.

DATE 10/17/09 BY R. Hadermota D.C.

RICHARD M. WEISS, CLERK