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12A

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy Ste 206 - Reno, NV 89521
PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION

Registration Fee: \$40.00 - (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: Luolong Middle: P. Last: Ongor

Home Address: W. Charleston Blvd. Apt#: 6

City: Las Vegas State: NV Zip Code: 89146

Telephone: _____ Social Security Number: _____

Date of Birth: 2 Place of Birth: Koror, Palau Sex: M or F

E-mail Address: _____

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: _____

I am requesting registration at the following pharmacy:

Pharmacy: Walgreens Store #: ~~02598~~ 02598

Address: 7085 S. Rainbow Blvd

City: Las Vegas State: NV Zip Code: 89139

Signature of Managing Pharmacist: [Signature] Lic #: 17653 Date: 4/29/19

(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)

	Yes	No
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"/>
3. Been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Been the subject of a board citation or an administrative action whether completed or pending in any state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. 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 (3-5) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:
		/ /	

Criminal Action:	State	Date:	Case #:	County	Court
		/ /			

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

Are you the subject of a court order for the support of a child?..... Yes No

IF you marked YES to the question, above are you in compliance with the court order?..... Yes No

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 and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted: [Signature] Date: 4-23-2019

Board Use Only Date Processed: _____ Amount: 40.00

PT 17296

NEVADA STATE BOARD OF PHARMACY
 431 W Plumb Lane ≈ Reno, NV 89509
PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION
Registration Fee: \$40.00 - (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: Kolong Middle: P. Last: Ongor
 Home Address: W. Charleston Blvd. Apt #: 6
 City: Las Vegas State: NV Zip Code: 89146
 Telephone: _____ Social Security Number: _____
 Date of Birth: _____ Place of Birth: Koror, Palau Sex: M or F
 E-mail Address: _____

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number: _____

I am requesting registration at the following pharmacy:

Pharmacy: Walgreens Store #: 3915
 Address: 6401 W. Charleston Blvd.
 City: Las Vegas State: NV Zip Code: 89146
 Signature of Managing Pharmacist: _____ Lic #: 18352 Date: 8/16/15

(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)**

- | | | |
|--|-------------------------------------|-------------------------------------|
| | Yes | No |
| 3. 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"/> |
| 4. Been charged, arrested or convicted of a felony or misdemeanor in any state? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Been the subject of a board citation or an administrative action whether completed or pending in any state?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6. 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 (3-5) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	<u>Nevada</u>	Case #:	<u>C0493901A</u>
				<u>misdemeanor Domestic Violence.</u>
Criminal Action:	State	<u>NEVADA</u>	Court	
		<u>7124 2001</u>		<u>Stewart/Mojave</u>

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

Are you the subject of a court order for the support of a child?..... Yes No

IF you marked YES to the question, above are you in compliance with the court order?..... Yes No

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 and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit. I understand that Nevada law requires a licensed PTT who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, Kolong P. Ongor Date August 16, 2015
 No copies or stamps accepted

Board Use Only Date Processed: 9/3/15 Amount: \$40.00

12B

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane ≈ Reno, NV 89509

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION

Registration Fee: \$40.00 - (non-refundable money order only, no cash)

Complete Name (no abbreviations):

First: Andrew Middle: Levy Last: Solis

Home Address: El Escorial Drive Apt #:

City: Las Vegas State: NV Zip Code: 89121

Telephone: Social Security Number:

Date of Birth: Place of Birth: Las Vegas, NV Sex: M or F

E-mail Address:

A licensee is not required to have a Nevada State Business License, however, if you, personally, have one, please provide the number:

I am requesting registration at the following pharmacy:

Pharmacy: CVS Pharmacy Store #: 0082

Address: 6432 Losee Road

City: Las Vegas State: NV Zip Code: 89086

Signature of Managing Pharmacist: [Signature] Lic #: 18811 Date: 5/28/19

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

1. Are you 18 years of age or older? Yes [X] No []
2. Are you a high school graduate or the equivalent? Yes [X] No []
(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

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? [] [X]
3. Been charged, arrested or convicted of a felony or misdemeanor in any state? [X] []
4. Been the subject of a board citation or an administrative action whether completed or pending in any state? [] [X]
5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state? [] [X]

If you marked YES to any of the numbered questions (3-5) above, include the following information & provide an explanation & documentation:

Table with 3 columns: Board Administrative Action, State, Date, Case #

Table with 6 columns: Criminal Action, State, Date, Case #, County, Court

The Nevada Legislature requires that we include the following questions as part of all applications (NRS639.129)

Are you the subject of a court order for the support of a child? [] [X]
IF you marked YES to the question, above are you in compliance with the court order? [] []

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 and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Original Signature, no copies or stamps accepted [Signature] Date: 05/30/2019

Board Use Only Date Processed: Amount: 40.00

CRIMINAL HISTORY DISCLOSURE
APPLICANT ANDREW L SOLIS

To whom it may concern:

On April 14th, 2016, I was arrested and charged for possession of a drug not for interstate commerce, and use/possession of drug-paraphernalia. I was in 12th grade at Chaparral high school. I was preparing to leave campus with a few classmates in my vehicle with me. It was 7th period, however as a senior that was credit proficient I had an "open" 7th period. As I was preparing to back out of my parking space, a campus officer approached my vehicle to verify that everyone in the car indeed had an open 7th period and was eligible to leave campus. The few people in my car were directed to go to the Dean's office because they weren't eligible to leave campus. After the other passengers were escorted to the office, the officer told me he smelt marijuana in my car which prompted a search. While conducting the search, the officer recovered a gym bag containing a small amount of marijuana in a plastic bag, and a mason jar. All of the paraphernalia recovered belonged to me. Upon arrest and further investigation, the arresting officers were able to conclude that I hadn't distributed any marijuana, yet theorized that I was intending to. I later appeared in court after spending less than a half of a day in jail. I was ordered to complete 25 hours of community service through the Nevada HELP program, and to complete an online drug/alcohol course. Upon completion of this, as well as staying out of trouble, my case and both charges would be dismissed. I successfully completed everything as well as stayed out of trouble.

Register of Actions

Case No. 16F05949X

State of Nevada vs. SOLIS, ANDREW L

§
§
§
§
§

Case Type:

Felony

Date Filed:

04/27/2016

Location:

JC Department 7

Party Information

Defendant SOLIS, ANDREW L

Lead Attorneys
Public Defender
Public Defender
702-455-4685(W)

State of Nevada State of Nevada

Charge Information

Charges: SOLIS, ANDREW L	Statute	Level	Date
1. Poss drug not for i-state commerce [51366]	454.351	Misdemeanor	04/14/2016
2. Use/poss drug-para [51339]	453.566	Misdemeanor	04/14/2016

Events & Orders of the Court

DISPOSITIONS

- 06/28/2016 **Order** (Judicial Officer: Hafen, Conrad)
 - 1. Poss drug not for i-state commerce [51366]
Nolo Contendere
- 06/28/2016 **Disposition** (Judicial Officer: Hafen, Conrad)
 - 1. Poss drug not for i-state commerce [51366]
Adjudication Deferred
 - 2. Use/poss drug-para [51339]
Dismissed
- 06/28/2016 **Interim Sentence - Final Disposition Pending** (Judicial Officer: Hafen, Conrad)
 - 1. Poss drug not for i-state commerce [51366]
Condition - Adult:
 - 1. Suspended Jail Sentence, 30 days 06/28/2016, Active 06/28/2016
 - 2. Stay Out of Trouble, 06/28/2016, Active 06/28/2016
 - 3. Community Service Mandatory Hours, HELP of Southern Nevada 25 hours 06/28/2016, Satisfied 10/25/2016
 - 4. Drug Counseling (Short Term), 06/28/2016, Active 06/28/2016
 - 5. If so, to be dismissed, 06/28/2016, Active 06/28/2016
- 10/27/2016 **Amended Misdemeanor Sentence** (Judicial Officer: Bennett-Haron, Karen P.) Reason: Court Ordered
 - 1. Poss drug not for i-state commerce [51366]
Condition - Adult:
 - 1. Suspended Jail Sentence, 30 days 06/28/2016, Closed 10/27/2016
 - 2. Stay Out of Trouble, 06/28/2016, Closed 10/27/2016
 - 3. Community Service Mandatory Hours, HELP of Southern Nevada 25 hours 06/28/2016, Satisfied 10/25/2016

4. Drug Counseling (Short Term), 06/28/2016, Satisfied 10/27/2016

5. If so, to be dismissed, 06/28/2016, Closed 10/27/2016

10/27/2016 **Recommended Disposition** (Judicial Officer: Bennett-Haron, Karen P.) Reason: Court Ordered

1. Poss drug not for i-state commerce [51366]

Dismissed After Diversion - Requirements Completed

OTHER EVENTS AND HEARINGS

04/14/2016 **Standard Bail Set**

Ct1: \$3000 Cash/\$3000 Surety

04/14/2016 **TRACK Track Assignment JC14**

04/14/2016 **Standard Bail Set**

Ct2: \$1000 Cash/\$1000 Surety

04/14/2016 **Surety Bond Acceptance-Notice of Appearance**

04/14/2016 **Surety Bond**

04/14/2016 **Waiver of Extradition After Admission to Bail**

04/15/2016 **48 Hour DNA Probable Cause Review (7:20 AM)** (Judicial Officer Hafen, Conrad)

Result: Signing Completed

04/15/2016 **Probable Cause existed for the defendant's arrest**

Therefore, the defendant's biological specimen shall be submitted to the appropriate forensic laboratory for genetic marker analysis

04/15/2016 **Probable Cause Found**

04/15/2016 **Minute Order - Department 14**

04/15/2016 **Probable Cause Arrest Documents**

04/21/2016 **TRACK Case Modified**

Jurisdiction/DA;

04/27/2016 **Criminal Complaint**

06/28/2016 **Initial Appearance (7:30 AM)** (Judicial Officer Hafen, Conrad)

Surety bond

Result: Matter Heard

06/28/2016 **HELP of Southern Nevada Form - fees waived**

Provided to defendant in open court.

06/28/2016 **Initial Appearance Completed**

Advised of Charges on Criminal Complaint, Waives Reading of Criminal Complaint

06/28/2016 **Arraignment Completed**

Advised of Charges on Criminal Complaint, Waives Reading of Criminal Complaint

06/28/2016 **Public Defender Appointed**

06/28/2016 **Surety Bond Ordered Exonerated**

IS15K354481

06/28/2016 **Presence Waived Upon Completion of Requirements**

06/28/2016 **Minute Order - Department 14**

06/28/2016 **Surety Bond Exonerated**

10/08/2016 **Administrative Reassignment to Department 7**

Case reassigned from Department 14 (Judge Conrad Hafen)

10/18/2016 **Community Service Report**

10/27/2016 **Status Check (7:30 AM)** (Judicial Officer Bennett-Haron, Karen P.)

no bail posted

Result: Matter Heard

10/27/2016 **Comment**

Proof of Drug Counseling provided to State

10/27/2016 Minute Order - Department 07
10/27/2016 Case Closed - Dismissed
10/27/2016 Judgment Entered
10/27/2016 Notice of Disposition and Judgment

Financial Information

Defendant SOLIS, ANDREW L
Total Financial Assessment 50.00
Total Payments and Credits 50.00
Balance Due as of 03/15/2019 **0.00**

04/14/2016	Transaction Assessment			50.00
04/14/2016	Payment (Window)	Receipt # PT-2016-04306	Statewide; Bail; Bonds; Inc.	(50.00)