8
APPLICATION BY SCORE TRANSFER AS A PHARMACIST

If you have or will request from NABP to have your NAPLEX score transferred to Nevada and only need to take the Nevada MPJE, complete this application.

Total Fee: $330.00 (non-refundable, money order or cashier’s check only, no cash)

Money Order or Cashier’s Check only made payable to: Nevada State Board of Pharmacy

Complete Name (no abbreviations):
First: Kurt          Middle: Allen          Last: Howe

Mailing Address: Biilsdale Rd
City: Irmo               State: SC         Zip Code: 29063

Telephone:             E-mail Address:

Date of Birth:         Place of Birth: Akron-OH

Social Security Number: (Full Number Required)    Sex: ☐ M or ☐ F

College of Pharmacy Information
Graduation Date: 12/18/03
Degree Received: ☑ PharmD ☐ BS in Pharmacy ☐ Other (check one)
Name of Pharmacy School: University of South Carolina
Location of School: South Carolina

If you are a foreign graduate you must attach a copy of your FPGE certificate to THIS APPLICATION. You also need to complete the college of pharmacy information.

Board Use Only
Processed: Amount: $330.00 Entity #:
Email: NAPLEX Taken: MPJE

Score Transfer Application Page 1 of 3
Other states where you are (or were) licensed as a pharmacist or print "none"

<table>
<thead>
<tr>
<th>State</th>
<th>Lic #</th>
<th>Is the license active?</th>
<th>State</th>
<th>Lic #</th>
<th>Is the license active?</th>
</tr>
</thead>
<tbody>
<tr>
<td>SC</td>
<td>10857</td>
<td>Yes ☐ No ☒</td>
<td></td>
<td></td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☒</td>
<td></td>
<td></td>
<td>Yes ☐ No ☒</td>
</tr>
</tbody>
</table>

**Attach separate sheet if needed**

Have you ever served in the military, either active, reserve or retired? Yes ☐ No ☒

Branch: N/A

Military Occupation/Specialty: ______________________________

Dates of Service: ______________________________

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

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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? ☑ ☐

1. Been charged, arrested or convicted of a felony or misdemeanor in any state? ☑ ☐

2. Been the subject of a board citation or an administrative action or board citation whether completed or pending in any state? ☑ ☐

3. 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 (1-3) 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>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SC</td>
<td>12/14/2016</td>
<td>2014-54</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Criminal Action:</th>
<th>State</th>
<th>Date:</th>
<th>Case #:</th>
<th>County</th>
<th>Court</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SC</td>
<td>6/126/2014</td>
<td>2015GS3200343</td>
<td>Lexington</td>
<td>State of South Carolina</td>
</tr>
</tbody>
</table>

**FEDERALLY MANDATED REQUIREMENTS**

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

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

4a. If you marked Yes, to the question 4., are you in compliance with the court order? ☑ ☐

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Score Transfer Application Page 2 of 3
I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

No liability of any sort or kind shall attach to the said Nevada State Board of Pharmacy, its members, servants or employees because or by reason of the use of the authorization.

I attest to knowledge of and compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.

I understand that Nevada law requires a licensed pharmacist 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

12/29/18
December 29, 2018

Nevada Board Of Pharmacy  
431 W Plumb Lane  
Reno, NV-89509

To Whom It May Concern,

In 2009 I was under a consent agreement because I diverted hydrocodone without a physician’s prescription. It initially started out to control physical pain and then turned into a physical dependence.

June 26th of 2014, I filled my prescription of Vyvanse 5 days before it was due for a refill; without the consent of my physician. I was upfront and transparent about what I did. It was a decision that I tremendously regret. South Carolina Board Of Pharmacy revoked my license but they chose not to do a permanent revocation.

This resulted in a misdemeanor for possession of a controlled substance. (This conviction is currently in the process of being expunged.)

Following my revocation I voluntarily enrolled into a Recovering Professionals Program (RPP). They did random drug testing and monitored my meeting attendance. Dr. James Graham (Medical Director of RPP) stated that I was safe to return to pharmacy.

I am humbly asking for the opportunity to practice a profession that I love. Thank you for your consideration.

Respectfully,

[Signature]

Kurt A. Howe
SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION BEFORE THE STATE BOARD OF PHARMACY

IN THE MATTER OF:

Kurt Allen Howe,
License No. PH.10857
OIE # 2014-57

ORDER
(PRIVATE)

Petitioner.

This matter came before the above captioned licensing board ("Board") at its September 15, 2016 meeting, with a quorum present, on Petitioner's Petition for Reinstatement. The hearing was closed at the request of Petitioner. The State was represented by Patrick Hanks, Esquire, Chief Disciplinary Counsel. Petitioner appeared and was represented by Suzanne Hawkins, Esquire. After considering the evidence and the arguments of counsel, the Board voted to deny the Petition.

By way of background, Petitioner's license was revoked by way of an Order of the Board of Pharmacy issued on August 27, 2015. In that Order, the Board found that Petitioner obtained controlled substances through improper means by using altered prescriptions or making incomplete disclosures to a prescribing physician. Previously, in 2009, the Petitioner entered into a Consent Agreement with the Board after diverting controlled substances from a pharmacy for his personal use.

In his Petition, Petitioner argues that since the 2015 Order revoking his license, he has remained enrolled with the Recovering Professionals Program ("RPP"). He indicated that he has been enrolled in RPP for 16 months, during which time he has had negative results on 44 random drug screens. The Board also heard testimony from Chris McCoy with RPP, who confirmed that Petitioner has been in compliance with the RPP program since his license was revoked in 2015.

In considering the Petitioner’s Petition, the Board notes that modifying a final decision of the Board is within the discretion of the Board, and the burden is on the Petitioner to present sufficient grounds as to why the Board’s prior decision should be modified. In this case, the Board concludes that the Petitioner failed to present such grounds. The Board's ultimate duty is to protect the citizens of South Carolina. In the present case, Petitioner has improperly obtained controlled substances on two occasions, with a significant gap in time between the two. The Board believes that while Petitioner's voluntary enrollment in RPP is to be commended, his prior conduct has indicated that he cannot maintain continued sobriety while engaged in the practice of pharmacy. For these reasons, the Petitioner’s Petition for Reconsideration should be denied.

IT IS THEREFORE ORDERED that Petitioner’s Petition for Reconsideration is hereby denied.

AND IT IS SO ORDERED.

STATE BOARD OF PHARMACY

Carole Small Russell, R.Ph.
Board Chair

December 14, 2016
STATE OF SOUTH CAROLINA
COUNTY OF Lexington
STATE VS.
AKA: Kurt Allen Howie

Race: White Sex: M Age: 35
DOB: SS#
Address:  Leamington Way
City, State, Zip: Irmo, SC 29063-8242
DJ#:
SID#: *CDL Yes [ ] No [ ] CMV Yes [ ] No [ ] Hazmat Yes [ ] No [ ]
In disposition of the said indictment comes now the Defendant who was
TO: Drugs / Poss. of other controlled sub. in Sched. 1 to V - 1st offense

in violation of § 44-53-0370(d)(2) of the S.C. Code of Laws, bearing CDR Code # 0179

[ ] NON-VIOLENT [ ] VIOLENT [ ] MOST SERIOUS [ ] MANDATORY GPS/CSC [ ] § 17-25-45
w/minor 1st or Lewd Act

The charge is: [ ] As indicted, [ ] Lesser Included Offense, [ ] Defendant Waives Presentment to Grand Jury, (defendant's initials)
The plea is: [ ] Without Negotiations or Recommendation, [ ] Negotiated Sentence, [ ] Recommendation by the State.

ATTORNEY

WHEREFORE, the Defendant is committed to the [ ] State Department of Corrections, [ ] County Detention Center,

for a determinate term of 3 days/months/years or [ ] under the Youthful Offender Act not to exceed _____ years

and/or to pay a fine of $800; provided that upon the service of _____ days/months/years and/or payment of

months/years and subject to South Carolina Department of Probation, Parole and Pardon Services standard conditions of

probation, which are incorporated by reference.

[ ] CONCURRENT or [ ] CONSECUTIVE to sentence on:

[ ] The Defendant is to be given credit for time served pursuant to S.C. Code § 24-13-40 to be calculated and applied
by the State Department of Corrections.

[ ] The Defendant is to be placed on the Central Registry of Child Abuse and Neglect pursuant to S.C. Code §17-25-135.

Pursuant to 18 U.S.C Section 922, it is unlawful for a person convicted of a violation of Section 16-25-20 or 16-25-65 (Criminal
Domestic Violence ) to ship, transport, possess, or receive a firearm or ammunition.

SPECIAL CONDITIONS:

[ ] RESTITUTION: [ ] Deferred [ ] Def Waives Hearing [ ] Ordered

Total: $800 plus 20% fee: $160

Payment Terms: [ ] Set by SCDPPS

Recipient: SCDPPS

*Fine:

§ 14-1-206 (Assessments 107.5 %)
$100

§ 14-1-211(A)(1) (Conv. Surcharge)
$100

§ 14-1-211(A)(2) (DUI Surcharge)
$100

§ 56-5-2995 (DUI Assessment)
$12

§ 56-1-286 (DUI Breath Test)
$25

Proviso 47.9 (Public Def/Prob)
$500

§ 14-1-212 (Law Enfore. Funding)
$25

§ 14-1-213 (Drug Court Surcharge)
$150

§ 50-21-114 (DUI Breath Test Fee)
$50

§ 56-5-2942(1) (Vehicle Assessment)
$40/ea

Proviso 90.5 (SCCJA Surcharge)
$5

3% to County (If paid in installments)
$1940

TOTAL

Clerk of Court/ Deputy Clerk
Court Reporter:

SCCA/217 (03/2011)

A TRUE COPY
Lex: CC. C.C.C.P., G.S. & FC.