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13A

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy #206 – Reno, NV 89521

INTERN PHARMACIST APPLICATION

Registration Fee: \$40.00 (non-refundable money order or cashier's check only, no cash)

Complete Name (no abbreviations):

First: David Middle: Atonacio Last: Bacani

Home Address: 1 Pinto Circle Apt #: _____

City: Walnut State: CA Zip Code: 91789

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: Anaheim Sex: M F

E-mail Address: _____

Pharmacy School: Roseman University of Health Sciences College of Pharmacy

Attendance dates: August 2019 to May 2022

Include a letter from Dean's office stating you are enrolled in pharmacy school.

If you are a foreign graduate, you must attach a copy of your FPGEC certificate to this application. You also need to complete the pharmacy school information.

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

	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"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? ..	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:

Board Administrative Action:	State	Date:	Case #:		
		/ /			
Criminal Action:	State	Date:	Case #:	County	Court
	CA	10/22/16	17HMD04110	Orange	Harbor Justice Center Newport Beach

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

Are you the subject of a court order for the support of a child?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IF you marked YES to the question, above are you in compliance with the court order?.....	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct. I further understand that I must be currently enrolled in pharmacy school to maintain my intern license and that if I am no longer enrolled in pharmacy school, my intern license is no longer valid. I understand that Nevada law requires a licensed intern 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.

David Bacani
Original Signature, no copies or stamps accepted.

9/19/19
Date

Board Use Only Date Processed: _____ Amount: 40.00



Background Profile

Report Date:	07/18/2019
Report No.:	4702798
Applicant:	Bacani , David Anthony Atanacio

Client Account Manager:	Student	Client ID:	5569
Prepared For:	Roseman University of Health Sciences Pharmacy 11 Sunset Way Henderson, NV 89014	Attention:	To Be, Determined
Department Code:			
Comments:	A SSN Death Index search was performed against the SSA Death Master File with the provided SSN, and NO date of death information was located.		

Pursuant to California Civil Code 1786.29 the following disclaimer is made. The accuracy or truthfulness of this report cannot be guaranteed as to the subject of the investigation, only that it was accurately copied from public records. Information generated as a result of identity theft, including evidence of criminal activity, may be inaccurately associated with the subject of this report. The Subject of this report may review all files, in relation to this report, maintained by PreCheck, Inc. with a proper request and identification. Nuestros archivos se pueden revisar sin ningun cargo a usted, en persona, o por correo certificado o por teléfono con la identificación adecuada.

VITAL INFORMATION

Applicant:	Bacani , David Anthony Atanacio	Address:	Pinto Circle
Alias Name(s):	Bacani, David Anthony Bacani, David Atanacio		Walnut CA 91789
		Social Security No:	xxx-xx-
		Date of Birth:	
		Sex:	
		Driver's License State:	CA
		Driver's License No:	
		Applied For:	

SUMMARY

Public Records	Record Found
SanctionCheck	COMPLETE SEE ATTACHED
Positive Identification	VERIFIED



Report Date:	07/18/2019
Report No.:	4702798
Applicant:	Bacani , David Anthony Atanacio

PUBLIC RECORDS

Jurisdictions/Registries Searched	Results	Degree
ORANGE, CA	RECORD	Misdemeanor
SEX OFFENDER, US	CLEAR	
LOS ANGELES, CA	CLEAR	

County Searched:	ORANGE, CA	SSN on Record:	xxx-xx-N/A
Name on Record:	Bacani, David Anthony	DOB on Record:	
Degree:	Misdemeanor	File Date:	04/19/2017
Case No:	17HM04110	Disposition Date:	09/06/2017
Charge:	Reckless Driving		
Disposition:	Guilty		
Sentence:	See Below		
Fine and Court Costs:	\$265		
Comments:	Superior Court of Orange County Harbor - Newport Beach Facility		

Sentence:
 3 Years Probation, Pay Fines, 20 Days Community Service, 1 Year License Suspension
 09/06/2017 - Probation Start Date, Still Active, Ends 09/05/2020

SANCTIONCHECK

Status: COMPLETE (SEARCHED)

NO SANCTIONS OR MATCHES FOUND

The applicant's name(s) was screened against the lists of federal and state agencies with sanction authority and did not produce a match with a sanctioned/excluded individual. The name and any potential matches are all carefully reviewed, and best efforts are made to confirm matches using all available personal identifiers.

Please note that a lack of identifiers on either the sanction record or provided by your applicant may result in PreCheck reporting "No Sanctions or Matches Found."

For details of the sanction lists searched, go to our website at: www.PreCheck.com/SanctionCheck

13B

INTERN PHARMACIST APPLICATION

Registration Fee: \$40.00 (non-refundable money order or cashier's check only, no cash)

Complete Name (no abbreviations):

First: Austin Middle: Ross Last: Bladen

Home Address: Boulder Hwy Apt #: 2055

City: Henderson State: NV Zip Code: 89122

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: St. George, UT Sex: M F

E-mail Address: _____

Pharmacy School: Roseman University of Health Sciences College of Pharmacy

Attendance dates: August 2019 to May 2022

Include a letter from Dean's office stating you are enrolled in pharmacy school.

If you are a foreign graduate, you must attach a copy of your FPGEC certificate to this application. You also need to complete the pharmacy school information.

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

	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"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state? ..	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? ..	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you marked YES to any of the numbered questions (1-3) above, include the following information & **provide an explanation & documentation**: I recieved a ticket for minor alcohol consumption when I was 19 years old

Board Administrative Action:	State	Date:	Case #:		
		<u>/ /</u>			
Criminal Action:	State	Date:	Case #:	County	Court
<u>Minor</u>	<u>UT</u>	<u>05/01/2016</u>	<u>161700857</u>	<u>Washington</u>	<u>washington County Justice Court</u>

Alcohol Consumption

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

	Yes	No
Are you the subject of a court order for the support of a child?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IF you marked YES to the question, above are you in compliance with the court order?.....	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct. I further understand that I must be currently enrolled in pharmacy school to maintain my intern license and that if I am no longer enrolled in pharmacy school, my intern license is no longer valid. I understand that Nevada law requires a licensed intern 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.

Austin Bladen
Original Signature, no copies or stamps accepted.

8-18-2019
Date

Board Use Only Date Processed: _____ Amount: 40.00



Background Profile

Report Date:	07/16/2019
Report No.:	4702272
Applicant:	Bladen , Austin Ross

Client Account Manager:	Student	Client ID:	5569
Prepared For:	Roseman University of Health Sciences Pharmacy 11 Sunset Way Henderson, NV 89014	Attention:	To Be, Determined
Department Code:			
Comments:	A SSN Death Index search was performed against the SSA Death Master File with the provided SSN, and NO date of death information was located.		

VITAL INFORMATION

Applicant:	Bladen , Austin Ross	Address:	E 500 S
Alias Name(s):			Saint George UT 84770
		Social Security No:	xxx-xx-!
		Date of Birth:	
		Sex:	
		Driver's License State:	UT
		Driver's License No:	
		Applied For:	

SUMMARY

Public Records	Record Found
SanctionCheck	COMPLETE/SEE ATTACHED
Positive Identification	VERIFIED



Report Date:	07/16/2019
Report No.:	4702272
Applicant:	Bladen , Austin Ross

PUBLIC RECORDS

Jurisdictions/Registries Searched	Results	Degree
STATEWIDE , UT	RECORD	Misdemeanor
SEX OFFENDER, US	CLEAR	

County Searched:	**STATEWIDE** , UT	SSN on Record:	xxx-xx-N/A
Name on Record:	Bladen, Austin Ross	DOB on Record:	(
Degree:	Misdemeanor	File Date:	05/03/2016
Case No:	161700857	Disposition Date:	09/08/2016
Charge:	See Below		
Disposition:	Plea in Abeyance		
Sentence:	12 Months Probation		
Fine and Court Costs:	\$580.00		
Comments:	Washington County Justice Court		

Degree: Class B Misdemeanor

Offense:
Unlawful For Minor To Consume An Alcoholic Product

09/18/2017 Case is Dismissed without Prejudice

Address on record also appears on Positive ID:
825 E Vermillion
St George, UT 84790

Plea in Abeyance - Common to UT; an order by a court, upon motion of the prosecution and the defendant, accepts a plea of guilty or of no contest from the defendant, but does not enter judgment of conviction or impose a sentence upon the defendant at that time. The defendant is ordered to comply with specific conditions as set forth in a plea in abeyance agreement.

Dismissed without Prejudice (Non-Conviction) - A judge's decision to end the case which permits the complainant or prosecutor to renew the case at a later time.

SANCTIONCHECK

Status: COMPLETE/SEE ATTACHED



Report Date:	07/16/2019
Report No.:	4702272
Applicant:	Bladen , Austin Ross

SANCTIONCHECK HISTORY CONT'D.

NO SANCTIONS OR MATCHES FOUND

The applicant's name(s) was screened against the lists of federal and state agencies with sanction authority and did not produce a match with a sanctioned/excluded individual. The name and any potential matches are all carefully reviewed, and best efforts are made to confirm matches using all available personal identifiers.

Please note that a lack of identifiers on either the sanction record or provided by your applicant may result in PreCheck reporting "No Sanctions or Matches Found."

For details of the sanction lists searched, go to our website at: www.PreCheck.com/SanctionCheck



Report Date:	07/16/2019
Report No.:	4702272
Applicant:	Bladen , Austin Ross

DISCLAIMERS

This report is provided for your exclusive use in strict confidence. Information contained herein should not be the sole determining factor in evaluating the individual. Human error in compiling this information is possible.

If you hire this individual, we recommend as a quality control measure that you positively identify the applicant by comparing the background report with the following identifiers:

- Social Security Number (SSN)
- State Identification or Driver's License
- Date of Birth (DOB)

If a discrepancy exists regarding the First, Middle, or Last Name, SSN, or DOB, please contact your Client Account Manager immediately to initiate further investigation.

Adverse Action

Adverse action is required under the Fair Credit Reporting Act (FCRA) when a decision, based in whole or part from information contained in a Consumer Report, is used to deny employment or promotion, terminate, reassign, or make any other employment decision that adversely affects the individual.

Before you take the adverse action, you must give the individual a pre-adverse action disclosure that includes a copy of the individual's consumer report and a copy of "A Summary of Your Rights Under the Fair Credit Reporting Act"--- a document prescribed by the Federal Trade Commission.

When you take the adverse action, you must give the individual notice either orally, in writing, or electronically that the action is being taken. This notice must include:

- the name, address, and phone number of the Consumer Reporting Agency(CRA) that supplied the report;
- a statement that the CRA that supplied the report did not make the decision to take the adverse action and cannot give specific reasons for it; and
- a notice of the individual's right to dispute the accuracy or completeness of any information the agency furnished, and his or her right to an additional free consumer report from the agency upon request within 60 days.

Public Records

Public records searches consist primarily of criminal history record searches but may also include various misconduct registry searches. Registry searches are labeled accordingly. PreCheck conducts criminal history record searches as far back as county and state level indices allow. The majority of indices provide records from the previous 7 years; a limited number of indices allow searches as far back as 10-20 years.

Positive Identification

PreCheck conducts a search of consumer databases to substantiate the individual's usage of SSN, addresses, and potential aliases. The Social Security Administration (SSA) restricts SSN verification to employers. To verify, contact the SSA at 1-800-772-1213 and provide your Company's Employer Identification Number, the Individual's name, date of birth, and SSN.

END OF REPORT

13C

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy #206 – Reno, NV 89521

INTERN PHARMACIST APPLICATION

Registration Fee: \$40.00 (non-refundable money order or cashier's check only, no cash)

Complete Name (no abbreviations):

First: Madison Phuong Middle: Jennifer Last: Phuong

Home Address: 5 Boulder Hwy Apt #: 2002

City: Las Vegas State: NV Zip Code: 89122

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: Harbor City, CA Sex: M F

E-mail Address: _____

Pharmacy School: Roseman University of Health Sciences College of Pharmacy

Attendance dates: August 2019 to May 2022

Include a letter from Dean's office stating you are enrolled in pharmacy school.

If you are a foreign graduate, you must attach a copy of your FPGEC certificate to this application. You also need to complete the pharmacy school information.

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

	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"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? ..	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation:

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

Criminal Action:	State	Date:	Case #:	County	Court
	CA	12/01/2015	RH1513357/ RH1515626	Riverside	Riverside Superior 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.

	Yes	No
Are you the subject of a court order for the support of a child?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IF you marked YES to the question, above are you in compliance with the court order?.....	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct. I further understand that I must be currently enrolled in pharmacy school to maintain my intern license and that if I am no longer enrolled in pharmacy school, my intern license is no longer valid. I understand that Nevada law requires a licensed intern 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 8/20/2019

Board Use Only Date Processed: _____ Amount: _____

Madison Phuong

Explanation of Conviction

On the date of June 6, 2015 (case #RIM1513357), I was caught driving under the influence. Two months later, on the date of August 23, 2015 (case #RIM1515626), the same thing happened. I am not proud of this period in my life. This explanation is not meant to excuse my mistakes, but to describe what lead to these events, what I have learned, and what I have done since then that has changed and treated my life.

Due to growing issues with my family and consecutive deaths, I was at the lowest point in my life and was going through a phase that I thought I would never escape. I would always go out to party to fill the void I constantly felt. It was during this time that my DUI's took place. While I deeply regret this part of my life, I am extremely thankful it took place because I would probably still be that same person partying away my problems.

I have completed my 18 month program while attending as a full time student at the University of California Riverside and working a part time job to make it through. I am off probation and was able to meet the Judge's standards of rehabilitation and, in turn, received expungement from my cases. After what seemed like a life time, I can now confidently say I have put this part of my life behind me. I know what it's like to be at your lowest and the strength you must have to get out and move forward. This mistake has molded me into who I am today, and I am satisfied with the person I've become. I am my best self.

If documentation (court mandates and proof of expungement) is needed, I can provide them. Please don't hesitate to contact me for any further questions.

Madison Phuong | Class of 2022
Roseman University of Health Sciences
College of Pharmacy | Henderson, NV

13D

NEVADA STATE BOARD OF PHARMACY
985 Damonte Ranch Pkwy #206 - Reno, NV 89521

INTERN PHARMACIST APPLICATION

Registration Fee: \$40.00 (non-refundable money order or cashier's check only, no cash)



Complete Name (no abbreviations):

First: Analeah Middle: Antiporda Last: Presbitero

Home Address: Dalfsen Ave. Apt #: _____

City: Carson State: CA Zip Code: 90746

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: Harbor City, CA Sex: M F

E-mail Address: _____

Pharmacy School: Roseman University of Health Sciences College of Pharmacy

Attendance dates: August 2019 to May 2022

Include a letter from Dean's office stating you are enrolled in pharmacy school.

If you are a foreign graduate, you must attach a copy of your FPGEC certificate to this application. You also need to complete the pharmacy school information.

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	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"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? ..	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you marked YES to any of the numbered questions (1-3) above, include the following information & **provide an explanation & documentation:**

Board Administrative Action:	State: <u>CA</u>	Date: <u>07/10/2019</u>	Case #:	<u>CI 2018 84053</u>		
Criminal Action:	State: <u>CA</u>	Date: <u>08/13/2019</u>	Case #:	<u>9MN02867</u>	County: <u>Los Angeles</u>	Court: <u>Metropolitan Courthouse</u>

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

	Yes	No
Are you the subject of a court order for the support of a child?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
IF you marked YES to the question, above are you in compliance with the court order?.....	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct. I further understand that I must be currently enrolled in pharmacy school to maintain my intern license and that if I am no longer enrolled in pharmacy school, my intern license is no longer valid. I understand that Nevada law requires a licensed intern 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. _____ Date _____

Board Use Only Date Processed: _____ Amount: 40.00

On April 21, 2019, I was arrested for driving under the influence of alcohol. Though I do not feel that I have a substance abuse problem, this incident led me to believe that I should examine the role that alcohol plays in my life. I began to attend Alcoholics Anonymous meetings weekly for a period of approximately four months. On August 13, 2019, I was convicted in court, fined, and was placed on a 36-month probation. Alongside, I was required to attend a 3-month alcohol program and 10 additional Alcoholic Anonymous classes. As a result of my arrest in April, on July 10, 2019, I received a citation from the CA Board of Pharmacy in which I was fined. I have completed all the requirements sentenced by the Los Angeles Superior Court and the Pharmacy Board. Together with the Alcoholics Anonymous and alcohol education classes, I have learned a great deal about myself and my relationship with alcohol. I will continue to carry out my probation for its remaining term. Attached are documents including a Certified Minute Order for my court case (Case #9MN02867) and proof of payment to the Pharmacy Board (Case #CI201884053).

CASE NO. 9MN02867
DEF NO. 01

PAGE NO. 2
DATE PRINTED 08/16/19

COMPLAINT, AND POSSIBLE DEFENSES TO SUCH CHARGES;
THE POSSIBLE CONSEQUENCES OF A PLEA OF GUILTY OR NOLO CONTENDERE, INCLUDING
THE MAXIMUM PENALTY AND ADMINISTRATIVE SANCTIONS AND THE POSSIBLE LEGAL
EFFECTS AND MAXIMUM PENALTIES INCIDENT TO SUBSEQUENT CONVICTIONS FOR THE
SAME OR SIMILAR OFFENSES;
THE EFFECTS OF PROBATION;
IF YOU ARE NOT A CITIZEN, YOU ARE HEREBY ADVISED THAT A CONVICTION OF THE
OFFENSE FOR WHICH YOU HAVE BEEN CHARGED WILL HAVE THE CONSEQUENCES OF
DEPORTATION, EXCLUSION FROM ADMISSION TO THE UNITED STATES, OR DENIAL OF
NATURALIZATION PURSUANT TO THE LAWS OF THE UNITED STATES.
COUNSEL FOR THE DEFENDANT JOINS IN THE WAIVERS AND CONCURS IN THE PLEA.
COURT FINDS THAT EACH SUCH WAIVER IS KNOWINGLY, UNDERSTANDINGLY, AND EXPLICITLY
MADE;
THE DEFENDANT WITH THE COURTS APPROVAL, PLEADS NOLO CONTENDERE TO COUNT 02 A
VIOLATION OF SECTION 23152(B) VC. THE COURT FINDS THE DEFENDANT GUILTY.
COUNT (02) : DISPOSITION: CONVICTED
DEFENDANT IS ADVISED OF HIS RIGHT TO A SPEEDY TRIAL AND WAIVES STATUTORY TIME
FOR TRIAL.

COURT FINDS THAT THERE IS A FACTUAL BASIS FOR DEFENDANT'S PLEA, AND COURT
ACCEPTS PLEA.

NEXT SCHEDULED EVENT:

SENTENCING

DEFENDANT WAIVES ARRAIGNMENT FOR JUDGMENT AND STATES THERE IS NO LEGAL CAUSE
WHY SENTENCE SHOULD NOT BE PRONOUNCED. THE COURT ORDERED THE FOLLOWING
JUDGMENT:

AS TO COUNT (02):

IMPOSITION OF SENTENCE SUSPENDED

DEFENDANT PLACED ON SUMMARY PROBATION

FOR A PERIOD OF 036 MONTHS UNDER THE FOLLOWING TERMS AND CONDITIONS:

PAY A FINE OF \$500.00

PLUS A STATE PENALTY FUND ASSESSMENT OF \$1,450.00

LESS CREDIT OF \$500.00

PLUS \$1.00 NIGHT COURT.

PLUS \$40.00 COURT OPERATIONS ASSESSMENT (PURSUANT TO 1465.8(A)(1) P.C.)

\$30.00 CRIMINAL CONVICTION ASSESSMENT (PURSUANT TO 70373 G.C.)

\$50.00 ALCOHOL ABUSE/PREVENTION ASSESSMENT (23645 V.C.)

\$100.00 ALCOHOL AND DRUG PROBLEM ASSESSMENT (23649 V.C.)

\$33.00 LABORATORY SERVICE FUND(PURSUANT TO 1463.14(B) P.C.)

OR SERVE 4 DAYS IN LOS ANGELES COUNTY JAIL

DEFENDANT TO PAY FINE TO THE COURT CLERK

IN LIEU OF FINE, DEFENDANT MAY:

PERFORM 4 DAYS OF COMMUNITY LABOR

DEFENDANT TO PAY COURT COST OF \$44 .

THE DEFENDANT SHALL ENROLL AND PARTICIPATE IN AND SUCCESSFULLY COMPLETE, A
3-MONTH LICENSED FIRST-OFFENDER ALCOHOL AND OTHER DRUG EDUCATION AND COUNSELING
PROGRAM

DEFENDANT SHALL PAY A RESTITUTION FINE IN THE AMOUNT OF \$150.00 TO THE COURT

TOTAL DUE: \$2,398.00

IN ADDITION:

-DEFENDANT IS ORDERED TO PAY A PROBATION REVOCATION RESTITUTION
FINE PURSUANT TO PENAL CODE SECTION 1202.44, IN THE AMOUNT OF
\$ 150 THIS FINE SHALL BECOME EFFECTIVE UPON THE REVOCATION OF
PROBATION.

-ENROLL WITHIN 21 DAYS IN AN AB-541 PROGRAM.

CASE NO. 9MN02867
DEF NO. 01

PAGE NO. 3
DATE PRINTED 08/16/19

- ATTEND 10 ALCOHOLICS ANONYMOUS MEETINGS IN ADDITION TO THOSE REQUIRED AS PART OF THE ALCOHOL EDUCATION PROGRAM.
- DO NOT DRIVE ANY VEHICLE WITH ANY MEASURABLE AMOUNT OF ALCOHOL OR DRUGS IN YOUR BLOOD OR REFUSE TO TAKE AND COMPLETE ANY BLOOD ALCOHOL OR DRUG CHEMICAL TEST, ANY FIELD SOBRIETY TEST, AND ANY PRELIMINARY ALCOHOL SCREENING TEST, WHEN REQUESTED BY ANY PEACE OFFICER.
- DO NOT DRIVE A MOTOR VEHICLE WITHOUT A VALID DRIVER'S LICENSE IN YOUR POSSESSION OR WITHOUT LIABILITY INSURANCE IN AT LEAST THE MINIMUM AMOUNTS REQUIRED BY LAW.
- COMPLY WITH THE SUPPLEMENTAL TERMS OF PROBATION - IGNITION INTERLOCK DEVICE REGARDING INSTALLATION OF AN IGNITION INTERLOCK.
- OBEY ALL LAWS AND ORDERS OF THE COURT.
- DEFENDANT ACKNOWLEDGES TO THE COURT THAT THE DEFENDANT UNDERSTANDS AND ACCEPTS ALL THE PROBATION CONDITIONS, AND DEFENDANT AGREES TO ABIDE BY SAME.
- THE COURT ORDERS THE DEFENDANT TO APPEAR ON THE NEXT COURT DATE.

ANY MANDATORY AND NON-PUNITIVE FEES OR ASSESSMENTS ORDERED IN THIS CASE ARE NOT CONDITIONS OF PROBATION
COURT COST:\$30 INSTFEE, \$10 CITEPROC, \$4MENAIR/MEDAIRTS.

ADDITIONAL OPTION IN LIEU OF FINE 47 HOURS COMMUNITY SERVICE.

IGNITION INTERLOCK PER DMV.

DATA ENTRY BY K.D CROSBY ON 8-15-19
COUNT (02): DISPOSITION: CONVICTED

REMAINING COUNTS DISMISSED:

COUNT (01): DISMISSED DUE TO PLEA NEGOTIATION
BLOOD ALCOHOL CONTENT TEST SHOWED BAC OF .16 PERCENT.
ABSTRACT ISSUED ON 08/13/19 FOR COUNT 02

DMV JUDGMENT CODE QWGC

NEXT SCHEDULED EVENT:

02/11/20 830 AM PROOF OF MISCELLANEOUS ITEM DIST METROPOLITAN COURTHOUSE
DEPT CLK

CUSTODY STATUS: ON PROBATION

ON 08/15/19 AT 900 AM IN METROPOLITAN COURTHOUSE DEPT CLK

CASE CALLED FOR PROOF OF COMPLETION/FINE

PARTIES: NONE (JUDGE) NONE (CLERK)

NONE (REP) NONE (DDA)

DEFENDANT IS PRESENT IN COURT, AND NOT REPRESENTED BY COUNSEL
PAYMENT IN THE AMOUNT OF \$418.00 PAID ON 08/15/19 RECEIPT # LAM653004007
PROOF OF THE AB541 ALCOHOL PROGRAM WAS RECEIVED. FEES PAID IN FULL. PROOF OF AA'S ARE RECEIVED.

NEXT SCHEDULED EVENT:

PROBATION IN EFFECT

08/16/19

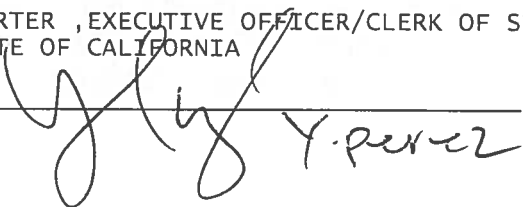
I HEREBY CERTIFY THIS TO BE A TRUE AND CORRECT COPY OF THE ELECTRONIC DOCKET ON FILE IN THIS OFFICE AS OF THE ABOVE DATE.

CASE NO. 9MN02867
DEF NO. 01

PAGE NO. 4
DATE PRINTED 08/16/19

SHERRI R. CARTER , EXECUTIVE OFFICER/CLERK OF SUPERIOR COURT, COUNTY OF LOS ANGELES, STATE OF CALIFORNIA

BY _____, DEPUTY





California State Board of Pharmacy
2720 Gateway Oaks Drive, Suite 100
Sacramento, CA 95833
Phone: (916) 518-3100 Fax: (916) 574-8618
www.pharmacy.ca.gov

Business, Consumer Services and Housing Agency
Department of Consumer Affairs
Gavin Newsom, Governor



July 31, 2019

ANALEAH ANTIPORDA PRESBITERO
JALFSEN AVE
CARSON, CA 90746

RE: CI 2018 84053
ANALEAH ANTIPORDA PRESBITERO
TCH 169483

This is in response to the administrative fine provided to the board for the above referenced citation. The payment has been received and accepted as satisfactorily resolving the matter.

Please be advised that this citation has become a part of the board's records and constitutes a public record for purposes of disclosure.

If you have any questions regarding this matter, please contact the Citation and Fine Analyst, Joshua Monforte at (916) 518-3014.

Sincerely

A handwritten signature in black ink, appearing to read "J. Monforte", written over a light blue horizontal line.

Joshua Monforte
Citation and Fine Analyst
Board of Pharmacy

**BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

CITATION AND FINE

COPY

Citation Number	Name, License No
CI 2018 84053	ANALEAH ANTIPORDA PRESBITERO , TCH 169483

JURISDICTION: Bus. & Prof. Code § 4314; CCR, title 16, § 1775;

VIOLATION CODE SECTION	OFFENSE	AMT OF FINE
Bus. & Prof. Code § 4301 subd. (h)	Unprofessional Conduct – The administering to oneself, of any controlled substance, or the use of any dangerous drug or of alcoholic beverages to the extent or in a manner as to be dangerous or injurious to oneself...	\$750.00

CONDUCT:

Business and Professions Code Section 4301(h) authorizes the Board to take action against a licensee for their use of any dangerous drug or alcoholic beverage to the extent or in a manner as to be dangerous or injurious to oneself or others. Specifically, on April 21, 2019, TCH Presbitero was arrested for driving under the influence of alcohol. TCH Presbitero's chemical breath test resulted in alcohol concentrations of 0.181% and 0.168%.

CITATION ISSUED ON: July 10, 2019

TOTAL AMOUNT OF FINE(S): \$750.00

PAYMENT OF FINE(S) DUE BY: August 09, 2019

13E

NEVADA STATE BOARD OF PHARMACY
895 Damonte Ranch Pkwy #206 – Reno, NV 89521



INTERN PHARMACIST APPLICATION

Registration Fee: \$40.00 (non-refundable money order or cashier's check only, no cash)

Complete Name (no abbreviations):

First: Jaimie Middle: Liliane Last: Tran

Home Address: Hollywell Street Apt #: _____

City: Las Vegas State: NV Zip Code: 89135

Telephone: _____ Social Security Number: _____
(Required, no exceptions)

Date of Birth: _____ Place of Birth: Vietnam Sex: M F

E-mail Address: _____

Pharmacy School: Roseman University of Health Sciences College of Pharmacy Attached

Attendance dates: August 2019 to May 2022

Include a letter from Dean's office stating you are enrolled in pharmacy school.

If you are a foreign graduate, you must attach a copy of your FPGEC certificate to this application. You also need to complete the pharmacy school information.

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

	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"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? ..	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation & documentation: please see attached

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

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.

Are you the subject of a court order for the support of a child?.....	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
IF you marked YES to the question, above are you in compliance with the court order?.....	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I hereby certify, under penalty of perjury, that the information furnished on this application is true, accurate and correct. I further understand that I must be currently enrolled in pharmacy school to maintain my intern license and that if I am no longer enrolled in pharmacy school, my intern license is no longer valid. I understand that Nevada law requires a licensed intern 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.

Jaimie Tran
Original Signature, no copies or stamps accepted.

08/19/19
Date

Board Use Only Date Processed: _____ Amount: 40.00

arrested but charges were dropped and the case was dismissed.

Charge

Charges

MARSON, JAIMIE LILIAN

	Description	Statute	Level	Date
1	Recklessly Endangering Another Person	163.195	Misdemeanor Class A	12/21/2000
2	Harassment	166.065(3)	Misdemeanor Class B	12/21/2000

Disposition Events

03/07/2001 Disposition ▾

Judicial Officer

Selander, Robert R.

1	Recklessly Endangering Another Person	Dismissed
2	Harassment	Dismissed