

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR NEVADA PHARMACY LICENSE**  
**NON PUBLICLY TRADED CORPORATION**

FEE \$500.00 (non-refundable and not transferable)  
Application must be printed legibly

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

New Pharmacy  Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_  
(Please provide current license number if making changes: PH \_\_\_\_\_)

**GENERAL INFORMATION**

Pharmacy Name: Medication Review Inc  
Physical Address: 1528 US Hwy 395 N, Suite 235  
Mailing Address: Same as above  
City: Gardnerville State: NV Zip Code: 89410  
Telephone Number: 509-536-1900 Fax Number: 509-536-1999  
Toll Free Number: 800-236-1900  
E-mail: jbidondo@medicationreview.com Website: medicationreview.com  
Managing Pharmacist: Jeanette Bidondo License Number: 17981

**Hours of Operation:**

Monday thru Friday \_\_\_\_\_ am \_\_\_\_\_ pm Saturday \_\_\_\_\_ am \_\_\_\_\_ pm  
Sunday \_\_\_\_\_ am \_\_\_\_\_ pm 24 Hours  7 days per u

**TYPE OF PHARMACY**

- Retail
- Hospital (# beds \_\_\_\_\_)
- Internet
- Nuclear
- Out of State
- Ambulatory Surgery Center

**SERVICES PROVIDED**

- Off-site Cognitive Services
- Parenteral
- Parenteral (outpatient)
- Outpatient/Discharge
- Mail Service
- Long Term Care

**Board Use Only**

Received: 11.22.11 Check Number: 838 Amount: 500.00

**OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION**

State of Incorporation: Washington  
Parent Company if any: \_\_\_\_\_  
Corporation Name: Medication Review Inc.  
Mailing Address: 104 S. Freyer St, Suite 217, Lilac Flag Bldg  
City: Spokane State: WA Zip: 99202  
Telephone: 509-536-1900 Fax: 509-536-1999  
License Contact Person: Jeanette Bidondo

\* Professional Compliance Contact Person: K. DOUGLAS CRAFTON, RPh

**Name and title of each officer and director** (Use separate sheet if necessary)

| <u>Officer or director name</u> | <u>Officer or director title</u> |
|---------------------------------|----------------------------------|
| <u>K. DOUGLAS CRAFTON</u>       | <u>PRESIDENT</u> SEE ATTACHED    |
| <u>MARY R. GIANNINI</u>         | <u>Secretary</u>                 |

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

- a) SEE ATTACHED  
Name Address
- b) \_\_\_\_\_  
Name Address
- c) \_\_\_\_\_  
Name Address
- d) \_\_\_\_\_  
Name Address

**NOTE:** All persons who are stockholders must accurately complete a personal history record form.

- 2) Provide the number of shares issued by the corporation. 4,000,000
- 3) What was the price paid per share? \$0.50
- 4) What date did the corporation actually receive the cash assets? Through 2010
- 5) Provide a copy of the corporations stock register evidencing the above information

If the non publicly traded corporation is a subsidiary, list name and state of incorporation of the parent corporation and include a list of its officers.

6) Has the firm or any owner(s), shareholder(s) hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes  No  If yes, list the persons, their address and their business names.

a) \_\_\_\_\_  
Name Address  
Business

b) \_\_\_\_\_  
Name Address  
Business

c) \_\_\_\_\_  
Name Address  
Business

d) \_\_\_\_\_  
Name Address  
Business

7) Has the firm or any owner(s), shareholder(s) in the last 10 years been associated with any person, business or health care entity in which pharmaceutical products were sold, dispensed or distributed?

Yes  No  If yes, list the persons, their address and their business names.

~~SEE ATTACHED~~ SEE PERSONAL HISTORY

a) K. DOUGLAS CRAFTON 4512 S. TAMPA DR SPOKANE, WA 99223  
Name Address  
Dept of Social & Health Services, Eastern State Hospital, (Psychiatric) Medical Lake, WA -  
Business

b) K. DOUGLAS CRAFTON 4512 S. TAMPA DR SPOKANE, WA 99223  
Name Address  
JONES PHARMACY 906 S. Monroe SPOKANE, WA 99204  
Business

Within the last five (5) years:

8) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes  No

9) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes  No

- 10) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No
- 11) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes  No
- 12) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes  No

If the answer to any question 8 through 12 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

K Douglas Crafton  
Signature of corporation officer

6/2/2011  
Date

K. DOUGLAS CRAFTON  
Print or Type name and title

# Statement of Responsibility

## Managing Pharmacist

Pharmacist Name: Medication Review Inc. Jeanette Bidondo

License #: 17981

Pharmacy Name: Medication Review Inc.

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

|  | Yes                      | N                                   |
|--|--------------------------|-------------------------------------|
| Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1. been charged, arrested or convicted of a felony or misdemeanor in any state?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. been the subject of an administrative action whether completed or pending in any state?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If you marked YES to any of the numbered questions above, please include the following information   |                          |                                     |
| Board Administrative Action:   | State: _____             | Date: _____ Case #: _____           |
| And/or Criminal Action:  | State: _____             | Date: _____ Case #: _____           |
|  | County: _____            | Court: _____                        |

PHARMACY MANAGER'S RESPONSIBILITIES  
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

I have read all questions, answers and statements and know the content thereof. I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct.

J. Richards  
Signature

04-04-2011  
Date



MEDICATION REVIEW

November 16, 2011

Nevada State Board of Pharmacy  
431 W Plumb Lane  
Reno, NV 89509

Dear Nevada Board of Pharmacy:

Medication Review, Inc. is Washington State licensed pharmacy. Our business is providing pharmacy solutions, including telepharmacy and pharmacy management services, to small and rural hospitals.

We are submitting a Non-Resident Pharmacy Application so that we may provide these services to hospitals located within the State of Nevada. We have enclosed all required materials and forms as outlined in the "Nevada Pharmacy Application Information and Checklist - Non-Publicly Traded Corporation."

Disclosure of nature of business:

Medication Review, Inc. is a healthcare service organization and proven market leader providing remote medication order entry and verification (aka., telepharmacy), electronic supervision of hospital pharmacy technicians (in states where approved), and pharmacy management services for small and medium sized hospitals. Our home office is located in Spokane, WA. We are a licensed pharmacy within the State of Washington: License # PHAR.CF.60109304.

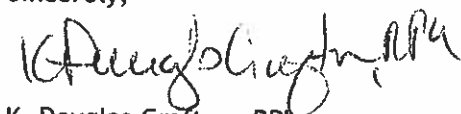
Our services include:

1. Remote order entry and verification into the participating hospital's electronic health record system - 24 hours per day.
2. Review of medication orders against the patient's record and authorization to dispense through Automated Drug Distribution Systems (i.e., Pyxis or equivalent). This includes receiving, interpreting and clarifying medication orders, data entry, drug regimen reviews, therapeutic interventions, and drug and dosing consultations.
3. Clinical consultations with hospital providers and staff using telephone, video or encrypted electronic messaging.
4. Guidance in drug dictionary and formulary maintenance tailored to a facilities, when requested.

Our firms DOES NOT stock, distribute, fill, mail, or administer medications during this remote order entry/verification process.

If you have any questions or require any further information, please contact me at (509) 343-5200.

Sincerely,



K. Douglas Crafton, RPh  
President/CEO

Enc.

104 S. Freya Street  
Suite 217 - Lilac Flag Bldg.  
Spokane, WA 99202  
P: 509.343.5200  
F: 509.343.5199  
[www.medicationreview.com](http://www.medicationreview.com)

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