12A
Complete Name (no abbreviations):
First:  Leong    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 #:  02578
Address:  7535 S. Rainbow Blvd
City:  Las Vegas    State:  NV    Zip Code:  89139
Signature of Managing Pharmacist:  Whitney Beville    Lic #:  11253    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 CANNOT 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?  □
- Been charged, arrested or convicted of a felony or misdemeanor in any state?  □
- Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?  □

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

<table>
<thead>
<tr>
<th>Board Administrative Action</th>
<th>State</th>
<th>Date</th>
<th>Case #</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Criminal Action</th>
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</table>

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?  □

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. 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  4-23-2019

Board Use Only Date Processed:  Amount:  40.00
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: 1410 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)  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>4. Been charged, arrested or convicted of a felony or misdemeanor in any state?</td>
<td>☑</td>
<td>☐</td>
</tr>
<tr>
<td>5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?</td>
<td>☑</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Board Administrative Action:</th>
<th>State: Nevada</th>
<th>Case #: C0493401A</th>
<th>Misdeemeanor, Domestic Violence.</th>
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<tbody>
<tr>
<td>Criminal Action:</td>
<td>State: Nevada</td>
<td>Court: Stewart/Mojave</td>
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<tr>
<td>Date: 7/29/2001</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

The Nevada Legislature requires that we include the following questions as part of all applications (NRS638.129):  

1. Are you the subject of a court order for the support of a child? ☑ ☐  
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. 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.  

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

Board Use Only  Date Processed: 09/13/15  Amount: $40.00
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 Laseo Road
City: Las Vegas State: NV Zip Code: 89086

Signature of Managing Pharmacist: Lic #: 18011 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 ☐ No ☑
2. Are you a high school graduate or the equivalent? Yes ☑ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CANNOT SUBMIT THIS APPLICATION)

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? Yes ☐ No ☑

4. Been charged, arrested or convicted of a felony or misdemeanor in any state? Yes ☐ No ☑

5. Have you been the subject of a board citation or an administrative action whether completed or pending in any state? Yes ☐ No ☑

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

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<td>Criminal Action:</td>
<td>State</td>
<td>Date:</td>
<td>Case #:</td>
</tr>
<tr>
<td></td>
<td>NV</td>
<td>4/27/2016</td>
<td>14F05949x</td>
</tr>
</tbody>
</table>

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 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 or neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted

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

State of Nevada

Charge Information

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

Events & Orders of the Court

DISPOSITIONS

06/28/20 Rea (Judicial Officer: Hafen, Conrad)
1. Poss drug not for i-state commerce [51366] Nolo Contendere

06/28/20 Disposition (Judicial Officer: Hafen, Conrad)
1. Poss drug not for i-state commerce [51366] Adjudication Deferred
2. Use/poss drug-para [51339] Dismissed

06/28/20 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
   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

10/27/20 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
   3. Community Service Mandatory Hours, HELP of Southern Nevada 25 hours 06/28/2016, Satisfied 10/25/2016

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

10/27/2014 Amended 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

04/14/20 Standard Bail Set
  .Ct1: $3000 Cash/$3000 Surety

04/14/20 TRACK Track Assignment JC14

04/14/20 Standard Bail Set
   Ct2: $1000 Cash/$1000 Surety

04/14/20 Surety Bond Acceptance-Notice of Appearance

04/14/20 Surety Bond

04/14/20 Waiver of Extradition After Admission to Bail

04/15/20 8 Hour DNA Probable Cause Review (7:20 AM) (Judicial Officer Hafen, Conrad)
   Result: Signing Completed

04/15/20 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

04/15/20 Probable Cause Found

04/15/20 Minute Order - Department 14

04/15/20 Probable Cause Arrest Documents

04/21/20 TRACK Case Modified
   Jurisdiction/DA;

04/27/20 Criminal Complaint

06/28/20 Initial Appearance (7:30 AM) (Judicial Officer Hafen, Conrad)
   Surety bond
   Result: Matter Heard

06/28/20 KELP of Southern Nevada Form - fees waived
   Provided to defendant in open court.

06/28/20 Initial Appearance Completed
   Advised of Charges on Criminal Complaint, Waives Reading of Criminal Complaint

06/28/20 Arraignment Completed
   Advised of Charges on Criminal Complaint, Waives Reading of Criminal Complaint

06/28/20 Public Defender Appointed

06/28/20 Surety Bond Ordered Exonerated
   IS15K354481

06/28/20 Presence Waived Upon Completion of Requirements

06/28/20 Minute Order - Department 14

06/28/20 Surety Bond Exonerated

10/08/20 Administrative Reassignment to Department 7
   Case reassigned from Department 14 (Judge Conrad Hafen)

10/18/20 Community Service Report

10/27/20 Status Check (7:30 AM) (Judicial Officer Bennett-Haron, Karen P.)
   no bail posted
   Result: Matter Heard

10/27/20 Comment
   Proof of Drug Counseling provided to State
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           |

<table>
<thead>
<tr>
<th>Date</th>
<th>Transaction Assessment</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/14/2016</td>
<td>Transaction Assessment</td>
<td>50.00</td>
</tr>
<tr>
<td>04/14/2016</td>
<td>Payment (Window)</td>
<td>Receipt # PT-2016-04306, Statewide; Bail; Bonds; Inc. (50.00)</td>
</tr>
</tbody>
</table>