

15

15A



Nevada State Board of Pharmacy

- Home
- Individual
- Renewal
- Reports
- Administration
- Company
- Inspection
- Compliance

License Renewal

Add

Search By Name :



License # : 19543

SS # : XXX-XX-XXXX

Last Name :

First Name :

Email :

Status : Select

Search

Cancel

Show All



<input type="checkbox"/>	License#	License Type	First Name	Last Name	Submitted Date	Approved Date	Status	Action
<input checked="" type="checkbox"/>	19543	Pharmacist	CARL	BLACK	10/08/2019		Submitted	

Renewal Application Pharmacist

Application Fee : \$180.00
 Convenience Fee : \$10.00
 License Number : 19543
 License Type : Pharmacist
 New Expiration Date : 10/31/2021

Personal Information

First Name : * CARL

Middle (initial only) : ROBERT

Last Name : * BLACK

License # : 19543

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA : OptumRx

Military Address :

Street : * 6800 W. 115th St.

Country : * United States

City : * OVERLAND PARK

State : * Kansas

Zip : * 66211

Practice Phone : (913) 253-0687

Practice Fax : (XXX) XXX-XXXX

Select if the Practice Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Home Address :

Military Address :

Street : * TAYLOR DR

Country : * United States

City : * OVERLAND PARK State : * Kansas Zip : * 66212

Home Phone : (XXX) XXX-XXXX Cell Phone : (€

Email Address : * Fax : (XXX) XXX-XXXX

Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Nevada Business License Information - Check appropriate answer

- I DO NOT have a Nevada Business license number.
- I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending
- I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066.

Name on Business License

Business License #

Child Support Information – Check appropriate answer

- I am NOT SUBJECT to a court order for the support of a child.
- I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am 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.
- I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or 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 pursuant to the order.

Military Service Information

Have you ever served in the military : * Yes No

Legal Information

1. Since your last renewal or recent licensure have you 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
2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? * Yes No
3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? * Yes No

Information attached: Fined by Michigan BOP for infraction sustained by Oregon BOP the prior year

Document Name	Document Type	Date	Uploaded By	Uploaded For	Link	Action
Carl Black_Michigan BOP Disclosure	Legal - Question 3	10/07/2019	(OL)		Document Details	

Document Name :

Document Type : -Select DocumentType

Document :

Drop file here to upload or click here to browse and select file(s) to upload.

Only PDF files are allowed

[Click here to complete Upload](#) Cancel

Board Administrative Action :

State : Michigan

Case # : 53-18-148992

Date : 10/31/2018

Criminal Action :

State : Select

Case # :

Court :

Date : MM/DD/YYYY

County :

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? * Yes * No

CE Hours

Acknowledgement and Declaration

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B.220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Signature * Carl Black

Date Of Application * 10/08/2019

Please type only the First and Last Name that are listed at the top of the page

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2019 to 10/31/2021	License Renewal Fee	\$180.00
	Convenience Fee	\$10.00
	Late Fee	\$0.00
	Total :	\$190.00

Save

Fee and Payment

Payment Method * Credit / Debit Card

Override :

Application Fees * 180

Convenience Fee * 10

Late Fees * 0

Total Fees * 190

Reference Number : 61953233755

InvoiceDate : 10/08/2019

Paid

Approve Close

First () Previous () 1 () Next () Last ()

To: Board of Pharmacy
From: Carl Black, RPh
Re: Disciplinary Action Notification
Date:

Board of Pharmacy,

I am submitting the following incident details via this communication as full disclosure of action being taken by the Michigan Board of Pharmacy on my Michigan Pharmacist License with attached Consent Order and Stipulation form dated Oct. 31, 2018.

Notification was submitted to this office of action taken by the Oregon BOP for erroneously checking an incorrect box on my reciprocity application, to include all supporting documentation and evidence. Oregon awarded licensure upon completion of fine/CE terms which were met.

Notification of this action was additionally disclosed to the 19 states I am currently licensed in. In response to this action taken by the Oregon BOP so finalized on 10/23/17, the Michigan BOP has subsequently filed said case that conveys violation of the Oregon BOP rules and regulations constitutes violation(s) of the Michigan Public Health Code. I have agreed to the terms and conditions of this order and remitted payment of \$250 to satisfy requirements of the imposed fine.

Sincerely,



Carl Black, RPH
Taylor Drive
Overland Park, KS 66212

15B



Nevada State Board of Pharmacy

- Home
 - Individual
 - Renewal
 - Reports
 - Administration
 - Company
 - Inspection
- Compliance

License Renewal

Add

Search By Name :

License # : 08156

SS # : XXX-XX-XXXX

Last Name :

First Name :

Email :

Status : Select

Search

Cancel

Show All

<input type="checkbox"/>	License#	License Type	First Name	Last Name	Submitted Date	Approved Date	Status	Action
<input checked="" type="checkbox"/>	08156	Pharmacist	J.	Kim	10/01/2019		Submitted	

Renewal Application Pharmacist

Application Fee : \$180.00
 Convenience Fee : \$10.00
 License Number : 08156
 License Type : Pharmacist
 New Expiration Date : 10/31/2021

Personal Information

First Name : * J.
 Middle (initial only) : Patrick
 Last Name : * Kim
 License # : 08156

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA :

Military Address :

Street : * TANNENBAUM WAY

Country : * United States

City : * RENO

State : * Nevada

Zip : * 89509

Practice Phone : (XXX) XXX-XXXX

Practice Fax : (XXX) XXX-XXXX

Select if the Practice Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Home Address :

Military Address :

Street : * TANNENBAUM WAY

Country : * United States

City : * RENO

State : * Nevada

Zip : * 89509

Home Phone :

Cell Phone :

Email Address : *

Fax : (XXX) XXX-XXXX

Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Nevada Business License Information - Check appropriate answer

I DO NOT have a Nevada Business license number.

I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending

I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066

Name on Business License :

Business License # :

Child Support Information – Check appropriate answer

I am NOT SUBJECT to a court order for the support of a child

I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am 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.

I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or 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 pursuant to the order.

Military Service Information

Have you ever served in the military : * Yes No

Legal Information

1. Since your last renewal or recent licensure have you 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

2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? * Yes No

misdemeanor domestic battery 200.485-1 on 11/20/17

Document Name	Document Type	Date	Uploaded By	Uploaded For	Link	Action
---------------	---------------	------	-------------	--------------	------	--------

No Record Found

Document Name :

Document Type : -Select DocumentType-

Document

Drop file here to upload or click here to browse and select file(s) to upload

Only PDF files are allowed

Click here to complete Upload Cancel

Board Administrative Action :

State : Select

Date : MM/DD/YYYY

Case # :

Criminal Action :

State :

Date :

Case # :

County :

Court :

3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? * Yes No

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? * Yes No

CE Hours

Acknowledgement and Declaration

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B 220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Signature : * J Kim

Date Of Application : * 10/01/2019

Please type only the First and Last Name that are listed at the top of the page.

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2019 to 10/31/2021	License Renewal Fee	\$180.00
	Convenience Fee	\$10.00
	Late Fee	\$0.00
	Total :	\$190.00

Save

Fee and Payment

Payment Method : * Credit / Debit Card

Override :

Application Fees : * 180

Convenience Fee : * 10

Late Fees : * 0

Total Fees : * 190

Reference Number : 61941812690

InvoiceDate : 10/01/2019

Paid

Approve

Close

First () Previous () **1 ()** Next () Last ()

Copyright © 2018 | Nevada State Board of Pharmacy (<http://bop.nv.gov/>) | All Rights Reserved

15C



Nevada State Board of Pharmacy

- Home
 - Individual
 - Renewal
 - Reports
 - Administration
 - Company
 - Inspection
- Compliance

License Renewal

Add

Search By Name :

License # : SS # : XXX-XX-XXXX
 Last Name : patel First Name : nayan
 Email : Status : Select

Search Cancel

Show All



<input type="checkbox"/>	License#	License Type	First Name	Last Name	Submitted Date	Approved Date	Status	Action
<input checked="" type="checkbox"/>	13383	Pharmacist	NAYAN	PATEL	10/07/2019		Submitted	

Renewal Application Pharmacist

Application Fee : \$180.00
 Convenience Fee : \$10.00
 License Number : 13383
 License Type : Pharmacist
 New Expiration Date : 10/31/2021

Personal Information

First Name : * NAYAN
 Middle (initial only) : K. Last Name : * PATEL
 License # : 13383

If you make an unnecessary change to your address, it will delay the processing of your renewal. Only make the change if it is a true address change. Example: Do not add punctuation or change St to Street.

Practice Address :

Name/Practice Name/DBA :

Military Address :

Street : * 520 W LA HABRA BLVD

Country : * United States

City : * LA HABRA

State : * California

Zip : * 90631

Practice Phone : (562) 691-6754

Practice Fax : (562) 694-3869

Select if the Practice Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Home Address :

Military Address :

Street : *

Country : *

City : * State : * Zip : *

Home Phone : () Cell Phone :

Email Address : * Fax :

Select if the Home Address is your mailing address

The address you select as the mailing address will be shown on the certificate

Nevada Business License Information - Check appropriate answer

- I DO NOT have a Nevada Business license number
- I HAVE APPLIED for a Nevada Business License with the Nevada Secretary of State in Compliance with provisions of NRS Chapter 76 and my application is pending
- I have a Nevada Business License number assigned by the Secretary of State in compliance with the provisions of NRS Chapter 76789066

Name on Business License :

Business License # :

Child Support Information – Check appropriate answer

- I am NOT SUBJECT to a court order for the support of a child
- I am SUBJECT to a court order for the support of one or more children and am in compliance with the order or am 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.
- I am SUBJECT to a court order for the support of one or more children and am NOT in compliance with the order or 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 pursuant to the order.

Military Service Information

Have you ever served in the military : * Yes No

Legal Information

1. Since your last renewal or recent licensure have you 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
2. Since your last renewal or recent licensure have you been charged, arrested or convicted of a felony or misdemeanor in any state? * Yes No
3. Since your last renewal or recent licensure have you been the subject of a board citation or an administrative action whether completed or pending in any state? * Yes No

Effective September 3, 2018, CA Pharmacist license was placed on probation for 5 years by the CA BOP. The disciplinary action was based on operational and recordkeeping deficiencies that occurred at Central Drugs more than 3 years ago. Please see attached.

Document Name	Document Type	Date	Uploaded By	Uploaded For	Link	Action
Orders	Legal - Question 3	10/07/2019	(OL)		Document Details	
Orders	Legal - Question 3	10/07/2019	(OL)		Document Details	
Orders	Legal - Question 3	10/07/2019	(OL)		Document Details	

Document Name : Document Type : -Select DocumentType-

Document : Drop file here to upload or click here to browse and select file(s) to upload.

Only PDF files are allowed

[Click here to complete Upload](#)

Board Administrative Action :

State : California Date : 08/21/2018
 Case # : 5865

Criminal Action :

State : Select Date : MM/DD/YYYY
 Case # :
 County : Court :

4. Since your last renewal or recent licensure have you had your license subjected to any discipline for violation of pharmacy or drug laws in any state? * Yes No

Effective September 3, 2018, CA Pharmacist license was placed on probation for 5 years by the CA BOP. The disciplinary action was based on operational and recordkeeping deficiencies that occurred at Central Drugs more than 3 years ago. Please see attached.

Document Name	Document Type	Date	Uploaded By	Uploaded For	Link	Action
Orders	Legal - Question 4	10/07/2019	(OL)		Document Details	
Orders	Legal - Question 4	10/07/2019	(OL)		Document Details	
Orders	Legal - Question 4	10/07/2019	(OL)		Document Details	

Document Name : Document Type : -Select DocumentType-

Document : Drop file here to upload or click here to browse and select file(s) to upload.

Only PDF files are allowed

[Click here to complete Upload](#)

Board Administrative Action :

State : California Date : 08/21/2018
 Case # : 5865

Criminal Action :

State : Select Date : MM/DD/YYYY
 Case # :
 County : Court :

CE Hours

Acknowledgement and Declaration

I understand that it is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. I affirm that I have read this application and the statements made are true and correct. I understand and will comply with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe injection practices. I understand that NRS 432B.220 requires that if, in my professional capacity, I know or have reason to believe that a child has been abused or neglected, I am mandated to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Signature : * NAYAN PATEL

Date Of Application : * 10/07/2019

Please type only the First and Last Name that are listed at the top of the page

Fee Detail(s)

The fees for license renewal are NON REFUNDABLE. Please ensure the accuracy of your information.

Description	Fee Type	Fee
Renewal Period from 11/1/2019 to 10/31/2021	License Renewal Fee	\$180.00
	Convenience Fee	\$10.00
	Late Fee	\$0.00
	Total :	\$190.00

Save

Fee and Payment

Payment Method : * Credit / Debit Card

Override :

Application Fees : * 180

Convenience Fee : * 10

Late Fees : * 0

Total Fees : * 190

Reference Number : 61951576643

InvoiceDate : 10/07/2019

Paid

Approve Close

First () Previous () 1 () Next () Last ()



www.CentralDrugsRX.com | P: 562.691.6754 | F: 562.694.3869 | 520 W. La Habra Blvd., La Habra, CA 90631

VIA CERTIFIED MAIL 7018 2290 0002 2572 4210 10/3/19

October 2, 2019

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy #206
Reno, NV 89521

**Re: NOTICE OF DISCIPLINARY ACTION - VA Reinstatement Case No. 197737
CENTRAL DRUGS - RPH 48867 [NV Pharmacist License # RPH- 13383]**

To whom it may concern:

Through this letter, Nayan Patel, Pharm. D, is providing notice of the attached Consent Order dated September 25, 2019, received on October 1, 2019, issued by the Virginia Board of Pharmacy resolving an ongoing matter in that state. Dr. Patel was issued **License Number 0202-209826** to practice pharmacy on May 3, 2010. The Director of the Department of Health Professions entered a mandatory order of suspension of that license on April 19, 2019. As described in the attached Consent Order, the Department entered that mandatory order as a reciprocal action based on an order from the California Board of Pharmacy establishing a probationary period of five years related to Dr. Patel's license in that state. Dr. Patel submitted an application for reinstatement of his license to practice pharmacy in the Commonwealth of Virginia on July 18, 2019. Under the Consent Agreement with Virginia, Dr. Patel has agreed to a period of probation in the Commonwealth consistent with the terms of the California Order.

Dr. Patel is committed to complying with all state laws and regulations and to providing regulators with complete and accurate information.

If you have any questions, please do not hesitate to contact me at nayan@centraldrugsrx.com or telephone number 562-691-6754.

Sincerely,

A handwritten signature in black ink, appearing to read "Nayan Patel", written over a circular stamp.

NAYAN PATEL, PharmD
President

Enclosure

Received
VA Board of Pharmacy

BEFORE THE VIRGINIA BOARD OF PHARMACY

**IN RE: NAYAN PATEL, Pharm. D.
PHARMACIST REINSTATEMENT APPLICANT
License Number: 0202-209826
Case Number: 197737**

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Pharmacy ("Board") and Nayan Patel, Pharm. D., as evidenced by their signatures hereto, in lieu of proceeding to a formal administrative proceeding, enter into the following Consent Order affecting Dr. Patel's application for reinstatement of his license to practice pharmacy in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Nayan Patel, Pharm. D., was issued License Number 0202-209826 to practice pharmacy on May 3, 2010. Said license was mandatorily suspended by Order of the Director of the Department of Health Professions on April 19, 2019. Dr. Patel submitted an application for reinstatement of his license to practice pharmacy in the Commonwealth of Virginia on July 18, 2019.
2. Dr. Patel violated Virginia Code § 54.1-3316(6) and (7) in that during the course of his employment as the Pharmacist-in-Charge of Central Drugs Pharmacy, La Habra, California, he allowed an unlicensed individual to practice as a pharmacy technician.
3. Dr. Patel violated Virginia Code §§ 54.1-3316(2) and (7) and 54.1-3410.2(E) and 18 VAC 110-20-25(8) and 18 VAC 110-20-321(A) of the Regulations Governing the Practice of Pharmacy in that he failed to perform testing for sterility and pyrogen for batch compounded drug products compounded from one or more non-sterile products.

Nayan Patel, Pharmacist Reinstatement Applicant
CONSENT ORDER
Page 2 of 4

4. Dr. Patel violated Virginia Code § 54.1-3316(7) and (10) in that his license to practice pharmacy in other states was subjected to disciplinary action. Specifically:

a. Dr. Patel was issued License No. 48867 to practice pharmacy in the State of California on August 14, 1996. By Order of the California Board of Pharmacy effective September 3, 2018, said license was revoked, but the revocation was stayed and the license was placed on probation for five years subject to terms and conditions. This Order was based on the findings described in Findings of Fact Nos. 2 and 3, above.

b. Dr. Patel was issued License No. RPH-0011705 to practice pharmacy in the State of Oregon on July 1, 2009. By Order of the Oregon Board of Pharmacy entered on February 12, 2019, said license was placed on probation subject to terms and conditions. This Order was based on the disciplinary action against Dr. Patel's California pharmacist license.

5. Dr. Patel otherwise meets the requirements for reinstatement of his license to practice pharmacy in the Commonwealth of Virginia.

CONSENT

Nayan Patel, by affixing his signature to this Consent Order, agrees to the following:

1. I have been advised to seek advice of counsel prior to signing this document and am represented by Karla L. Palmer, Esq.;

2. I am fully aware that without my consent, no legal action can be taken against me or my license except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;

3. I acknowledge that I have the following rights, among others: the right to a formal administrative hearing before the Board; and the right to representation by counsel;

4. I waive my right to a formal hearing;

Nayan Patel, Pharmacist Reinstatement Applicant
CONSENT ORDER
Page 3 of 4

5. I admit to the Findings of Fact and Conclusions of Law contained herein and waive my right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;

6. I consent to the entry of the following Order affecting my license to practice pharmacy in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law and with the consent of Nayan Patel, Pharm. D., the Virginia Board of Pharmacy hereby ORDERS as follows:

1. By an affirmative vote of at least three-fourths of the members of the Board at the proceeding, effective upon entry of this Order, the license issued to Nayan Patel, Pharm. D., to practice pharmacy in the Commonwealth of Virginia is REINSTATED contingent upon the following terms and conditions:

a. Dr. Patel shall comply with the terms and conditions of the Order of the California Board of Pharmacy effective September 3, 2018. Dr. Patel shall advise this Board in writing of any change in that Order or in his status with the California Board of Pharmacy within ten calendar days of such change. Dr. Patel shall authorize free communication between this Board and the California Board of Pharmacy.

b. Dr. Patel shall comply with all laws and regulations governing the practice of pharmacy in the Commonwealth of Virginia.

2. The Executive Director of the Board is authorized to issue an Order or letter acknowledging satisfactory completion of the foregoing conditions or to refer the matter to an administrative proceeding for review of Dr. Patel's compliance with the foregoing conditions.

Nayan Patel, Pharmacist Reinstatement Applicant
CONSENT ORDER
Page 4 of 4

3. Any violation of the foregoing terms and conditions of this Order or any statute or regulation governing the practice of pharmacy shall constitute grounds for further disciplinary action.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

Caroline D. Juran

Caroline D. Juran, Executive Director
Virginia Board of Pharmacy

ENTERED: 9/25/19

SEEN AND AGREED TO:

Nayan Patel

Nayan Patel, Pharm. D.

COMMONWEALTH OF VIRGINIA
COUNTY/CITY OF _____, TO WIT:

Subscribed and sworn to before me, a notary public in and for the Commonwealth of Virginia at large,
on this _____ day of _____, _____.

Notary Public

My commission expires: _____

Registration No.: _____

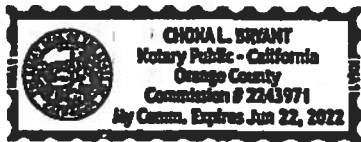
SEE ATTACHED

CERTIFIED TRUE COPY
BY: *[Signature]*
VIRGINIA BOARD OF PHARMACY

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange

Subscribed and sworn to (or affirmed) before me on this 19th day of SEPTEMBER,
2019, by Nayan Patel, proved to me on the basis of satisfactory
evidence to be the person(s) who appeared before me.



(Seal)

Signature

Chona L. Bryant



www.CentralDrugsRX.com | P: 562.691.6754 | F: 562.694.3869 | 520 W. La Habra Blvd., La Habra, CA 90631

August 22, 2018

VIA CERTIFIED MAIL - 7018 0680 0001 7647

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

**RE: NOTICE OF DISCIPLINARY ACTION
NAYAN PATEL – RPH 48867 [NV Pharmacist License 13383]**

To whom it may concern:

Please accept this letter as formal notification of a disciplinary action taken by the California State Board of Pharmacy against the above-named individual.

Effective September 3, 2018, the California Pharmacist License issued to Nayan Patel was placed on probation for five (5) years by the California State Board of Pharmacy. The disciplinary action was based on operational and recordkeeping deficiencies that occurred at Central Drugs Pharmacy more than three (3) years ago, all of which have been promptly corrected. No injuries resulted from the deficiencies that led to the discipline and no defective drugs have been dispensed by the pharmacy.

Patient safety and satisfaction as well as regulatory compliance are the prime concerns of the owners of Central Drugs Pharmacy. The entire pharmacy team is continuously engaged in efforts to provide the best healthcare experience to our patients in a safe and responsible manner. Central Drugs Pharmacy operates in full compliance with all applicable state and federal laws and regulations.

Please feel free to contact me should you have any further questions or concerns regarding this matter or if I may be of any assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Nayan Patel", written over a circular stamp or mark.

Nayan Patel, Pharm.D.
President
Central Drugs Pharmacy
Tel: 562 691 6754
e-mail : nayan@centraldrugsrx.com

RECEIVED

FEB 11 2019

BEFORE THE BOARD OF PHARMACY OF THE STATE OF OREGON OREGON BOARD OF PHARMACY

In the Matter of the Pharmacist License of NAYAN PATEL Licensee Case No. 2018-0636 CONSENT ORDER

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed Disciplinary Action; Answer Required ("Notice"), hereby incorporated by reference, regarding the licensee in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the licensee as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the licensee is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the licensee admits that the facts alleged in the above-noted Notice are true, that the licensee's conduct, as admitted, violated the statutes and rules cited in the Notice, and that legal cause exists pursuant to ORS 689.405 for disciplinary action by the Board; and

WHEREAS, the licensee consents to the disciplinary action as set forth herein;

The Board finds that the allegations in the Notice are true and hereby imposes the following sanctions:

- 1. The licensee is placed on probation for the duration of their probation with the California Board of Pharmacy. Terms of probation with the Oregon Board of Pharmacy: a. The licensee shall comply with all terms and conditions of the California Board of Pharmacy Decision after Rejection in Case No. 5865 (California Order); b. Licensee shall notify the Oregon Board in writing within 15 calendar days of any action related to their California Order, including but not limited to, the completion of their probation. Licensee shall submit said written acknowledgement to the Board office by certified mail (or other method approved by the Board in writing) within 15 calendar days and retain receipt of verification of delivery to the Board office; and c. The licensee shall comply with all Oregon laws and rules regarding pharmacy practice.

47 2. Failure of the licensee to comply with all the requirements of this Consent Order
48 constitutes unprofessional conduct and is grounds for revocation or any other form of discipline
49 or sanction authorized by law.

50
51 CONSENT

52
53 I hereby acknowledge that I have read and understand the above-noted Notice and the terms
54 of the Consent Order. I hereby acknowledge that I understand that the Consent Order with
55 incorporated Notice is a public record and shall be available via the Board's online licensure
56 verification; is available upon written request pursuant to public disclosure laws; and shall be
57 reported to the National Practitioner Data Bank as required by federal law. I agree to the Board
58 entering the Consent Order.

59
60  _____ Date 02/05/19
61
62 Nayan Patel
63 Licensee (License No. RPH-0011705)
64

65
66 IT IS SO ORDERED.

67
68 BOARD OF PHARMACY
69 FOR THE STATE OF OREGON

70
71  _____ Date 2/12/19
72
73 Brianne Efremoff, Pharm.D, R.Ph.,
74 Compliance Director
75



www.CentralDrugsRX.com | P: 562.691.6754 | F: 562.694.3869 | 520 W. La Habra Blvd., La Habra, CA 90631

VIA CERTIFIED MAIL

October 2, 2019

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy #206
Reno, NV 89521



**Re: NOTICE OF DISCIPLINARY ACTION - VA Reinstatement Case No. 197737
CENTRAL DRUGS - RPH 48867 [NV Pharmacist License # RPH- 13383]**

To whom it may concern:

Through this letter, Nayan Patel, Pharm. D, is providing notice of the attached Consent Order dated September 25, 2019, received on October 1, 2019, issued by the Virginia Board of Pharmacy resolving an ongoing matter in that state. Dr. Patel was issued **License Number 0202-209826** to practice pharmacy on May 3, 2010. The Director of the Department of Health Professions entered a mandatory order of suspension of that license on April 19, 2019. As described in the attached Consent Order, the Department entered that mandatory order as a reciprocal action based on an order from the California Board of Pharmacy establishing a probationary period of five years related to Dr. Patel's license in that state. Dr. Patel submitted an application for reinstatement of his license to practice pharmacy in the Commonwealth of Virginia on July 18, 2019. Under the Consent Agreement with Virginia, Dr. Patel has agreed to a period of probation in the Commonwealth consistent with the terms of the California Order.

Dr. Patel is committed to complying with all state laws and regulations and to providing regulators with complete and accurate information.

If you have any questions, please do not hesitate to contact me at nayan@centraldrugsrx.com or telephone number 562-691-6754.

Sincerely,

A handwritten signature in blue ink, appearing to read "Nayan Patel", written over a circular stamp.

NAYAN PATEL, PharmD
President

Enclosure

Received
VA Board of Pharmacy

BEFORE THE VIRGINIA BOARD OF PHARMACY

IN RE: NAYAN PATEL, Pharm. D.
PHARMACIST REINSTATEMENT APPLICANT
License Number: 0202-209826
Case Number: 197737

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Pharmacy ("Board") and Nayan Patel, Pharm. D., as evidenced by their signatures hereto, in lieu of proceeding to a formal administrative proceeding, enter into the following Consent Order affecting Dr. Patel's application for reinstatement of his license to practice pharmacy in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. Nayan Patel, Pharm. D., was issued License Number 0202-209826 to practice pharmacy on May 3, 2010. Said license was mandatorily suspended by Order of the Director of the Department of Health Professions on April 19, 2019. Dr. Patel submitted an application for reinstatement of his license to practice pharmacy in the Commonwealth of Virginia on July 18, 2019.
2. Dr. Patel violated Virginia Code § 54.1-3316(6) and (7) in that during the course of his employment as the Pharmacist-in-Charge of Central Drugs Pharmacy, La Habra, California, he allowed an unlicensed individual to practice as a pharmacy technician.
3. Dr. Patel violated Virginia Code §§ 54.1-3316(2) and (7) and 54.1-3410.2(E) and 18 VAC 110-20-25(8) and 18 VAC 110-20-321(A) of the Regulations Governing the Practice of Pharmacy in that he failed to perform testing for sterility and pyrogen for batch compounded drug products compounded from one or more non-sterile products.

Nayan Patel, Pharmacist Reinstatement Applicant
CONSENT ORDER
Page 2 of 4

4. Dr. Patel violated Virginia Code § 54.1-3316(7) and (10) in that his license to practice pharmacy in other states was subjected to disciplinary action. Specifically:

a. Dr. Patel was issued License No. 48867 to practice pharmacy in the State of California on August 14, 1996. By Order of the California Board of Pharmacy effective September 3, 2018, said license was revoked, but the revocation was stayed and the license was placed on probation for five years subject to terms and conditions. This Order was based on the findings described in Findings of Fact Nos. 2 and 3, above.

b. Dr. Patel was issued License No. RPH-0011705 to practice pharmacy in the State of Oregon on July 1, 2009. By Order of the Oregon Board of Pharmacy entered on February 12, 2019, said license was placed on probation subject to terms and conditions. This Order was based on the disciplinary action against Dr. Patel's California pharmacist license.

5. Dr. Patel otherwise meets the requirements for reinstatement of his license to practice pharmacy in the Commonwealth of Virginia.

CONSENT

Nayan Patel, by affixing his signature to this Consent Order, agrees to the following:

1. I have been advised to seek advice of counsel prior to signing this document and am represented by Karla L. Palmer, Esq.;
2. I am fully aware that without my consent, no legal action can be taken against me or my license except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;
3. I acknowledge that I have the following rights, among others: the right to a formal administrative hearing before the Board; and the right to representation by counsel;
4. I waive my right to a formal hearing;

Nayan Patel, Pharmacist Reinstatement Applicant
CONSENT ORDER
Page 3 of 4

5. I admit to the Findings of Fact and Conclusions of Law contained herein and waive my right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;

6. I consent to the entry of the following Order affecting my license to practice pharmacy in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law and with the consent of Nayan Patel, Pharm. D., the Virginia Board of Pharmacy hereby ORDERS as follows:

1. By an affirmative vote of at least three-fourths of the members of the Board at the proceeding, effective upon entry of this Order, the license issued to Nayan Patel, Pharm. D., to practice pharmacy in the Commonwealth of Virginia is REINSTATED contingent upon the following terms and conditions:

a. Dr. Patel shall comply with the terms and conditions of the Order of the California Board of Pharmacy effective September 3, 2018. Dr. Patel shall advise this Board in writing of any change in that Order or in his status with the California Board of Pharmacy within ten calendar days of such change. Dr. Patel shall authorize free communication between this Board and the California Board of Pharmacy.

b. Dr. Patel shall comply with all laws and regulations governing the practice of pharmacy in the Commonwealth of Virginia.

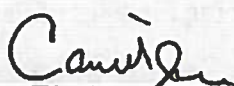
2. The Executive Director of the Board is authorized to issue an Order or letter acknowledging satisfactory completion of the foregoing conditions or to refer the matter to an administrative proceeding for review of Dr. Patel's compliance with the foregoing conditions.

Nayan Patel, Pharmacist Reinstatement Applicant
CONSENT ORDER
Page 4 of 4

3. Any violation of the foregoing terms and conditions of this Order or any statute or regulation governing the practice of pharmacy shall constitute grounds for further disciplinary action.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD



Caroline D. Juran, Executive Director
Virginia Board of Pharmacy

ENTERED: 9/25/19

SEEN AND AGREED TO:



Nayan Patel, Pharm. D.

COMMONWEALTH OF VIRGINIA
COUNTY/CITY OF _____, TO WIT:

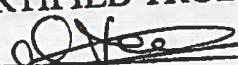
Subscribed and sworn to before me, a notary public in and for the Commonwealth of Virginia at large,
on this _____ day of _____, _____.

Notary Public

My commission expires: _____

Registration No.: _____

SEE ATTACHED

CERTIFIED TRUE COPY
BY: 
VIRGINIA BOARD OF PHARMACY

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange

Subscribed and sworn to (or affirmed) before me on this 19th day of SEPTEMBER,
2019, by Nayan Patel, proved to me on the basis of satisfactory
evidence to be the person(s) who appeared before me.



(Seal)

Signature

Chona L. Bryant



www.CentralDrugsRX.com | P: 562.691.6754 | F: 562.694.3869 | 520 W. La Habra Blvd., La Habra, CA 90631

VIA CERTIFIED MAIL

October 2, 2019

Nevada State Board of Pharmacy
985 Damonte Ranch Pkwy #206
Reno, NV 89521



RE: NOTICE OF DISCIPLINARY ACTION - VA Pharmacy Reinstatement Case # 197599
CENTRAL DRUGS PHARMACY – PHY 49146 [NV Pharmacy License # PH02837]

To whom it may concern

Through this letter, Central Drugs is providing notice of the attached Consent Order dated September 25, 2019, received on October 1, 2019, issued by the Virginia Board of Pharmacy resolving an ongoing matter in that state. Central Drugs was issued **Permit Number 0214-001254** to conduct a non-resident pharmacy delivering in the Commonwealth of Virginia. The Permit was mandatorily suspended by Order of the Board on April 18, 2019. As described in the attached Consent Order, the Board entered that mandatory order as a reciprocal action based on an order from the California Board of Pharmacy establishing a probationary period of five years related to Central Drugs' license in that state. Central Drugs submitted an application for reinstatement of its out of state pharmacy license to the Commonwealth of Virginia on July 18, 2019. Under the Consent Agreement with Virginia, Central Drugs has agreed to a period of probation in the Commonwealth consistent with the terms of the California Order.

Central Drugs is committed to complying with all state laws and regulations and to providing regulators with complete and accurate information.

If you have any questions, please do not hesitate to contact me at nayan@centraldrugsrx.com or telephone number 562-691-6754.

Sincerely,

NAYAN PATEL, Pharm D
President

Enclosure

BEFORE THE VIRGINIA BOARD OF PHARMACY

IN RE: CENTRAL DRUGS, PHARMACY REINSTATEMENT APPLICANT
Permit Number: 0214-001254
Case Number: 197599

CONSENT ORDER

JURISDICTION AND PROCEDURAL HISTORY

The Virginia Board of Pharmacy ("Board") and Ashwin K. Patel, Pharmacist-in-Charge, as evidenced by their signatures hereto, in lieu of proceeding to formal administrative hearing, enter into the following Consent Order affecting Central Drugs' application for reinstatement of its permit to conduct a non-resident pharmacy delivering in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

1. On May 26, 2010, the Board issued Permit Number 0214-001254 to Central Drugs to conduct a non-resident pharmacy delivering in the Commonwealth of Virginia. Said permit was mandatorily suspended by Order of the Board on April 18, 2019. Central Drugs submitted an application for reinstatement of its permit to conduct a non-resident pharmacy delivering in the Commonwealth of Virginia on July 18, 2019.
2. Central Drugs violated Virginia Code § 54.1-3316(6) and (7) it allowed an unlicensed individual to practice as a pharmacy technician.
3. Central Drugs violated Virginia Code §§ 54.1-3316(2) and (7) and 54.1-3410.2(E) and 18 VAC 110-20-25(8) and 18 VAC 110-20-321(A) of the Regulations Governing the Practice of Pharmacy in that it failed to perform testing for sterility and pyrogen for batch compounded drug products compounded from one or more non-sterile products.

Central Drugs, Pharmacy Reinstatement Applicant
CONSENT ORDER
Page 2 of 4

4. Central Drugs violated Virginia Code § 54.1-3316(7) and (10) in that its permit to conduct a pharmacy in other states was subjected to disciplinary action. Specifically:

a. Central Drugs was issued Permit No. PHY 49146 to conduct a pharmacy in the State of California on August 21, 2008. By Order of the California Board of Pharmacy effective September 3, 2018, said permit was revoked, but the revocation was stayed and the permit was placed on probation for five years subject to terms and conditions. This Order was based on the findings described in Findings of Fact Nos. 2 and 3, above.

b. As a result of the disciplinary action in California, Central Drugs' permits to conduct a pharmacy in Colorado, Missouri, Oregon, and Texas were placed on probation for the duration of the California Board Order. Central Drugs is in compliance with each of these Board Orders.

5. Central Drugs otherwise meets the requirements for reinstatement of its permit to conduct a non-resident pharmacy delivering in the Commonwealth of Virginia.

CONSENT

Central Drugs, by affixing the signature of a representative hereon to this Order, agrees to the following:

1. Central Drugs has been advised to seek advice of counsel prior to signing this document and is represented by Karla L. Palmer, Esq.;

2. Central Drugs is fully aware that without its consent, no legal action can be taken against it or its permit except pursuant to the Virginia Administrative Process Act, Virginia Code § 2.2-4000 *et seq.*;

3. Central Drugs acknowledges that it has the following rights, among others: the right to a formal administrative hearing before the Board; and the right to representation by counsel;

Central Drugs, Pharmacy Reinstatement Applicant
CONSENT ORDER
Page 3 of 4

4. Central Drugs waives its right to a formal hearing;
5. Central Drugs admits to the Findings of Fact and Conclusions of Law contained herein and waives its right to contest such Findings of Fact and Conclusions of Law and any sanction imposed hereunder in any future judicial or administrative proceeding in which the Board is a party;
6. Central Drugs consents to the entry of the following Order affecting its permit to conduct a pharmacy in the Commonwealth of Virginia.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law and with the consent of Central Drugs, the Virginia Board of Pharmacy hereby ORDERS as follows:

1. By an affirmative vote of at least three-fourths of the members of the Board at the proceeding, effective upon entry of this Order, the permit issued to Central Drugs to conduct a non-resident pharmacy delivering in the Commonwealth of Virginia is REINSTATED contingent upon the following terms and conditions:
 - a. Central Drugs shall comply with the terms and conditions of the Order of the California Board of Pharmacy effective September 3, 2018. Central Drugs shall advise this Board in writing of any change in that Order or in its status with the California Board of Pharmacy within ten calendar days of such change. Central Drugs shall authorize free communication between this Board and the California Board of Pharmacy.
 - b. Central Drugs shall comply with all laws and regulations governing the practice of pharmacy in the Commonwealth of Virginia.
2. The Executive Director of the Board is authorized to issue an Order or letter acknowledging satisfactory completion of the foregoing conditions or to refer the matter to an administrative proceeding for review of Central Drugs' compliance with the foregoing conditions.

Central Drugs, Pharmacy Reinstatement Applicant
CONSENT ORDER
Page 4 of 4

3. Any violation of the foregoing terms and conditions of this Order or any statute or regulation governing the practice of pharmacy shall constitute grounds for further disciplinary action.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

Carolee
Caroline D. Juran, Executive Director
Virginia Board of Pharmacy

ENTERED: 9/25/19

SEEN AND AGREED TO:

Ashwin K. Patel
Ashwin K. Patel, representative for Central Drugs

State of California
COUNTY/CITY OF _____, TO WIT:

Subscribed and sworn to before me, a notary public in and for the State of California at large, on this _____ day of _____, _____.

Notary Public

My commission expires: _____

Registration No.: _____

SEE ATTACHED

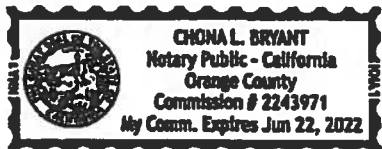
CERTIFIED TRUE COPY

BY: MAJ
VIRGINIA BOARD OF PHARMACY

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of ORANGE

Subscribed and sworn to (or affirmed) before me on this 14th day of SEPTEMBER,
2019, by Ashwin K. Patel, proved to me on the basis of satisfactory
evidence to be the person(s) who appeared before me.



(Seal)

Signature

Chona L. Bryant