

May 16, 2013

AGENDA

◆ PUBLIC NOTICE ◆

The Nevada State Board of Pharmacy will conduct a meeting beginning Wednesday, June 12, 2013 at 9:00 am. The meeting will continue, if necessary, on Thursday, June 13, 2013 at 9:00 am until the Board concludes its business at the following location:

Hyatt Place
1790 E Plumb Lane
Reno, Nevada

Please Note

The Nevada State Board of Pharmacy may address agenda items out of sequence to accommodate persons appearing before the Board or to aid in the efficiency or effectiveness of the meeting;

The Nevada State Board of Pharmacy may combine two or more agenda items for consideration; and

The Nevada State Board of Pharmacy may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

Public comment is welcomed by the Board, but will be heard during the public comment item and may be limited to five minutes per person. The president may allow additional time to a given speaker as time allows and in his or her sole discretion.

Prior to the commencement and conclusion of a contested case or a quasi judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. See NRS 233B.126.

Please be aware that after the quasi-judicial board or commission had rendered a decision in the contested case and assuming this happens before adjournment, then you may advise the board or commission that it may **entertain public comment on the proceeding at that time.**

◆ CONSENT AGENDA ◆

The Consent Agenda contains matters of routine acceptance. The Board Members may approve the consent agenda items as written or, at their discretion, may address individual items for discussion or change.

1. Public Comments and Discussion of and Deliberation Upon Those Comments:
No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. (NRS 241.020)
2. Approval of April 17, 2013 Minutes for Possible Action
3. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
 - A. A+O Specialty Pharmacy – Salinas, CA
 - B. Alpha Direct Compounding LLC – Scottsdale, AZ
 - C. American Specialty Pharmacy – Denton, TX
 - D. Anovox Group, LLC – Memphis, TN
 - E. Boca Raton Pharmacy – Boca Raton, FL
 - F. BrandMD – Chatsworth, CA
 - G. Jersey Shore Pharmacy – Egg Harbor Township, NJ
 - H. Medimix Specialty Pharmacy – Jacksonville, FL
 - I. Monroe Clinic Drugs – Monroe, LA
 - J. Pharmco, Inc. – Torrance, CA
 - K. Rxtra Solutions – Southfield, MI
 - L. Select Rx, LLC – Warminster, PA
 - M. Stonybrook Pharmacy, LLC – Omaha, NE
 - N. UNA Pharmacy Corporation – Tucker, GA
 - O. USBioservices – Brooks, KY
 - P. Walgreens Store #1151 – Orlando, FL

Applications for Out-of-State MDEG – Non Appearance for Possible Action:

- Q. Ancillary Management Solutions, Inc. – Franklin, TN
- R. Apnicure, Inc. – Redwood City, CA
- S. Boston Scientific Corporation – Valencia, CA
- T. Cascade Medical Supply, Inc. – Redmond, WA
- U. Continuum Services, Inc. – Gainesville, FL
- V. DMED – Wilmington, OH
- W. Med One Healthcare, LLC – Tempe, AZ
- X. Neomend, Inc. – Irvine, CA
- Y. Team Makena LLC – Irvine, CA
- Z. The Daavlin Distributing Co. – Bryan, OH

Applications for Out-of-State Wholesaler – Non Appearance for Possible Action:

- AA. Arrow International, Inc. – Olive Branch, MS
- BB. Boston Scientific Corporation – St. Paul, MN
- CC. BridgePoint Medical, Inc. – Maple Grove, MN
- DD. Covidien Sales, LLC – Plymouth, MN
- EE. Dispensing Solutions – Santa Ana, CA
- FF. Golden State Medical Supply, Inc. – Camarillo, CA
- GG. Grifols USA, LLC – City of Industry, CA
- HH. Grifols USA, LLC – Clayton, NC
- II. Gulf South Medical Supply, Inc. – Ontario, CA
- JJ. Gulf South Medical Supply, Inc. – Sacramento, CA
- KK. JHP Pharmaceuticals, LLC – Rochester, MI
- LL. Macoven Pharmaceuticals, LLC – Madison, MS
- MM. Nestle Health Science-Pamlab, Inc. – Mandeville, LA
- NN. Optimer Pharmaceuticals, Inc. – San Diego, CA
- OO. Pernix Therapeutics, LLC – Madison, MS
- PP. PSS World Medical, Inc. – Salt Lake City, UT
- QQ. PSS World Medical, Inc. – West Sacramento, CA
- RR. PSS World Medical, Inc. – Colonial Heights, VA
- SS. PSS World Medical, Inc. – Phoenix, AZ
- TT. PSS World Medical, Inc. – Fullerton, CA
- UU. Rebel Distributors Corp – Thousand Oaks, CA
- VV. Stat Rx USA, LLC – Gainesville, FL
- WW. Superior Medical Supply, Inc. – Franklin, NC

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

- XX. Complex Care Hospital at Tenaya – Las Vegas
- YY. Tahoe Pacific Hospitals – Meadows – Reno
- ZZ. Tahoe Pacific Hospitals – West – Reno
- AAA. True Care Pharmacy 2 – Las Vegas
- BBB. Warm Springs Surgical Center – Las Vegas

◆ REGULAR AGENDA ◆

4. Discipline for Possible Actions: Note – The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties.

- A. Elbion Estrin, R.Ph (12-015-RPH-N)
- B. Charles Boisselle, R.Ph (12-060-RPH-N)

- C. Hale's Pharmacy (12-060-PH-N)
- D. Christin Allen, PT (13-010-PT-N)
- E. Candice M. Robinson, PT (13-019-PT-N)

5. Applications for Out-of-State Pharmacy – Appearance for Possible Action:

- A. HomeChoice Partners, Inc. – Norfolk, VA
- B. Innovation Compounding, Inc. – Kennesaw, GA
- C. Roxsan Pharmacy, Inc. – Beverly Hills, CA

6. Application for Nevada MDEG – Appearance for Possible Action:

SRC Medical – Las Vegas

7. Application for Nevada Wholesaler – Appearance for Possible Action:

National Cornerstone Healthcare Services, Inc. – Las Vegas

8. Application for Controlled Substance Registration – Appearance for Possible Action:

Lynn Greenhouse, MD

9. Application for Practitioner Dispensing Registration – Appearance for Possible Action:

Karen Arcotta, MD

10. Application for Pharmaceutical Technician in Training Registration – Appearance for Possible Action:

Scott B. Kearney

11. Appearance Request for Possible Action:

- NABP – Josh Bolin
- 1. Update on NABP Activities
 - 2. PMP Progress

12. Continuing Education Committee for Possible Action:

Diabetes Management: Geriatric Interprofessional Simulation Center
Training by the Nevada Geriatric Education Consortium

13. Discussion and Determinations for Possible Action:
- A. Purple Sheets
 - B. Dispensing Technicians and Law CE
 - C. I.D. on CS Prescriptions
 - D. Prescription Quantity Change Without Prescriber Authorization
14. Executive Secretary Report for Possible Action:
- A. Financial Report
 - B. Temporary Licenses
 - C. Staff Activities
 - 1. Presentations: DO Association; Elected Officials; UHC Physicians
 - D. Reports to Board
 - 1. Legislative Update
 - 2. NABP Annual Meeting
 - 3. April Consent Agenda Applications
 - E. Board Related News
 - 1. Senate HELP Committee Draft Legislation
 - F. Activities Report
15. General Counsel Report for Possible Action:
- Update on Lawsuit
16. Personnel Review for Possible Action – Note: The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties.
- A. Personnel Evaluation
 - B. Executive Secretary Evaluation

W O R K S H O P for Possible Action

Thursday, June 13, 2013 – 9:00 am

17. **Proposed Regulation Amendment Workshop** – The purpose of the workshop is to solicit comments from interested persons on the following general topics that may be addressed in the proposed regulations.
- A. **Amendment of Nevada Administrative Code 639.710** Expands the ability to have prescription medications delivered from a pharmacy to a patient.
 - B. **Amendment of Nevada Administrative Code 453.510** Add certain synthetic cannabis or “spice drugs” to Schedule I.

- C. **Amendment of Nevada Administrative Code 639.050** Amends the rule that presently requires an agent of the Board to be present when wasting certain controlled substances. Amendment will allow facilities to waste controlled substances without an agent of the Board present.

PUBLIC HEARING for Possible Action

Thursday, June 13, 2013 – 9:00 am

18. Notice of Intent to Act Upon a Regulation for Possible Action:

Amendment of Nevada Administrative Code 639.753 Declination of Pharmacist to Fill Prescription

19. Next Board Meeting:

July 24-25, 2013 – Las Vegas, Nevada

20. Public Comments and Discussion of and Deliberation Upon Those Comments: No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. (NRS 241.020)

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Nevada State Board of Pharmacy, 431 W Plumb Lane, Reno, Nevada, 89509, or call Shirley Hunting at (775) 850-1440, as soon as possible.

Anyone desiring additional information regarding the meeting is invited to call the board office at (775) 850-1440.

Continuing Education credit of 4 hours, including 1 hour of law, will be given per day of Board meeting attendance. You are required to attend the board meeting for a full day to receive CE credit including the law credit.

This notice has been posted at the following locations and is available for viewing at **bop.nv.gov**:

Elko County Courthouse – Elko
Washoe County Courthouse – Reno

Nevada Board of Pharmacy – Reno & Las Vegas
Mineral County Courthouse – Hawthorne

MINUTES

BOARD MEETING

Las Vegas Chamber of Commerce
6671 Las Vegas Boulevard, South
Las Vegas, Nevada

April 17, 2013

The meeting was called to order at 9:00 a.m. by Kam Gandhi, Board President.

Board Members Present:

Kam Gandhi	Leo Basch	Cheryl Blomstrom
Jack Dalton	Jody Lewis	Russell Smith
Kirk Wentworth		

Board Members Absent:

None

Board Staff Present:

Larry Pinson	Dave Wuest	Paul Edwards	Shirley Hunting	Rose Marie Reynolds
Ray Seidlinger	Daniel Garcia	Ken Scheuber	Luis Curras	

CONSENT AGENDA

1. Public Comment

Larry Pinson noted that the next scheduled Board meeting will be held in Reno, not in Las Vegas as indicated on the agenda.

Russ Smith requested to be excused at 12:00 p.m. due to a prior commitment.

2. Approval of March 6-7, 2013 Minutes

Discussion

Cheryl Blomstrom reminded the Board that at the March meeting, Liz Macmenamin, RAN, offered Public Comment supporting the 90-day no call fill bill. Ms. Blomstrom said that the Board discussed agendizing the subject for discussion at the April meeting. Ms. Blomstrom noted that this was not documented in the Minutes nor was it agendized. Board Staff did not recall that the request had been made, but will review the audio recording and report back to the Board.

Mr. Pinson asked if the Board wishes to have this agendized for the June meeting as a discussion item. It was decided to discuss this issue during the Executive Secretary's report.

Board Action:

Motion: Kirk Wentworth motioned to approve the minutes.

Second: Russ Smith

Action: Passed Unanimously

3. Applications for Out-of-State Pharmacy – Non Appearance

- A. Carepoint Pharmacy – Schaumburg, IL
- B. Colbert Pharmacy – Sheffield, AL
- C. Corona Specialty Pharmacy – Corona, CA
- D. CureRx Compounding Pharmacy, Inc. – Los Angeles, CA
- E. Fusion Specialty Pharmacy – Santa Clara, UT
- F. Goodlife Pharmacy Inc. – Boca Raton, FL
- G. Infuserve America – St Petersburg, FL
- H. Inverness Apothecary – Birmingham, AL
- I. LHC Group Pharmaceutical Services, LLC – Lafayette, LA
- J. Medcart Specialty Pharmacy – Livonia, MI
- K. MedPoint Pharmacy, LLC – Amory, MS
- L. Navarro Specialty Services, LLC – Medley, FL
- M. Neighborhood Drugs of Coral Springs – Coral Springs, FL
- N. PetNet Solutions, Inc. – Culver City, CA
- O. PharmaLabs, LLC – St Petersburg, FL
- P. VPH Pharmacy – Summer Creek, MI
- Q. Wegmans Food Markets, Inc. – Cheektowaga, NY

Applications for Out-of-State MDEG – Non Appearance

- R. Advanced Lifeline Respiratory Services – Louisville, KY
- S. Breg, Inc. – Carlsbad, CA
- T. DME Medical, Inc. – Brentwood, TN
- U. First Choice Care, LLC – Hampton, NJ
- V. National Seating & Mobility, Inc. – Ogden, UT
- W. National Seating & Mobility, Inc. – Twin Falls, ID
- X. Omni Motion, Inc. – Carlsbad, CA
- Y. Otican Medical LLC – Somerset, NJ
- Z. Twenty-Four Hour Dependable Medical Supplies, Inc.–Middle River, MD

Applications for Out-of-State Wholesaler – Non Appearance

- AA. Abbvie Endocrinology Inc. – North Chicago, IL
- BB. Albertsons LLC Distribution Center #8720 – Ponca City, OK
- CC. Allegis Pharmaceuticals, LLC – Canton, MS
- DD. AmerisourceBergen Drug Corporation – Corona, CA
- EE. Bio Comp Pharma, Inc. – Boerne, TX
- FF. Biogen Idec U.S. Corporation – Research Triangle Park, NC
- GG. Central Admixture Pharmacy Services, Inc. – Allentown, PA
- HH. CooperSurgical, Inc. – Trumbull, CT
- II. Covidien Sales LLC – Atlanta, GA
- JJ. Covidien Sales LLC – Chicopee, MA
- KK. Covidien Sales LLC – Crystal Lake, IL
- LL. Covidien Sales LLC – Joliet, IL
- MM. Covidien Sales LLC – Ontario, CA
- NN. Covidien Sales LLC – Wabasha, MN
- OO. Fagron, Inc. – Scottsdale, AZ
- PP. Hope Pharmaceuticals – Scottsdale, AZ
- QQ. J Knipper and Company, Inc. – Totowa, NJ
- RR. Mission Pharmacal Company – Boerne, TX
- SS. RGH Enterprises, Inc. – Cranbury, NJ
- TT. RGH Enterprises, Inc. – Grand Prairie, TX
- UU. RGH Enterprises, Inc. – Jacksonville, FL
- VV. RGH Enterprises, Inc. – Ontario, CA
- WW. RGH Enterprises, Inc. – South Bend, IN
- XX. Save-A-Life, LLC – Algonquin, IL
- YY. XenoPort, Inc. – Santa Clara, CA

Application for Nevada MDEG – Non Appearance

- ZZ. ActiveStyle, Inc. – Reno

Discussion

President Gandhi noted the Albertsons, LLC, Distribution Center application, Item BB. He disclosed that he is employed by Albertsons/Sav-On, but he will not be casting a vote or participating in the discussion of this application.

Items 3 A (Carepoint Pharmacy), 3 G (Infuserve America), and 3 L (Navarro Speciality Services) were pulled for discussion. Action will be taken separately on these items.

Board Action:

Motion: Cheryl Blomstrom found the consent agenda application information to be accurate and complete and moved for approval excluding items 3 A, 3 G and 3 L.

Second: Jody Lewis

Action: Passed Unanimously

Board Action:

Motion: Kirk Wentworth moved to approve the application for Carepoint Pharmacy (Item 3 A) pending clarification regarding home infusion services.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Board Action:

Motion: Jody Lewis moved to approve the application for Infuserve America (Item 3 G) pending clarification regarding the shipment of parenterals into Nevada.

Second: Russ Smith

Action: Passed Unanimously

Board Action:

Motion: Jody Lewis moved to approve the application for Navarro Specialty Services (Item 3 L) pending clarification of services provided.

Second: Cheryl Blomstrom

Action: Passed Unanimously

REGULAR AGENDA

4. Disciplinary Cases

- | | | |
|----|-----------------------|----------------|
| A. | Willie Bawarski, R.Ph | (12-062-RPH-S) |
| B. | Walgreens #07864 | (12-062-PH-S) |

Willie Bawarski, pharmacist, and Holly Prievo, Walgreens District Pharmacy Supervisor, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Rob Graham was present representing Mr. Bawarski and Walgreens Pharmacy.

Russ Smith recused from participation in this matter due to his employment with Walgreens.

Paul Edwards noted that the Respondents are not contesting the facts and allegations in the Notice of Intended Action and Accusation. Mr. Edwards explained that a ten year old patient was prescribed erythromycin 250 mg. tablets. The patient took the erythromycin as prescribed for seventeen days. She began to experience a rash over her entire body, causing severe pain, swelling, loss of hair and fingernails. The patient's condition was diagnosed as an allergic reaction to erythromycin, and she was hospitalized for eight days in the Intensive Care Unit and Burn Unit. In the course of the investigation, it was learned that the pharmacy computer system contained the patient's allergy profile which included a documented allergy to erythromycin. During input of the prescription, a Drug Utilization Review (DUR) warning appeared on the screen for Drug/Allergy, Severity Level: Major. In his written statement, Mr. Bawarski admitted that he overrode the DUR alert and did not act upon the allergy warning.

Mr. Edwards called witness, Baneza Guzman, the patient's mother and complainant in this matter.

Baneza Guzman, appeared and was sworn by President Gandhi prior to answering questions or offering testimony. Ms. Guzman presented pictures of her daughter showing the effects of the allergic reaction, which included rash and loss of hair and nails. Ms. Guzman explained that her daughter was hospitalized for eight days and the recovery period was three months. She feels her daughter's improvement is currently at 95% with minimal permanent scarring as a result of the burns. Ms. Guzman said that her daughter's erythromycin allergy was discovered when she was one year old. At that time, her daughter was prescribed Zithromax (a derivative of erythromycin) and suffered an allergic reaction. Ms. Guzman said that Walgreens had the Zithromax allergy information in her daughter's allergy profile in the pharmacy computer system. Ms. Guzman alleged that she was not informed at the time she picked up the prescription for erythromycin from Walgreens that it was from the same class as Zithromax.

Mr. Bawarski addressed questions posed by both counselors and the Board Members. Mr. Bawarski said that he does not dispute the facts in this matter. He explained that during data entry, a DUR warning screen prevents further processing of the prescription until the warning is resolved by a pharmacist by consulting with the prescriber and/or patient. Mr. Bawarski said that he does not recall the details of this incident, and could not explain why he overrode the DUR warning or did not provide counseling. Mr. Bawarski indicated that he has taken measures to ensure a more thorough DUR process. Prescriptions with DUR alerts are placed in an "exception que" and cannot be filled or dispensed until there is proper resolution. Mr. Bawarski expressed remorse indicating that he is "struggling emotionally" and "feels for the parents."

Mr. Edwards called witness, Holly Prieto, Walgreens District Pharmacy Supervisor, to address questions regarding Walgreens' pharmacy system.

Ms. Prieto, explained that once the initial prescription data is input, reviewed for accuracy, and verified by a pharmacist, the system automatically moves to the DUR screen. A DUR alert triggers a hard-stop in the system and blocks further processing. The pharmacist must resolve the DUR warning by selecting the specific action he has taken from the options available on a drop down menu before proceeding. Additional comments can be added by the pharmacist. When questioned, Ms. Prieto stated that if the procedures in place had been followed, this incident would not have occurred. Ms. Prieto indicated that Walgreens will be addressing DUR resolution policies and procedures with their employees at staff meetings to ensure compliance, and will provide additional training/education to all of their pharmacists and pharmaceutical technicians. Ms. Prieto expressed sincerest apologies to Ms. Guzman and her family on behalf of Walgreens.

Based on the evidence presented, Mr. Edwards recommended a finding of guilt in the First Cause of Action.

Board Action:

Motion: Cheryl Blomstrom moved to find Willie Bawarski guilty of the alleged violations in the First Cause of Action.

Second: Jody Lewis

Action: Passed Unanimously

Mr. Edwards recommended a finding of guilt by Walgreens Pharmacy #07864 in the Second Cause of Action in owning and operating the pharmacy in which the violations occurred.

Mr. Graham indicated that Walgreens recognizes that these incidents did occur under its license. He felt that the trend that the Board has is to indicate that if a system was in place that would have, under reasonable circumstances, prevented the incident, issue a

letter of reprimand or instruction. As noted in testimony, Walgreens will be taking certain actions. Mr. Graham asked the Board to find Walgreens not guilty, but recognize that Walgreens needs to address certain issues to ensure all pharmacists and technicians within their system are properly trained. A finding of guilt indicates that Walgreens did not have a system in place when in fact a system was in place. Mr. Graham said in the fifteen years that he has represented Walgreens, this is the first DUR incident. Because it's a rare circumstance, it should indicate that the system is working.

Mr. Edwards noted that the statute appears to be a strict liability for the owner if a violation occurs. Based on the statute as written, Mr. Edwards recommended a finding of guilt in the Second Cause of Action.

Board Action:

Motion: Kirk Wentworth moved to find Walgreens #07864 not guilty of the alleged violations in the Second Cause of Action.

Second: Cheryl Blomstrom

Basch commented that he believes Walgreens is not guilty of NAC 639.945 (1)(i) [performing in a negligent or unskillful manner] because the company has a DUR system in place. He felt that in owning the pharmacy, they are responsible for the actions of their employees [NAC 639.945(2)].

There was discussion that Walgreens has stated that they will do their due diligence in training their pharmacy staff, but if there is a finding of not guilty, the Board cannot impose that requirement.

Mr. Graham offered to stipulate to the DUR training in the Order.

Ayes: Blomstrom, Dalton, Smith, Lewis, Wentworth

Nays: Basch

Action: Motion Carried

Mr. Edwards recommended that Mr. Bawarski complete a continuing education (CE) class on ethics and a CE on error prevention; both CEs to be approved by Board Staff.

Mr. Edwards recommended that Mr. Bawarski's pharmacist license be placed on probation for a period of eighteen months during which time Mr. Bawarski will self-report to Board Staff any failure to follow policies and procedures which resulted in an error.

Mr. Bawarski shall pay a fine of \$1,000.00.

Mr. Graham agreed to Mr. Edwards' recommendation but asked for a modification to the probationary period. The incident occurred in December 2011, and Mr. Bawarski has not had an error since that time. Mr. Graham asked that the probationary period be reduced to twelve months.

Mr. Edwards agreed to change his recommendation to a twelve month probationary period.

Board Action:

Motion: Leo Basch moved to accept Mr. Edwards' recommendation that Willie Bawarski take a one hour CE on ethics, a one hour CE on error prevention; both CEs to be approved by Board Staff. Mr. Bawarski shall pay a fine of \$1,000.00, and his pharmacist license shall be placed on probation for a period of twelve months. During the probationary period, Mr. Bawarski will self-report to Board Staff any errors that result from any failure to follow procedures by him or within the pharmacy which he is in charge, which results in an error that reaches the patient.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Mr. Edwards addressed Walgreens' offer for stipulation to the Second Cause of Action. Mr. Edwards recommended that Walgreens #07864 be required to provide documentation to Board Staff demonstrating that each of its pharmacists and pharmaceutical technicians have read and agreed to comply with the policies and procedures regarding the resolution of drug utilization review warnings.

Mr. Graham accepted the proposed stipulation on behalf of Walgreens #07864.

Board Action:

Motion: Leo Basch moved to accept the Stipulated Agreement as outlined by Mr. Edwards and Mr. Graham.

Second: Cheryl Blomstrom

Action: Passed Unanimously

C.	Russell E. Smith, R.Ph	(13-001-RPH-N)
D.	Walgreens #04788	(13-001-PH-N)

Russell Smith appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

William Stilling was present representing Mr. Smith and Walgreens #04788.

President Gandhi asked Mr. Smith if he is comfortable with this Board determining this case. Mr. Smith acknowledged that he was.

Mr. Pinson noted that there is a provision in the law that if a board member is the respondent in a case brought before the Board on which he serves, the Governor may appoint a separate board to hear the case. In a past case, Mr. Pinson contacted the Governor's office, and the Governor decided that the respondent should appear before his own board, so that is how this case will be heard.

Paul Edwards presented a Stipulated Agreement regarding Mr. Smith for the Board's consideration. Mr. Smith and Walgreens #04788 admitted to the allegations in the First and Third Causes of Action regarding a prescription written for methadone 5 mg. tablets which was filled and dispensed with methadone 10 mg. tablets. They do not admit to the Second Cause of Action or any violation of NRS 639.210(16) [repeated negligence]. Upon review of the evidence in the Second Cause of Action, Board Staff agreed to drop the Second Cause of Action.

Mr. Smith shall step down as the pharmacist in charge (PIC) at Walgreens #04788 no later than June 7, 2013. Mr. Smith will not work as the PIC in any pharmacy licensed by the Board until after the probation under which he is currently working has been lifted. Mr. Smith will successfully complete the Your Success Rx Program. Walgreens #04788 shall pay a fine of \$500.00

Board Action:

Motion: Jody Lewis moved to accept the Stipulated Agreement as presented.

Second: Leo Basch

Action: Passed Unanimously

E. Kristine Mattson, R.Ph

(12-054-RPH-S)

Kristine Mattson appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Michael Dyer was present representing Ms. Mattson. He clarified that CVS Pharmacy #6867 is not a party in this case.

Jody Lewis recused from participation in this matter due to her employment with CVS Pharmacy.

Mr. Edwards presented a Stipulated Agreement regarding Ms. Mattson for the Board's consideration. Ms. Mattson admitted to the allegations made in the First Cause of Action regarding dispensing another patient's medication (lisinopril) to Patient M. Patient M was pregnant at the time and had been prescribed Keflex. Ms. Mattson admitted to the Second Cause of Action in failing to provide adequate counseling.

Ms. Mattson shall pay a fine of \$1,000.00 in association with the First Cause of Action, and a fine of \$750.00 in association with the Second Cause of Action. Ms. Mattson shall complete a CE on error prevention which must be pre-approved by Board Staff.

Ms. Mattson explained that she had accurately filled and verified the prescription for Keflex for Patient M and placed it in the pharmacy waiting bin. When Patient M's caregiver returned to the pharmacy to pick up the prescription, Ms. Mattson retrieved the wrong prescription bag from the waiting bin. Ms. Mattson said that she did not look at the bag and verify the patient's name or medication before she sold it to the caregiver. Ms. Mattson stated that she was devastated when she learned of the error the following day. Ms. Mattson indicated that she has taken measures to ensure adequate counseling is provided.

Board Action:

Motion: Kirk Wentworth moved to accept the Stipulated Agreement as presented.

Second: Jack Dalton

Action: Passed Unanimously

F.	Sally-Anne Waihenya, R.Ph	(11-110-A-RPH-S)
G.	Gus Edward David, R.Ph	(11-110-B-RPH-S)
H.	CVS/pharmacy #8821	(11-110-PH-S)

Sally-Anne Waihenya, Gus Edward David and Matthew Ray, CVS District Pharmacy Supervisor, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Michael Dyer was present representing Ms. Waihenya, Mr. David and CVS #8821.

Jody Lewis recused from participation in this matter due to her employment with CVS Pharmacy.

Jack Dalton recused from participation in this matter as one of the respondents is employed by Mr. Dalton's former employer.

Mr. Edwards presented a Stipulated Agreement regarding Ms. Waihenya, Mr. David and CVS #8821 for the Board's consideration. The Respondents admitted to the allegations in the First, Second, Third and Fourth Causes of Action regarding the filling and dispensing of nitrofurantoin macro crystals for a prescription written for phenazopyridine 200 mg. tablets, and failure to have documentation of patient counseling. Ms. Waihenya shall pay a fine of \$250.00 for the First Cause of Action and a \$750.00 fine in the Second Cause of Action. Mr. David shall pay a fine of \$750.00 for the Third Cause of Action. CVS #8821 shall pay a fine of \$750.00 for the Fourth Cause of Action.

Ms. Waihenya and Mr. David acknowledged the errors that were made. Ms. Waihenya indicated that she takes patient care very seriously and has improved her process to avoid errors. Mr. David apologized to the Board for failure to lead his pharmacy team in the proper procedure for documenting and maintaining patient counseling logs. He indicated that the entire pharmacy staff has been re-educated on patient counseling requirements. Patient counseling logs are now reviewed hourly. If the log indicates that a patient may not have been counseled, a pharmacist will contact the patient.

Board Action:

Motion: Cheryl Blomstrom moved to accept the Stipulated Agreement as presented.

Second: Russell Smith

Action: Passed Unanimously

I.	Emma Sicam, R.Ph	(12-018-RPH-S)
J.	CVS/Pharmacy #8812	(12-018-PH-S)

Jody Lewis recused from participation in this matter due to her employment with CVS Pharmacy.

Emma Sicam and Karen DiStefano, CVS Director of Regulatory Compliance, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Michael Dyer was present representing Ms. Sicam and CVS #8812.

Mr. Edwards presented a Stipulated Agreement for the Board's consideration. The Respondents admitted to the allegations in the First, Second, and Third Causes of Action regarding a prescription written for Xanax 0.5 mg. tablets, which was filled and dispensed with Xanax 2 mg. tablets, failure to provide patient counseling, and falsifying the patient counseling log.

Ms. Sicam will be required to complete a modified version of the Your Success Rx Program in which a full day of training and emphasis on error prevention and ethics will be acceptable in lieu of the in-store component of the program. Ms. Sicam shall pay a fine of \$750.00. CVS #8812 shall pay a fine of \$750.00.

Ms. Sicam offered testimony apologizing to the Board, admitting to the error and accepting full responsibility. She indicated that during verification of the erred prescription, she was multitasking and was not focused. She has taken steps to improve the verification process to avoid such errors in the future. Ms. Sicam admitted to falsifying the patient counseling log because she was concerned about her job.

Board Action:

Motion: Leo Basch moved to accept the Stipulated Agreement as presented.

Second: Russell Smith.

Action: Passed Unanimously

K.	Minhquang Nguyen, R.Ph	(13-006-RPH-S)
L.	Kmart Pharmacy #3719	(13-006-PH-S)

Minhquang Nguyen and Joe Hands, Kmart District Pharmacy Manager, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Edwards presented a Stipulated Agreement for the Board's consideration. Mr. Nguyen and Kmart #3719 admitted to the allegations in the First and Second Causes of Action. As the managing pharmacist, Mr. Nguyen failed to verify that a pharmaceutical technician in training had not registered with the Board, and worked without a valid license for ninety-three days.

Mr. Nguyen shall receive a public letter of admonition from Board Staff. Kmart #3719 shall pay a fine of \$500.00. Kmart will demonstrate the existence of policy and procedures for license verification. Kmart will provide to Board Staff, a signed statement of understanding from each manager that they have read and agree to comply with the policy and procedures.

Board Action:

Motion: Cheryl Blomstrom moved to accept the Stipulated Agreement as presented.

Second: Kirk Wentworth

Action: Passed Unanimously

M.	Cindy Orwick, PT	(12-047-PT-S)
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Cindy Orwick and Larry Espadero, PRN-PRN Program Director, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Edwards noted that this case was initially heard by the Board in October 2012. Due to extenuating circumstances, it was continued until today's meeting. Mr. Edwards presented the facts and allegations in the case. In June 2012, the Board was notified by Smith's management that during a random drug screen, Ms. Orwick tested positive for methamphetamine and was terminated from employment. At the October 2012

hearing, Ms. Orwick testified that she does not have a drug problem. She claimed that during an evening out with friends, something was put into her drink while she was away from the table. Based on her testimony, the Board recommended that Ms. Orwick be evaluated by PRN-PRN, and moved to continue the matter pending receipt of the PRN-PRN evaluation.

Ms. Orwick testified that she is currently not employed. She said that she has no history of drug abuse, and has never used unlawful drugs. Ms. Orwick offered to meet any conditions set forth by the Board to maintain her pharmaceutical technician license.

Larry Espadero reported that he has evaluated Ms. Orwick and recommends that she be placed into the PRN-PRN Program. Ms. Orwick lives in Pahrump, which is 130 miles from the program's location. Due to transportation and financial issues, her attendance has been sporadic. Mr. Espadero is in the process of finding a viable alternative in Pahrump for urine screening. He has made an exception to allow Ms. Orwick to attend meetings once a month versus the normal two times per month. Mr. Espadero will notify the Board when it is determined that Ms. Orwick can safely return to work in a pharmacy.

Mr. Edwards recommended a finding of guilt, and to place Ms. Orwick's pharmaceutical technician license on suspension until such time that PRN-PRN has cleared Ms. Orwick to work in a pharmacy.

Based on Ms. Orwick's testimony, the Board felt that it would be in Ms. Orwick's best interest to have her voluntarily surrender her license versus a finding of guilt and suspension of her license.

Mr. Edwards proposed that Board Staff will stipulate to dismiss the allegations if Ms. Orwick agrees to voluntarily surrender her license.

Ms. Orwick accepted the proposed stipulation.

Board Action:

Motion: Cheryl Blomstrom moved to accept the Stipulated Agreement as proposed by Mr. Edwards.

Second: Russell Smith

Action: Passed Unanimously

5. Application for a Controlled Substance Registration – Appearance

Mohamed O. Saleh, MD

Board Staff received a written request from a representative of Dr. Saleh, that Dr. Saleh be placed on the agenda to appear before the Board for consideration of approval for a controlled substance license. Dr. Saleh was not present at the meeting.

Dave Wuest indicated that Board Staff attempted to reach out to Dr. Saleh via email and telephonically, but was not successful in contacting him. Mr. Wuest spoke with Dr. Saleh's attorney who indicated that he would contact Dr. Saleh regarding his scheduled appearance before the Board.

Mr. Pinson reminded the Board that Dr. Saleh had applied on two different occasions in the past for a Nevada controlled substance license. His application was denied both times due to violations in Florida including an arrest by the DEA for prescribing without a license.

Board Action:

Motion: Cheryl Blomstrom moved to deny the application for Mohamed O. Saleh, M.D.

Second: Leo Basch

Action: Passed Unanimously

6. Application for Nevada MDEG – Appearance

A. Symbius Medical, LLC – Las Vegas

Natalie Franklin, Corporate Compliance Manager, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Franklin explained that Symbius Medical specializes in rehabilitation and complex rehab products from manual wheelchairs to custom powered wheelchairs. Symbius Medical has been in operation in Las Vegas since the end of 2012. Ms. Franklin indicated that she was not aware a separate license was needed for the Las Vegas branch, since the corporate office located in Phoenix is licensed by this Board. She immediately applied when notified by their Medicaid contractor of the licensure requirement. Mr. Pinson noted a prescription is usually not necessary for most of these types of products. However, most insurance companies will not cover equipment unless sold by prescription. An MDEG license is required if the equipment is sold pursuant to a prescription.

The Board pointed out that the MDEG administrator's information was not included in the Board meeting materials and asked Ms. Franklin to provide his background information. Ms. Franklin said that Trent McCallson, Director of Rehabilitation Services, is based out of Las Vegas. He is certified as an Assistive Technology Professional (ATP), and his recent experience includes custom rehab work with Western ATP.

Board Action:

Motion: Kirk Wentworth moved to approve the application for Symbius Medical pending a satisfactory inspection.

Second: Jody Lewis

Action: Passed Unanimously

B. Young Devices, LLC – Las Vegas

Marshall Young, CEO, and Jeff Sorensen, Sales, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Young explained that Young Devices specializes in the distribution of orthopedic implants to hospitals. Young Devices contracts with wholesalers, but does not own or take possession of the product. Mr. Young indicated that when applying for their business license in Clark County, they were informed that an MDEG license issued by the Board of Pharmacy was required before a business license could be issued.

After discussion, the Board determined that since Young Devices does not sell devices directly to patients pursuant to a prescription, an MDEG license is not required. Board Staff will issue a letter to Young Devices to that effect for submission to business licensing agencies and refund their application fee.

C. Nevada Orthotics and Prosthetics

Petra Thiessen, Administrator/Office Manager, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Ms. Thiessen explained that Nevada Orthotics and Prosthetics specializes in custom prosthetic limbs, non-custom and custom orthotic bracing, diabetic shoes and insoles, and orthopedic shoes. Ms. Thiessen said that she has fifteen years of experience in the prosthetic and orthopedic field, and she is a certified mastectomy fitter.

Board Action:

Motion: Cheryl Blomstrom moved to approve the application for Nevada Orthotics and Prosthetics pending a satisfactory inspection.

Second: Jack Dalton

Action: Passed Unanimously

7. Applications for Nevada Pharmacy – Appearance

A. Pathway Specialty Compounds – Las Vegas

Darlene Wilde, Operations Manager, Henry Miller, Managing Pharmacist, Lyssa Gettys, co-owner, Mercedes Cruz, on behalf of her minor child (co-owner), appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Miller explained that Pathway Speciality Compounds specializes in sterile and non-sterile compounding. The pharmacy is 797 compliant. The IV room contains a laminar flow hood, and the ante room is partitioned off. Mr. Miller noted that the pharmacy was inspected in December with satisfactory results.

Ms. Wilde stated that she is the Trustee for the Vernon Gettys Revocable Trust. Mr. Gettys was the owner of Pathway and is now deceased. During Mr. Gettys' illness, the managing pharmacist at that time committed violations which have since been addressed. Once the Trust acquired the business, new operation standards were instituted.

All parties answered questions to the Board's satisfaction.

Mr. Pinson indicated that Ms. Wilde has worked closely with Board Staff over the past two years in an effort to reconstruct the business and to protect this asset for her daughter. Board Staff has confidence in Ms. Wilde's and Mr. Miller's ability to operate the pharmacy, and supports the change in ownership request.

Board Action:

Motion: Leo Basch moved to approve Pathway Speciality Compounds' application for ownership change.

Second: Cheryl Blomstrom

Action: Passed Unanimously

B. Quality Home Infusion – Las Vegas

Holly Griffith, Managing Pharmacist (Burbank facility), and Phillip Montano, owner, appeared and were sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Montano explained that Quality Home Infusion is a closed door pharmacy specializing in home IV infusion primarily TPNs, IV antibiotics, and oral cocktails for HIV. John Cortez will be the managing pharmacist in the Las Vegas facility. Mr. Cortez has seventeen years of retail pharmacy experience. He will undergo extensive training in compounding and will have trained pharmacists at the Burbank location available to him as a resource. The Burbank facility is inspected annually by the California Board of Pharmacy with satisfactory results.

It was noted that the application did not have “Parenteral” and “Parenteral (outpatient)” checked as services provided. The application will be amended by Board Staff.

Board Action:

Motion: Kirk Wentworth moved to approve the application for Quality Home Infusion pending a satisfactory inspection.

Second: Cheryl Blomstrom

Action: Passed Unanimously

8. Applications for Out-of-State Pharmacy – Appearance

A. American Medical Direct – San Antonio, TX

Brock Rush, CEO, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Dave Wuest reminded the Board that this application was reviewed at the March meeting. Mr. Rush had submitted a letter to the Board Office stating that the pharmacy will not be shipping parenteral products into Nevada, but the letter did not indicate what services they intended to provide. At that time, the Board decided to return the application for clarification and require that an American Medical Direct (AMD) representative appear before the Board.

Mr. Brock explained that AMD will specialize in non-sterile pain creams shipped directly to the patient’s home. AMD will not be shipping parenteral products into Nevada.

Board Staff will amend the application to indicate “out of state retail pharmacy”. Under “Services Provided”, the “Mail Service” box will be checked; the check for “Parenteral” and “Parenteral (outpatient)” will be removed.

Board Action:

Motion: Leo Basch moved to approve the application for American Medical Direct as amended.

Second: Jody Lewis

Action: Passed Unanimously

B. My Weight Doctor Pharmacy, LLC – Rockville, MD

Brooke Ade, pharmacist, appeared and was sworn by President Gandhi prior to answering questions or offering testimony. It was noted that Yasemin Salman, President, My Weight Doctor Pharmacy, submitted a letter authorizing Ms. Ade to represent the company.

Ms. Ade explained that My Weight Doctor Pharmacy is a compounding pharmacy specializing in vitamin B-12 injections, hormone replacement therapy, and thyroid medications. The pharmacy is 797 compliant. Products are tested for endotoxins and sterility. Parenterals are shipped in temperature controlled crates and boxes. My Weight Doctor Pharmacy recently received a satisfactory inspection by the Maryland Pharmacy Board. Ms. Ade will provide a copy of the inspection, sterility testing documentation and pharmacy staff training documents.

Board Action:

Motion: Cheryl Blomstrom moved to approve the application for My Weight Doctor Pharmacy pending receipt of their most recent Maryland Pharmacy Board inspection and sterility and training documentation.

Second: Jody Lewis

Action: Passed Unanimously

C. Saffa Infusion Pharmacy – Tulsa, OK

Ricky Burgess, Managing Pharmacist, appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Burgess explained that Saffa Infusion Pharmacy specializes in home infusion services primarily TPNs, IV antibiotics, and PCA pumps. Their main referral source is the Cancer Treatment Center of America. Patients from other states may be treated for up to four months at the Tulsa facility, and many patients return for follow-up treatment. When the patient returns to their home, they are monitored by a home health agency and their local physician. Pharmacy orders are filled from the physician who treated the patient in Tulsa, and then shipped to the patient's home. Products are shipped overnight in cool packs and styrofoam from the Oklahoma facility. Climate control testing is done four times per year. The pharmacy is 797 compliant. Pharmacists and pharmaceutical technicians receive competency testing in aseptic technique twice per year. Mr. Burgess noted that the pharmacy was inspected by the Oklahoma Pharmacy

Board in August 2012 with satisfactory results. He provided a copy of the inspection to Board Staff.

The Board asked Mr. Burgess to address the administrative actions taken against their Colorado and Texas pharmacies. Mr. Burgess stated that he is not aware of the details of the two cases but will provide the Board with further information.

Board Action:

Motion: Cheryl Blomstrom moved to approve the application for Saffa Infusion Pharmacy subject to the receipt and review by Board Staff of the additional information regarding the disciplinary actions taken against the Colorado and Texas pharmacies.

Second: Leo Basch

Action: Passed Unanimously

9. Application for Dispensing Practitioner Registration - Appearance

Karen F. Arcotta, MD

Karen Arcotta appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Dr. Arcotta indicated that she is currently employed at a medically supervised weight loss clinic. Her employer, who is also a physician at the clinic, has requested that she obtain a license to dispense medications since he is not always on-site at the clinic. On her application for authority to dispense drugs, she checked "Yes" on the questions regarding arrests/lawsuits and completed/pending administrative action. Dr. Arcotta explained that she was convicted of a DUI in 2011. Her medical license was temporarily suspended from September 2011 until December 3, 2012. Dr. Arcotta said that she was also the subject of a formal complaint filed with the Medical Board, but the allegations were not verified.

The Board explained to Dr. Arcotta that all drugs are required to be ordered, received and accounted for by the dispensing practitioner. The dispensing practitioner's drugs are to be stored in a secure, locked room or cabinet to which the dispensing practitioner has the only key. No prescription is dispensed to a patient unless the dispensing practitioner and patient are on-site at the facility. There must be a bona fide therapeutic relationship between the patient and the practitioner.

Dr. Arcotta was not aware of the conditions for licensure. She withdrew her application until she is able to consult with her attorney and employer.

10. Application for Controlled Substance Registration - Appearance

Todd J. Krempel, DDS

Todd Krempel appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Dr. Krempel had checked "Yes" on the application questions regarding alcohol/substance abuse and completed/pending administrative action. Dr. Krempel explained that in 2008, he had a substance abuse problem (cocaine) and his dental license was revoked for one year. Dr. Krempel entered into a drug treatment program which he successfully completed in 2010. His dental license was reinstated in 2011. Dr. Krempel has a stipulation with the Dental Board to undergo random drug testing.

Dr. Krempel answered questions regarding his dental practice to the Board's satisfaction.

Board Action:

Motion: Kirk Wentworth moved to approve the application for Todd J. Krempel.

Second: Cheryl Blomstrom

Action: Passed Unanimously

11. Presentation of 50 Year Pharmacist Certificate – Appearance

Milton C. Kevershan, R.Ph

Milton Kevershan was presented with a certificate in recognition of being licensed for over fifty years in the State of Nevada. He was honored for this dedication to his family, his community and his profession.

12. Application by Reciprocity – Appearance

Dorian Lange, R.Ph.

Dorian Lange appeared and was sworn by President Gandhi prior to answering questions or offering testimony.

Mr. Lange had checked "Yes" on the application questions regarding completed/pending administrative action and subject of discipline for violation of pharmacy law.

Mr. Lange explained that he had reciprocated from Michigan to California in 2010. At that time, he was newly employed by a long term care pharmacy in California in an administrative capacity. He requested that the purchasing clerk at the pharmacy order two medications one of which was prescribed for his daughter, and the other for himself. Mr. Lange was not aware that the pharmacy could not fill employee prescriptions. He reported the matter to the CEO. Mr. Lange did not receive a reprimand or warning from the CEO at that time. Subsequently, the purchasing clerk filed a complaint against Mr. Lange alleging that he inappropriately took the medications. The California Board of Pharmacy disciplined Mr. Lange placing his license on probation for three years. A condition of the probation required that he work in California a minimum of forty hours per month. Since he had returned to Michigan and did not intend to practice pharmacy again in California, he requested and was granted the surrender of his California pharmacist license. Mr. Lange noted that his Michigan pharmacist license is currently active and in good standing.

Mr. Lange answered questions to the Board's satisfaction.

Board Action:

Motion: Jody Lewis moved to approve the application for Dorian Lange.

Second: Kirk Wentworth

Action: Passed Unanimously

13. Executive Secretary Report

A. Financial Report

Larry Pinson presented the financial reports to the Board's satisfaction.

B. Temporary Licenses

There were no temporary licenses issued since the last meeting.

C. Staff Activities

i. Presentations: Southern Nevada Dental Society; RPD; LV Physicians

-Mr. Pinson noted that the Carson City Sheriff invited him to speak to the Sheriff's staff and certain elected officials next week. Mr. Pinson commented that Board Staff has presented to approximately 1,000 physicians. The presentations have been well received. Physicians are gaining a better understanding regarding verification of controlled substance prescriptions.

-Mr. Pinson reported that Board Members and Staff visited the Florence McClure Women's Correctional Center. Linda Fox, Pharmacy Director, Nevada Dept of Corrections, extended the invitation in order for the Board and Staff to observe the prison's current drug delivery process.

-Liz Macmenamin, Retail Association of Nevada (RAN), announced that a drug roundup is scheduled for April 27, 2013, in Reno.

D. Reports to Board

i. Legislative Update

-Mr. Pinson provided an update on the 2013 legislative activities.

-Liz Macmenamin indicated that she has been talking to legislators about the 90-day no call refills and electronic signatures. She explained that the 90-day rule would allow pharmacists filling maintenance medications written for a 30-day supply with eleven refills, to dispense a 90-day supply without contacting the prescriber. The legislation does not define maintenance medications, is written to exclude controlled substances, and states that refills must comply with health insurance drug plans. Ms. Macmenamin noted that the Board had expressed concerns regarding antidepressants. She said that language can be added addressing those concerns. Ms. Macmenamin recalled that in her Public Comment in March, in order to move forward with this legislation, she had requested the subject be agendaized for discussion at the April Board meeting.

The Board discussed liability and other concerns regarding antidepressants. There was discussion regarding RAN reaching out to the Medical Board and medical associations regarding physician education to address the benefits to the patient of prescribing a 90-day supply, as well as public outreach to patients to communicate to their physician the limitations of their drug insurance plan. The communication between the prescriber and the patient should be the point where this issue is addressed.

Dan Luce commented that some states have been very prescriptive in their language, defining maintenance medications. Some states have said a pharmacist can use his professional judgment to increase up to a 90-day supply and that antipsychotics are not filled until there is a conversation with the prescriber. Mr. Luce said that to his knowledge, in the states that have the ability for the pharmacist to fill a 90-day supply without contacting the prescriber, there has not been a case against a pharmacist for making the change that has resulted in patient harm. Currently, approximately half of the states do not allow the 90-day no call refill and half do. Mr. Luce indicated that number will increase as other states go through their legislative sessions. This action allows for lower patient copayments and competition with out-of-state mail order pharmacies. Ms. Macmenamin added that the Board would be the regulating body for the 90-day no call fill bill.

-Liz Macmenamin informed the Board that SB75 and SB126 have died in session.

SB75 allows patients addicted to prescription drugs to sue the doctors who prescribed the medication as well as the drug's manufacturer. SB126 requires that a pharmacist, who fills or refills a prescription, cannot dispense a therapeutically equivalent drug in place of a drug that is prescribed by a practitioner, unless the pharmacist has obtained consent for the therapeutic interchange from the prescribing practitioner and the person who presents the prescription.

-Ms. Macmenamin indicated that HOPES and Senator Parks are supporting a bill which provides for the selling of syringes without a prescription. Mr. Pinson said that currently a prescription is not required to sell syringes.

-Ms. Blomstrom noted that there has been no opposition to the NPLEx stop system and legislation is moving forward.

-Mr. Edwards will follow-up with the LCB regarding the status of the pharmacist declination regulation.

E. Board Related News

i. HOPES Flyers

Mr. Pinson provided fact sheets published by the HOPES Clinic which address medication use and overdoses. Board Staff met with HOPES and provided input prior to publication.

ii. NABP Participation in PCAB

Mr. Pinson reported that NABP has resigned from the Board of Directors of the Pharmacy Compounding Accreditation Board (PCAB).

F. Activities Report

14. General Counsel Report

At the Board's request, Mr. Edwards presented the Nevada Revised Statutes which address Board Members' immunity from personal liability when acting appropriately within the scope of their official duties.

Dan Luce, Walgreen's National Director of Pharmacy Affairs, acknowledged that board members, serving as volunteers for the State, are indemnified personally. In his experience, other state boards have instructed their members that have a personal umbrella liability policy, to obtain Directors and Officers Insurance as a second level of protection.

15. Next Board Meeting:

June 12-13, 2013 – Reno, Nevada

16. Public Comment

Booker Chapman, Pharmacy Program Director, Milan Institute, commented that today's meeting was very enlightening to his students. His purpose in having the students attend the meetings is to gain an understanding of the level of responsibility they have to obtain. He commended the pharmacists and pharmaceutical technicians whose cases were heard today for taking responsibility for their actions.

Blank

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership – Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
<input checked="" type="checkbox"/> Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: A+O Specialty Pharmacy

Physical Address: 536 Abbott St.

Mailing Address: 536 Abbott St.

City: Salinas State: CA Zip Code: 93901

Telephone: 831-769-0458 Fax: 831-769-0468

Toll Free Number: _____ (Required per NAC 639.708)

E-mail: aopharmacy@yahoo.com Website: www.aopharmacy.com

Managing Pharmacist: David M. Smith License Number: 36789

Hours of Operation:

Monday thru Friday 8:30 am 5:30 pm

Saturday _____ am _____ pm

Sunday _____ am _____ pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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63199

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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- | | |
|---|---|
| <input checked="" type="checkbox"/> New Pharmacy
(Please provide current license number if making changes: PH _____) | <input type="checkbox"/> Ownership Change |
| <input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7 | <input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7 |
| <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7 | <input type="checkbox"/> Sole Owner – Pages 1,2,6,7 |
| Please check box for type of ownership and complete correct part of the application. | |

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Alpha Direct Compounding LLC

Physical Address: 8240 East Gelding Drive Suite 115 Scottsdale, AZ 85260-3651

Mailing Address: SAME

City: _____ State: _____ Zip Code: _____

Telephone: 623-208-4179 Fax: 480-718-7792

Toll Free Number: 888-329-9034 (Required per NAC 639.708)

E-mail: David @alphadirectrx.com Website: www.alphadirectrx.com

Managing Pharmacist: Jeff Hannibal License Number: S011674

Hours of Operation:

Monday thru Friday 8:00 am 5:00 pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|--|---|
| <input type="checkbox"/> Retail
<input type="checkbox"/> Hospital (# beds _____)
<input type="checkbox"/> Internet
<input type="checkbox"/> Nuclear
<input checked="" type="checkbox"/> Out of State
<input type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Parenteral
<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> Long Term Care |
|--|---|

NEVADA STATE BOARD OF PHARMACY
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: American Specialty Pharmacy

Physical Address: 2436 S. Interstate 35E, Suite 360

Mailing Address: 2436 S. Interstate 35E, Suite 360

City: Denton State: TX Zip Code: 76205

Telephone: 9403831222 Fax: 9403831444

Toll Free Number: 8558348500 (Required per NAC 639.708)

E-mail: info@americanspecialtypharmacy.com Website: www.americanspecialtypharmacy.com

Managing Pharmacist: Darshak Tanna License Number: 51115

Hours of Operation:

Monday thru Friday <u>9</u> am <u>7</u> pm	Saturday <u>9</u> am <u>3</u> pm
Sunday <u>9</u> am <u>3</u> pm	24 Hours <u>NO</u>

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds ____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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63066

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane □ Reno, NV 89509 □ (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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<input type="checkbox"/> Publicly Traded Corporation □ Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation □ Pages 1,2,4,7	<input type="checkbox"/> Sole Owner □ Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: ANOVORX GROUP, LLC

Physical Address: 1710 N. SHELBY OAKS DR SUITE 1

Mailing Address: 1710 N. SHELBY OAKS DR. SUITE 2

City: MEMPHIS State: TN Zip Code: 38134

Telephone: 901.201.5470 Fax: 901.201.5465

Toll Free Number: 855.811.7995 (Required per NAC 639.708)

E-mail: Cathy.bellehumeur@anovorx.com Website: NONE

Managing Pharmacist: BRIAN A. BURFORD License Number: 7675

Hours of Operation:

Monday thru Friday 8 am 5 pm Saturday 8 am 9 am

Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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63067

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

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Application must be printed legibly or typed

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☒ New Pharmacy

☐ Ownership Change

(Please provide current license number if making changes: PH _____)

☐ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☒ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: JTPD Inc. DBA/ Boca Raton Pharmacy

Physical Address: 625 NE Spanish River BLVD Suite 106

Mailing Address: 625 NE Spanish River BLVD - Suite 106

City: Boca Raton State: FL Zip Code: 33431

Telephone: (561) 544-8997 Fax: (561) 544-8131

Toll Free Number: (866) 276-1833 (Required per NAC 639.708)

E-mail: boca-ration-pharmacy@comcast.net Website: BRPHARMACY.COM

Managing Pharmacist: Richard Oberfield License Number: PS 23235

Hours of Operation:

Monday thru Friday 10 am 6 pm

Saturday 10 am 6 pm

Sunday By telephone am pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

☒ Retail

☐ Off-site Cognitive Services

☐ Hospital (# beds _____)

☐ Parenteral

☐ Internet

☐ Parenteral (outpatient)

☐ Nuclear

☒ Outpatient/Discharge

☒ Out of State

☒ Mail Service

☐ Ambulatory Surgery Center

☐ Long Term Care

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

- | | |
|---|--|
| <input checked="" type="checkbox"/> New Pharmacy
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7
Please check box for type of ownership and complete correct part of the application. | <input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH_____)
<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input type="checkbox"/> Sole Owner – Pages 1,2,6,7 |
|---|--|

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: BrandMD
Physical Address: 20660 Nordhoff Street, Unit C, Chatsworth, CA 91311
20660 Nordhoff Street, Unit C
Mailing Address: _____
City: Chatsworth State: CA Zip Code: 91311
Telephone: (818) 534-3180 Fax: (818) 534-3693
Toll Free Number: (877) 252-7546 (Required per NAC 639.708)
E-mail: sraoof@brandmdskincare.com Website: www.brandMDSkinCare.com
Managing Pharmacist: George Dern License Number: 21251

Hours of Operation: Monday/Thursday 8:00 - 12:00p.m.

Monday thru Friday _____am _____pm Saturday _____am _____pm
Sunday _____am _____pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|--|---|
| <input checked="" type="checkbox"/> Retail
<input type="checkbox"/> Hospital (# beds ____)
<input type="checkbox"/> Internet
<input type="checkbox"/> Nuclear
<input checked="" type="checkbox"/> Out of State
<input type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Parenteral
<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> Long Term Care |
|--|---|

63068

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership – Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: JERSEY SHORE PHARMACY
Physical Address: 3007 OCEAN HEIGHTS AVE
Mailing Address: Same
City: E 66 HARBOR TOWNSHIP State: NJ Zip Code: 08234
Telephone: 609-927-0390 Fax: 609-927-0392
Toll Free Number: 855-927-0390 (Required per NAC 639.708)
E-mail: markc@jspharmacy.com Website: www.jspharmacy.com
Managing Pharmacist: Mark Taylor License Number: 28RI02157700

Hours of Operation:

Monday thru Friday 9 am 7 pm Saturday 9 am 4 pm
Sunday Closed am _____ pm 24 Hours No

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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63069

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7 (LLC)
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: The medimix, LLC, dba Medimix Specialty Pharmacy

Physical Address: 6820 Southpoint Parkway, Suite 9 Jacksonville, FL 32216

Mailing Address: 6820 Southpoint Parkway, Suite 9

City: Jacksonville State: Florida Zip Code: 32216

Telephone: (904) 567-6334 Fax: (866) 745-6334

Toll Free Number: (855) 538-6334 (Required per NAC 639.708)

E-mail: the.medimix@gmail.com Website: www.medimixpharmacy.com

Managing Pharmacist: Jeron Stokes, Pharm D License Number: PS47038 (Florida)
15717 (Nevada)

Hours of Operation:

Monday thru Friday 9 am 6 pm

Saturday _____ am _____ pm

Sunday _____ am _____ pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☒ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☒ Mail Service
- ☐ Long Term Care

63353

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership – Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.	

LLC

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Monroe Clinic Drugs
Physical Address: 1470 Garrett Rd, Suite A, Monroe, LA 71202
Mailing Address: 1485 Livingston Lane
City: Jackson State: Mississippi Zip Code: 39213
Telephone: 318-330-9393 Fax: 318-324-8610
Toll Free Number: 800-453-3601 (Required per NAC 639.708)
E-mail: monroeclinikdrugs@gmail.com Website: N/A
Managing Pharmacist: Angela Nicole Hotard License Number: PSI.016604

Hours of Operation:

Monday thru Friday 9:00 am 6:00 pm Saturday 9:00 am 12:00 pm
Sunday closed am _____ pm 24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|---|---|
| <input checked="" type="checkbox"/> Retail
<input type="checkbox"/> Hospital (# beds _____)
<input type="checkbox"/> Internet
<input type="checkbox"/> Nuclear
<input checked="" type="checkbox"/> Out of State
<input type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Parenteral
<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Mail Service
<input type="checkbox"/> Long Term Care |
|---|---|

63670

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input checked="" type="checkbox"/> Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Pharmco, Inc

Physical Address: 381 Van Ness Avenue, suite 1506, 1509

Mailing Address: _____

City: Torrance State: CA Zip Code: 90501

Telephone: 800 272-4767 Fax: 800 346-5436

Toll Free Number: 800 272-4767 (Required per NAC 639.708)

E-mail: Info@pharmco.us.com Website: n/a

Managing Pharmacist: Christine King License Number: RPH33145

Hours of Operation:

Monday thru Friday 8:30 am 5:00 pm Saturday n/a am n/a pm

Sunday n/a am n/a pm 24 Hours n/a

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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63071

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership – Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Beacon Hill Medical Pharmacy DBA Rxtra Solution

Physical Address: 18161 W. 13 mile Rd A1

Mailing Address: 18161 W. 13 mile Rd A1

City: Southfield State: MI Zip Code: 48074

Telephone: 248 4191775 Fax: 313-887-0606

Toll Free Number: 800-518-9831 (Required per NAC 639.708)

E-mail: info@rxtrasolutions.com

Website: _____

Managing Pharmacist: Wisam Alawieh License Number: 5302035746

Hours of Operation:

Monday thru Friday 10 am 4 pm

Saturday _____ am _____ pm

Sunday _____ am _____ pm

24 Hours NO

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Pharmacy

☒ Ownership Change

(Please provide current license number if making changes: PH02574)

☒ Publicly Traded Corporation – Pages 1,2,3,7

☐ Partnership - Pages 1,2,5,7

☐ Non Publicly Traded Corporation – Pages 1,2,4,7

☐ Sole Owner – Pages 1,2,6,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Select Rx, LLC

Physical Address: 165 Veterans Way Warminster PA 18974

Mailing Address: 4345 Southpoint Blvd Attn: Elaine Stutman

City: Jacksonville State: FL Zip Code: 32216

Telephone: 215.822.0900 Fax: 215.822.0921

Toll Free Number: 877.822.0921 (Required per NAC 639.708)

E-mail: estutman@pssd.com Website: n/a

Managing Pharmacist: Eric Borell License Number: PP481860

Hours of Operation:

Monday thru Friday 9 am 5 pm

Saturday 9 am 12 pm

Sunday n/a am _____ pm

24 Hours n/a

TYPE OF PHARMACY

SERVICES PROVIDED

☐ Retail

☐ Off-site Cognitive Services

☐ Hospital (# beds _____)

☐ Parenteral

☐ Internet

☐ Parenteral (outpatient)

☐ Nuclear

☐ Outpatient/Discharge

☒ Out of State

☒ Mail Service

☐ Ambulatory Surgery Center

☐ Long Term Care

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership – Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
<input checked="" type="checkbox"/> Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Stonybrook Pharmacy, LLC

Physical Address: 13921 S. Plaza, Omaha, NE 68137

Mailing Address: 13921 S. Plaza

City: Omaha State: NE Zip Code: 68137

Telephone: 866-226-8779 Fax: 877-300-3649

Toll Free Number: _____ (Required per NAC 639.708)

E-mail: pharmacist@stonybrook-pharmacy.com Website: N/A

Managing Pharmacist: Amy McMurtry License Number: 13139

Hours of Operation:

Monday thru Friday 7 am 4 pm Saturday on am call pm

Sunday on am call pm 24 Hours on call

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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63296

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership – Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: UNA Pharmacy Corporation
Physical Address: 1462 Montreal Rd, Suite 101, Tucker GA 33084
Mailing Address: 2301 NW 33rd Ct, Suite 110
City: Pompano Beach State: FL Zip Code: 33069
Telephone: 770-934-0000 Fax: 770-934-0002
Toll Free Number: 855-227-3491 (Required per NAC 639.708)
E-mail: Aduggan@wecareRxpharmacy.com Website: _____
Managing Pharmacist: Amy Duggan License Number: RPH022453

Hours of Operation:

Monday thru Friday <u>9</u> am <u>530</u> pm	Saturday <u>X</u> am <u>X</u> pm
Sunday <u>X</u> am <u>X</u> pm	24 Hours <u>X</u>

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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→ Aduggan@wecareRxpharmacy.com

63074

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership – Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: IHS Acquisition XXX, Inc dba: USBioServices

Physical Address: 345 International Blvd. Suite 200

Mailing Address: Corp address: 3101 Gaylord Parkway, Frisco, TX 75034

City: Brooks State: KY Zip Code: 40109

Telephone: 877-654-7812 Fax: 877-654-7813

Toll Free Number: 877-654-7812 (Required per NAC 639.708)

E-mail: donna.boardman@usbioservices.com Website: usbioservices.com

Managing Pharmacist: William Chauvin License Number: KY: 015919

Hours of Operation:

Monday thru Friday 830 am 530 pm

Saturday oncall all 24 am pm

Sunday oncall all 24 am pm

24 Hours oncall holidays
after hours.

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input checked="" type="checkbox"/> Out of State	<input checked="" type="checkbox"/> Mail Service <u>specialty</u>
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Walgreens Store #1151

Physical Address: 8325 South Park Circle, Suite 201, Orlando, FL 32819

Mailing Address: Po Box 901, Attn: Eric Lyles

City: Deerfield State: IL Zip Code: 60015

Telephone: 407-345-7141 Fax: 407-345-1705

Toll Free Number: 800-999-2655 (Required per NAC 639.708)

E-mail: eric.lyles@walgreens.com Website: www.walgreens.com

Managing Pharmacist: Greg Jones License Number: PS19739

Hours of Operation:

Monday thru Friday <u>7:00</u> am <u>11:00</u> pm	Saturday <u>7:00</u> am <u>11:00</u> pm
Sunday <u>7:00</u> am <u>11:00</u> pm	24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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63076

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW <u>00554 00544</u>)	
<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Ancillary Management Solutions, Inc.

Physical Address: 720 Cool Springs Blvd. Suite 600, Franklin, TN 37067

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4345 Southpoint Blvd Attn: Elaine Stutman

City: Jacksonville State: FL Zip Code: 32216

Telephone: 615- 771-8839 Fax: 615- 771-8849

E-mail: estutman@pssd.com Website: www.proclaimams.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm
Fri: 8am to 5pm Sat: n/a Sun: n/a Holidays: n/a

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Ted Hirsch

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|--|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input checked="" type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: _____ |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: Ted Hirsch

Telephone: 615-771-8839

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Apnicure, Inc.

Physical Address: 900 Chesapeake Drive
(This must be a business address, we can not issue a license to a home address)

Mailing Address: _____

City: Redwood City State: CA Zip Code: 94063

Telephone: (888) 986-6275 Fax: (888) 803-9469

E-mail: customerservice@apnicure.com Website: Apnicure.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 6 to 6 Tue: 6 to 6 Wed: 6 to 6 Thu: 6 to 6

Fri: 6 to 6 Sat: — to — Sun: — to — Holidays: — to —

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Lori Schulman

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☐ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthetics

Other: WINX™ Sleep Therapy System

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____ Telephone: _____

63077

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW <u>N/A</u>)	
<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Boston Scientific Corporation

Physical Address: 25155 Rye Canyon Loop, Valencia, CA 91355

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 25155 Rye Canyon Loop

City: Valencia State: CA Zip Code: 91355

Telephone: 661-949-4000 Fax: 661-949-4842

E-mail: Patrick.Crotteau@bsci.com Website: http://www.bostonscientific.com/home.bsci

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 5:00am to 5:00pm Tue: 5:00am to 5:00pm Wed: 5:00am to 5:00pm Thu: 5:00am to 5:00pm

Fri: 5:00am to 5:00pm Sat: N/A to Sun: N/A to Holidays: N/A to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Patrick J. Crotteau

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | <input checked="" type="checkbox"/> Other: <u>Neuromodulation devices</u> |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: N/A

Telephone: N/A

63354

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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<input type="checkbox"/> New MDEG	<input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW <u>00930</u>)	
<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Cascade Medical Supply, Inc.

Physical Address: 14727 NE 87th Street, Redmond, WA 98052

(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4345 Southpoint Blvd Attn: Elaine Stutman

City: Jacksonville State: FL Zip Code: 32216

Telephone: 866-433-0504 Fax: 866-433-3306

E-mail: estutman@pssd.com Website: n/a

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm
Fri: 8am to 5pm Sat: n/a Sun: n/a Holidays: n/a

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Ted Hirsch

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>durable medical equipment</u> |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: Ted Hirsch Telephone: 615-771-8851

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Continuum Services, Inc.

Physical Address: 5015 SW 91st Ter, Ste 100, Gainesville FL 32608
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5015 SW 91st Terrace, Ste 100

City: Gainesville State: FL Zip Code: 32608

Telephone: 877-217-1485 Fax: 877-217-1486

E-mail: tharris@thorac.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 3³⁰ Tue: 9 to 3³⁰ Wed: 9 to 3³⁰ Thu: 9 to 3³⁰
Fri: 9 to 3³⁰ Sat: closed Sun: closed Holidays: closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Timothy Dale Clark.

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- ☐ Medical Gases**
- ☐ Respiratory Equipment**
- ☐ Life-sustaining equipment**
- ☐ Diabetic Supplies

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: VAD Accessories + Supplies

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: _____

Telephone: _____

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Accolade Home Medical, LLC dba DMED

Physical Address: 20 North South Street Wilmington, OH 45177
(This must be a business address, we can not issue a license to a home address)

Mailing Address: P.O. Box 418

City: Worthington State: OH Zip Code: 43085

Telephone: (937) 383-6655 Fax: (937) 383-0500

E-mail: jennifer@sleepcareinc.com Website: www.dmedcares.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 0800 to 1630 Tue: 0800 to 1630 Wed: 0900 to 1500 Thu: 0800 to 1630

Fri: N/A to N/A Sat: N/A to N/A Sun: N/A to N/A Holidays: N/A to N/A

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Jennifer Brickner - York

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|---|
| <input type="checkbox"/> Medical Gases** | <input checked="" type="checkbox"/> Assistive Equipment |
| <input checked="" type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: _____ |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: Donis Rivard Telephone: 1-888-588-3633

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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input checked="" type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Med One Healthcare, LLC

Physical Address: 444 W. 21st St. Suite 103
(This must be a business address, we can not issue a license to a home address)

Mailing Address: _____

City: Tempe State: AZ Zip Code: 85282

Telephone: (480) 835-9100 Fax: (480) 835-9104

E-mail: Blund@medoneaz.com Website: www.medoneaz.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5

Fri: 8 to 5 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Lynn Hunsaker

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|---|
| <input checked="" type="checkbox"/> Medical Gases** | <input checked="" type="checkbox"/> Assistive Equipment |
| <input checked="" type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: _____ |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: See Attached List Telephone: _____

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: Neomend, Inc.

Physical Address: 60 Technology Dr. Irvine, CA 92618
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same as physical address.

City: _____ State: _____ Zip Code: _____

Telephone: (949) 916-1630 Fax: (949) 793-3301

E-mail: Lisa.maloney@nemend.com Website: www.neomend.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 am to 5 pm Tue: 8 am to 5 pm Wed: 8 am to 5 pm Thu: 8 am to 5 pm

Fri: 8 am to 5 pm Sat: Closed Sun: Closed Holidays: Closed

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Lisa Maloney

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|--|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | <input checked="" type="checkbox"/> Other: <u>Prescription Medical Devices</u> |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: N/A Telephone: _____

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: MP or MW _____)
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: TEAM MAKENA LLC

Physical Address: 17461 DERIAN AVE. SUITE 200
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME

City: IRVINE State: CA Zip Code: 92614

Telephone: 949-474-1753 Fax: 949-251-5120

E-mail: ORDERS@TEAMMAKENA.COM Website: TEAMMAKENA.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5
Fri: 8 to 5 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: CHRIS GRIFFITH

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|--|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>DURABLE MEDICAL EQUIPMENT</u> |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: CHRIS GRIFFITH Telephone: 310-382-4011

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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<input checked="" type="checkbox"/> New MDEG	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: MP or MW _____)	
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

FACILITY INFORMATION

Facility Name: The Daavlin Distributing Co

Physical Address: 205 West Cement Street
(This must be a business address, we can not issue a license to a home address)

Mailing Address: P.O. Box 626

City: Bryan State: Ohio Zip Code: 43506

Telephone: 419-636-6304 Fax: 419-636-1739

E-mail: info@Daavlin.com Website: www.Daavlin.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30_{am} to 5:00 Tue: 8:30_{am} to 5:00 Wed: 8:30_{am} to 5:00 Thu: 8:30_{am} to 5:00

Fri: 8:30_{am} to 5:00 Sat: NA to NA Sun: NA to NA Holidays: NA to NA

MDEG ADMINISTRATOR INFORMATION: Person in charge on a daily basis

Name: Troci Lynne Hartman, Vice President of Consumer Markets

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>Phototherapy Devices</u> |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact.

Name: NA Telephone: NA

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler ☐ Ownership Change
(Please provide current license number if making changes: WH_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership – Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Arrow International, Inc.

Physical Address: 11245 North Distribution Cove, Olive Branch, MS 38654

Mailing Address: PO Box 12600, Attn: Sherri Schultheiss

City: RTP State: NC Zip Code: 27709

Telephone: 919-361-4150 Fax: 919-361-3923

Toll Free Number: _____

E-mail: sherri.schultheiss@teleflex.com Website: http://www.arrowintl.com

Facility Manager: Steven Wallace

Professional qualifications and experience of facility manager: Please see attached resume.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☒ Other: Arrow distributes medical convenience kits which contain small amounts of legend drugs. Arrow does not distribute drugs independently of convenience kits.

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH_____)	

<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Boston Scientific Corporation

Physical Address: 4100 Hamline Ave. North

Mailing Address: 4100 Hamline Ave. North

City: St. Paul State: Minnesota Zip Code: 55112

Telephone: 651-582-4000 Fax: 651-582-4166

Toll Free Number: 1-800-227-3422

E-mail: Renold.russie@bsci.com Website: http://www.bostonscientific.com/home.bsci

Facility Manager: Renold Jay Russie

Professional qualifications and experience of facility manager: See Attachment C

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☒ Other: Clinics

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

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(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH_____)
--	---

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: BridgePoint Medical, Inc.

Physical Address: Two Scimed Place

Mailing Address: same as above

City: Maple Grove State: MN Zip Code: 55311

Telephone: 888-272-1001 Fax: 763-225-8718

Toll Free Number: 888-272-1001

E-mail: Ken.Brown@bsci.com Website: N/A

Facility Manager: Ken Brown

Professional qualifications and experience of facility manager: Director of Quality (Aug 2007 to Present),
Manager II of Design Assurance (Dec 2005 to Aug 2007)

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

63194

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH _____)
--	--

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4 <input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b Please check box for type of ownership and complete correct part of the application.	<input checked="" type="checkbox"/> Partnership - Pages 1,2,3,6 LLC owned by LP <input type="checkbox"/> Sole Owner – Pages 1,2,3,7
--	--

GENERAL INFORMATION

Facility Name: Covidien Sales LLC
Physical Address: 14005 13th Avenue North, Plymouth, MN 55441
Mailing Address: 15 Hampshire Street Attn: Cathy Medeiros
City: Mansfield State: MA Zip Code: 02048
Telephone: (508) 261-6083 Fax: (508) 261-8461
Toll Free Number: N/A
E-mail: cathy.medeiros@covidien.com Website: www.covidien.com
Facility Manager: Mike Riley
Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Clinics

Type of Products to be handled or wholesaled be firm:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices <input type="checkbox"/> Poisons or Chemicals <input type="checkbox"/> Controlled Substances (include copy of DEA) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Hypodermic Devices <input type="checkbox"/> Veterinary Legend Drugs
---	---

63082

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Wholesaler ☒ Ownership Change
(Please provide current license number if making changes: WH 01317)

☒ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Dispensing Solutions, Inc.
Physical Address: 3000 West Warner Avenue, Santa Ana, CA 92704
Mailing Address: Attn: Elaine Stutman 4345 Southpoint Blvd
City: Jacksonville State: FL Zip Code: 32216
Telephone: 714-437-6330 Fax: 904.332.3349
Toll Free Number: _____
E-mail: estutman@pssd.com Website: www.pssd.com
Facility Manager: Bruce Mole

Professional qualifications and experience of facility manager: see attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☐ Other: _____

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALE LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(**non-refundable and not transferable money order or cashier's check only**)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH _____)	

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership – Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Golden State Medical Supply, Inc.

Physical Address: 5187 Camino Ruiz

Mailing Address: same as above

City: Camarillo State: CA Zip Code: 93012

Telephone: (805) 411-9866 Fax: (805) 431-7581

Toll Free Number: 800-284-8633

E-mail: jstroud@gsms.us Website: www.gsms.us

Facility Manager: James L. Stroud

Professional qualifications and experience of facility manager: see resume attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: government facilities

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☐ Other: _____

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler

☐ Ownership Change

(Please provide current license number if making changes: WH _____)

☐ Publicly Traded Corporation – Pages 1,2,3,4

☐ Partnership - Pages 1,2,3,6

☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b

☐ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Grifols USA, LLC

Physical Address: 13111 Temple Avenue

Mailing Address: Same

City: City of Industry State: CA Zip Code: 91746

Telephone: 626-435-2600 Fax: 626-435-2680

Toll Free Number: _____

E-mail: manuel.guerrero@grifols.com Website: www.grifols.com

Facility Manager: Manuel Guerrero

Professional qualifications and experience of facility manager: See Attachment 1

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies

☒ Practitioners

☒ Hospitals

☒ Wholesalers

☒ Other: Home Health Agencies

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Poisons or Chemicals

☐ Controlled Substances (include copy of DEA)

☐ Other: _____

☐ Hypodermic Devices

☐ Veterinary Legend Drugs

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALE LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler ☐ Ownership Change
(Please provide current license number if making changes: WH_____)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership – Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Grifols USA, LLC

Physical Address: 8368 US 70 BUS Hwy W

Mailing Address: same

City: Clayton State: NC Zip Code: 27520

Telephone: 919-553-5011 Fax: 919-359-7304

Toll Free Number: N/A

E-mail: craig.farguharson@grifols.com Website: www.grifols.com

Facility Manager: Richard Craig Farguharson

Professional qualifications and experience of facility manager: See Attachment 1

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☒ Other: Home Health Agencies

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Wholesaler ☒ Ownership Change
(Please provide current license number if making changes: WH 01337)

☒ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Gulf South Medical Supply, Inc.
Physical Address: 2151 South Proforma Ave., Suite B, Ontario, CA 91761
Mailing Address: Attn: Elaine Stutman 4345 Southpoint Blvd
City: Jacksonville State: FL Zip Code: 32216
Telephone: 904-773-0272 Fax: 904.332.3349
Toll Free Number: _____
E-mail: estutman@pssd.com Website: www.gsms.com
Facility Manager: Dave Stevens

Professional qualifications and experience of facility manager: warehouse operations
for 10 plus years, CA Designated Representative

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH01532)
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<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Gulf South Medical Supply, Inc.

Physical Address: 4291 Pell Drive Sacramento, CA 95838

Mailing Address: Attn: Elaine Stutman 4345 Southpoint Blvd

City: Jacksonville State: FL Zip Code: 32216

Telephone: 916-922-3400 Fax: 904.332.3349

Toll Free Number: _____

E-mail: estutman@pssd.com Website: www.gsms.com

Facility Manager: Kathy Vang

Professional qualifications and experience of facility manager: warehouse operations since 2005, CA Designated Representative

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

49075

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH04156)	

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

☒ LLC

GENERAL INFORMATION

Facility Name: JHP Pharmaceuticals, LLC

Physical Address: 870 Parkdale Road, Rochester, MI 48307

Mailing Address: Morris Corporate Center 2, One Upper Pond Road, Building D, 3rd Flr.

City: Parsippany State: New Jersey Zip Code: 07054

Telephone: 973-658-3530 Fax: 973-658-3585

Toll Free Number: _____

E-mail: steve.richardson@jhppharma.com Website: www.jhppharma.com

Facility Manager: J. Donald Ferry, Jr. (Don Ferry)

Professional qualifications and experience of facility manager: Please see attached resume.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☐ Other: _____

43542

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler ☐ Ownership Change
(Please provide current license number if making changes: WH _____)

☒ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Macoven Pharmaceuticals, LLC
Physical Address: 135 Industrial Blvd.,
Mailing Address: Same
City: Madison State: MS Zip Code: 39110
Telephone: 877-622-6836 Fax: 832-934-1857
Toll Free Number: 800-793-2145
E-mail: cindyadams@macovenpharma.com Website: www.pernixtx.com
Facility Manager: Cindy Adams
Professional qualifications and experience of facility manager: See Attached
Resume

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☐ Other: _____

PT

56211/63200

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH01760)
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Nestlé Health Science-Pamlab, Inc

Physical Address: 2008 Claiborne Avenue

Mailing Address: Attention: Joyce Perkins Davis PO Box 8950

City: Mandeville State: Louisiana Zip Code: 70470

Telephone: 985-867-5781 Fax: 985-867-5773

Toll Free Number: _____

E-mail: jperkinsdavis@pamlab.com Website: www.pamlab.com

Facility Manager: Dale R. Scotten

Professional qualifications and experience of facility manager: _____

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input type="checkbox"/> Hypodermic Devices
<input type="checkbox"/> Poisons or Chemicals	<input type="checkbox"/> Veterinary Legend Drugs
<input type="checkbox"/> Controlled Substances (include copy of DEA)	
<input type="checkbox"/> Other: _____	

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change	
(Please provide current license number if making changes: WH_____)		

<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Optimer Pharmaceuticals, Inc.

Physical Address: 4755 Nexus Center Drive

Mailing Address: Same as above.

City: San Diego State: CA Zip Code: 92121

Telephone: (858) 909-0736 Fax: (858) 909-0737

Toll Free Number: _____

E-mail: rsavel@optimerpharma.com Website: www.optimerpharma.com

Facility Manager: Robert Savel

Professional qualifications and experience of facility manager: SVP Operations & General Manager

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input type="checkbox"/> Hypodermic Devices
<input type="checkbox"/> Poisons or Chemicals	<input type="checkbox"/> Veterinary Legend Drugs
<input type="checkbox"/> Controlled Substances (include copy of DEA)	
<input type="checkbox"/> Other: _____	

PT

63229

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH_____)
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<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Pernix Therapeutics, LLC
Physical Address: 135 Industrial Blvd
Mailing Address: Same
City: Madison State: US Zip Code: 39110
Telephone: 832-934-1825 Fax: 832-934-1857
Toll Free Number: 800-793-2145
E-mail: adams@pernixtx.com Website: www.pernixtx.com
Facility Manager: Cindy Adams
Professional qualifications and experience of facility manager: See Attached Resume

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

PT

63084

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH <u>00957</u>)
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<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: PSS World Medical, Inc.
Physical Address: 3044 South 1030 West Salt Lake City, UT 84119
Mailing Address: Attn: Elaine Stutman 4345 Southpoint Blvd
City: Jacksonville State: FL Zip Code: 32216
Telephone: 801-477-0848 Fax: 904.332.3349
Toll Free Number: _____
E-mail: estutman@pssd.com Website: www.pssd.com
Facility Manager: Brandon Parrish
Professional qualifications and experience of facility manager: see attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input checked="" type="checkbox"/> Hypodermic Devices
<input type="checkbox"/> Poisons or Chemicals	<input type="checkbox"/> Veterinary Legend Drugs
<input type="checkbox"/> Controlled Substances (include copy of DEA)	
<input type="checkbox"/> Other: _____	

19433

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH01083)
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<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: PSS World Medical, Inc.

Physical Address: 970 Riverside Parkway, Suite 70 West Sacramento, CA 95605

Mailing Address: Attn: Elaine Stutman 4345 Southpoint Blvd

City: Jacksonville State: FL Zip Code: 32216

Telephone: 916-617-4311 Fax: 904.332.3349

Toll Free Number: _____

E-mail: estutman@pssd.com Website: www.pssd.com

Facility Manager: Jessica Stach

Professional qualifications and experience of facility manager: see attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input checked="" type="checkbox"/> Hypodermic Devices
<input type="checkbox"/> Poisons or Chemicals	<input type="checkbox"/> Veterinary Legend Drugs
<input type="checkbox"/> Controlled Substances (include copy of DEA)	
<input type="checkbox"/> Other: _____	

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALE LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH01503)
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<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: PSS World Medical, Inc.
Physical Address: 1950 Ruffin Mill Road Colonial Heights, VA 23834
Mailing Address: Attn: Elaine Stutman 4345 Southpoint Blvd
City: Jacksonville State: FL Zip Code: 32216
Telephone: 804-253-1500 Fax: 904.332.3349
Toll Free Number: _____
E-mail: estutman@pssd.com Website: www.pssd.com
Facility Manager: Donald Romanek
Professional qualifications and experience of facility manager: see attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input checked="" type="checkbox"/> Hypodermic Devices
<input type="checkbox"/> Poisons or Chemicals	<input type="checkbox"/> Veterinary Legend Drugs
<input type="checkbox"/> Controlled Substances (include copy of DEA)	
<input type="checkbox"/> Other: _____	

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(**non-refundable and not transferable money order or cashier's check only**)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: <u>WH01280</u>)
---	--

<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: PSS World Medical, Inc.
Physical Address: 3103 E. Broadway Rd. #100, Phoenix, AZ 85040
Mailing Address: Attn: Elaine Stutman 4345 Southpoint Blvd
City: Jacksonville State: FL Zip Code: 32216
Telephone: 602-232-4899 Fax: 904.332.3349
Toll Free Number: _____
E-mail: estutman@pssd.com Website: www.pssd.com
Facility Manager: Russell Marshall

Professional qualifications and experience of facility manager: ex distributor operations
for 26 years

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input checked="" type="checkbox"/> Hypodermic Devices
<input type="checkbox"/> Poisons or Chemicals	<input type="checkbox"/> Veterinary Legend Drugs
<input type="checkbox"/> Controlled Substances (include copy of DEA)	
<input type="checkbox"/> Other: _____	

39054

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALE LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH51116)
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<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: PSS World Medical, Inc.
Physical Address: 1938 Malvern Ave. Fullerton, CA 92833
Mailing Address: Attn: Elaine Stutman 4345 Southpoint Blvd
City: Jacksonville State: FL Zip Code: 32216
Telephone: 714-451-4000 Fax: 904.332.3349
Toll Free Number: _____
E-mail: estutman@pssd.com Website: www.pssd.com
Facility Manager: Mike Baker
Professional qualifications and experience of facility manager: see attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

<input checked="" type="checkbox"/> Legend Pharmaceuticals, Supplies or Devices	<input checked="" type="checkbox"/> Hypodermic Devices
<input type="checkbox"/> Poisons or Chemicals	<input type="checkbox"/> Veterinary Legend Drugs
<input type="checkbox"/> Controlled Substances (include copy of DEA)	
<input type="checkbox"/> Other: _____	

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR OUT-OF-STATE WHOLESALE LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☐ New Wholesaler

☒ Ownership Change

(Please provide current license number if making changes: WH 01119)

☒ Publicly Traded Corporation – Pages 1,2,3,4

☐ Partnership – Pages 1,2,3,6

☐ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b

☐ Sole Owner – Pages 1,2,3,7

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: Rebel Distributors Corp

Physical Address: 3607 Old Conejo Road Thousand Oaks, CA 91320

Mailing Address: Attn: Elaine Stutman 4345 Southpoint Blvd

City: Jacksonville State: FL Zip Code: 32216

Telephone: 877-732-3579 Fax: 904.332.3349

Toll Free Number: 877-732-3579

E-mail: estutman@pssd.com

Website: www.rebelrx.com

Facility Manager: Christopher Baurer

Professional qualifications and experience of facility manager: see attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies

☒ Practitioners

☐ Hospitals

☒ Wholesalers

☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Hypodermic Devices

☐ Poisons or Chemicals

☐ Veterinary Legend Drugs

☒ Controlled Substances (include copy of DEA)

☐ Other: _____

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input type="checkbox"/> New Wholesaler	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: WH01759)
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<input checked="" type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Stat Rx USA, LLC

Physical Address: 2481 Hilton Drive Unit 5 Gainesville, GA 30501

Mailing Address: Attn: Elaine Stutman 4345 Southpoint Blvd

City: Jacksonville State: FL Zip Code: 32216

Telephone: 770-534-0880 Fax: 904.332.3349

Toll Free Number: _____

E-mail: estutman@pssd.com Website: n/a

Facility Manager: Joe Kreder

Professional qualifications and experience of facility manager: see attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☐ Other: _____

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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE WHOLESALE LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Wholesaler	<input type="checkbox"/> Ownership Change
(Please provide current license number if making changes: WH _____)	

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,4	<input type="checkbox"/> Partnership - Pages 1,2,3,6
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,3,5a,5b	<input type="checkbox"/> Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION

Facility Name: Superior Medical Supply, Inc.

Physical Address: 398 Depot Street, Franklin, NC 28734

Mailing Address: PO Box 270930, Superior, CO 80027

City: ↑ State: _____ Zip Code: _____

Telephone: 877-460-1411 Fax: 303-460-8188

Toll Free Number: ↑

E-mail: ajensen@superiormedicalsupply.com Website: N/A

Facility Manager: Ken Calata

Professional qualifications and experience of facility manager: 5 years experience as purchasing manager for hospital pharmacy, 3 years experience warehouse facility manager

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☒ Other: Surgery Centers

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA)
☐ Other: _____

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change (Please provide current license number if making changes: PH <u>IB01550</u>)	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
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<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b

Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Complex Care Hospital at Tenaya

Physical Address: 2500 N. Tenaya Way

Mailing Address: 2500 N. Tenaya Way

City: Las Vegas State: NV Zip Code: 89128

Telephone: (702) 341-1369 Fax: (702) 341-1415

Toll Free Number: N/A

E-mail: david.petiprin@complexcare.net Website: N/A

Managing Pharmacist: David Joseph Petiprin License Number: 16505

Hours of Operation:

Monday thru Friday	<u>8</u> am <u>9:30</u> pm	Saturday	<u>8</u> am <u>4</u> pm
Sunday	<u>8</u> am <u>4</u> pm	24 Hours	<u>N/A</u>

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☒ Hospital (# beds 70)
- ☐ Internet
- ☐ Nuclear
- ☐ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☐ Mail Service
- ☒ Long Term Care

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH IB01204)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Tahoe Pacific Hospitals - Meadows

Physical Address: 10101 Double R Blvd.

Mailing Address: 10101 Double R Blvd.

City: Reno State: NV Zip Code: 89521

Telephone: (775) 326-6138 Fax: (775) 326-6185

Toll Free Number: N/A

E-mail: kevin.gammell@lifecare-hospitals.com Website: N/A

Managing Pharmacist: Kevin Gammell License Number: 7163

Hours of Operation:

Monday thru Friday <u>7:30</u> am <u>6</u> pm	Saturday <u>10</u> am <u>4</u> pm
Sunday <u>10</u> am <u>4</u> pm	24 Hours <u>N/A</u>

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☒ Hospital (# beds 39)
- ☐ Internet
- ☐ Nuclear
- ☐ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☒ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☐ Mail Service
- ☐ Long Term Care

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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<input type="checkbox"/> New Pharmacy	<input checked="" type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH <u>IB01864</u>)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input checked="" type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Tahoe Pacific Hospitals - West

Physical Address: 235 West Sixth Street, 3rd Floor

Mailing Address: 235 West Sixth Street, 3rd Floor

City: Reno State: NV Zip Code: 89503

Telephone: (775) 770-7985 Fax: (775) 326-6194

Toll Free Number: N/A

E-mail: gary.brooks@lifecare-hospitals.com Website: N/A

Managing Pharmacist: Gary Brooks License Number: 16506

Hours of Operation:

Monday thru Friday	<u>7:30</u> am	<u>6</u> pm	Saturday	<u>7:30</u> am	<u>6</u> pm
Sunday	<u>7:30</u> am	<u>6</u> pm	24 Hours	<u>N/A</u>	

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail
<input checked="" type="checkbox"/> Hospital (# beds <u>21</u>)
<input type="checkbox"/> Internet
<input type="checkbox"/> Nuclear
<input type="checkbox"/> Out of State
<input type="checkbox"/> Ambulatory Surgery Center

<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Parenteral
<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Mail Service
<input type="checkbox"/> Long Term Care

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH _____)			

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership – Pages 1,2,5,7,8a,8b
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: TRUE CARE PHARMACY #2

Physical Address: 4510 S. EASTERN AVE SUITE 1

Mailing Address: _____

City: LAS VEGAS State: NV Zip Code: 89119-6118

Telephone: 702-233-2010 Fax: 702-233-2009

Toll Free Number: N/A

E-mail: TRUECAREPHARMACY2011@gmail.com Website: N/A

Managing Pharmacist: KASHMIRA PATEL License Number: 17140

Hours of Operation:

Monday thru Friday 9 am 6 pm

Saturday 9 am 6 pm

Sunday N/A am N/A pm

24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- ☒ Retail
- ☐ Hospital (# beds _____)
- ☐ Internet
- ☐ Nuclear
- ☐ Out of State
- ☐ Ambulatory Surgery Center

- ☐ Off-site Cognitive Services
- ☐ Parenteral
- ☐ Parenteral (outpatient)
- ☐ Outpatient/Discharge
- ☐ Mail Service
- ☐ Long Term Care

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane □ Reno, NV 89509 □ (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Pharmacy	<input type="checkbox"/> Ownership Change	<input type="checkbox"/> Name Change	<input type="checkbox"/> Location Change
(Please provide current license number if making changes: PH _____)			

<input type="checkbox"/> Publicly Traded Corporation □ Pages 1,2,3,7,8a,8b	<input type="checkbox"/> Partnership - Pages 1,2,5,7,8a,8b
<input checked="" type="checkbox"/> Non Publicly Traded Corporation □ Pages 1,2,4a,4b,7,8a,8b	<input type="checkbox"/> Sole Owner □ Pages 1,2,6,7,8a,8b
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Warm Springs Surgical Center

Physical Address: 3235 E. Warm Springs Rd Suite 110

Mailing Address: 3235 E. Warm Springs Rd, Suite 110

City: Las Vegas State: NV Zip Code: 89120

Telephone: 702-802-5200 Fax: _____

Toll Free Number: _____

E-mail: kristyna@blossombariatrics.com Website: www.warmspirngssurgicalcenter.com

Managing Pharmacist: Douglas Cammann, R.Ph License Number: 13340

Hours of Operation:

Monday thru Friday 6:30 am 6:30 pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input type="checkbox"/> Internet	<input type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Out of State	<input type="checkbox"/> Mail Service
<input checked="" type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

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III.

During the investigation of this matter it was found that one pharmaceutical technician had input the prescription information and generated a label set. A second pharmaceutical technician pulled the stock bottle, counted and filled the prescription. It was then verified by Mr. Estrin. The label set did not accurately reflected the prescriber's order and it was assumed the error took place during the counting and filling production process. The label set was for diclofenac potassium 50 mg not diclofenac sodium 75 mg. Although the pharmacy's computer system does not provide exact times for prescription fills it was discovered that another patient had a prescription for 50 mg. amitriptyline tablets and 10 mg. lisinopril tablets filled at CVS #4691 that same day. The refill log showed only the label for lisinopril and not the label for amitriptyline for the other patient and Ms. Childs label for diclofenac potassium, even though it is CVS's policy to put all labels, new and refill, in the refill log. It is assumed that the amitriptyline prescription and the diclofenac potassium prescriptions were being filled at the same time and that the stock bottles were switched during the filling process.

IV.

On February 15, 2012, Ms. Childs discovered that the prescription label stated the drug should be a white tablet imprinted with M D5 on it. The pills in the bottle were red and said M 36 on them. A friend of Ms. Childs researched on line the identification of the drug that had been dispensed to Ms. Childs and suspected the pills that had been dispensed were amitriptyline 50 mg. Ms. Childs returned to the pharmacy to ask questions about the drug she had been dispensed. Mr. Estrin confirmed that the wrong drug had been dispensed, namely amitriptyline 50 mg. tablets. Mr. Estrin threw the amitriptyline 50 mg. tablets away. He read the label on the bottle, not realizing that the label was incorrect, and he then dispensed diclofenac potassium 50 mg. tablets to Ms. Childs, not the diclofenac sodium 75 mg. tablets that were prescribed by her physician.

FIRST CAUSE OF ACTION

V.

In failing to strictly follow the instructions of Ms. Child's physician by verifying and dispensing her prescription for 75 mg. tablets of diclofenac sodium with 50 mg. tablets of amitriptyline, Mr. Estrin violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

VI.

In failing to strictly follow the instructions of Ms. Child's physician by dispensing her prescription for 75 mg. tablets of diclofenac sodium with 50 mg tablets of diclofenac potassium, Mr. Estrin violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 30th day of October, 2012.



Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING

ELBION ESTRIN, R.Ph.,
Certificate of Registration #03573,

Case No. 12-015-RPH-N

Respondent.

_____ /

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the board by the Petitioner, Larry L. Pinson, Executive Secretary for the board, alleging grounds for imposition of disciplinary action by the board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II

You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Nevada State Board of Pharmacy within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

The Board has reserved Wednesday, December 5, 2012 as the date for a hearing on this matter at the Hyatt Place, 1790 East Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 30th day of October, 2012.



Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND
NOTICE OF DEFENSE

ELBION ESTRIN, R.Ph.,
Certificate of Registration #03573,

Case No. 12-015-RPH-N

Respondent.

_____/

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2012.

Elbion Estrin, R.Ph.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 12-060-RPH-N
Petitioner,	)	CASE NO. 12-060-PH-N
v.)	
	)	NOTICE OF INTENDED ACTION
CHARLES BOISSELLE, RPH	)	AND ACCUSATION
Certificate of Registration No. 12486)	
)	
HALE'S PHARMACY)	
Certificate of Registration No. PH00734)	
)	
Respondents	/	

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because Respondent Charles Boisselle is a pharmacist licensed by the Board. Respondent Hale's Pharmacy is a pharmacy licensed by the Board, located at 901 East Second Street, #102, Reno, Nevada.

II.

On or about October 19, 2012, Advanced Practice Nurse (APN) GS at Northern Nevada Mental Health Services (NNAMHS) saw Patient RS, and prescribed to him brand name mirtazapine (Remeron) 15 mg. tablets with instructions to take one tablet by mouth at bedtime. The prescription was presented to Hale's Pharmacy, filled and picked up the same day.

III.

On or about November 15, 2012, Deborah Campanella, RN, saw Patient RS for a routine follow-up examination. During the examination, RN Campanella discovered that Patient RS's prescription for mirtazapine 15 mg. tablets was filled with temazepam 15 mg. capsules. She contacted the assisted living home where Patient RS resides, and instructed them to turn in the incorrect prescription bottle to NNMHS. She then reported the error to pharmacist

Boisselle. Patient RS ingested seventeen temazepam 15 mg. capsules before the error was discovered, resulting in delayed therapy.

IV.

During the investigation of this matter, the Board Investigator learned that the pharmaceutical technician inputting the Remeron prescription asked Pharmacist Boisselle for assistance in identifying the generic substitution for Remeron. Pharmacist Boisselle confused brand name Remeron for brand name Restoril, and replied “temazepam”, which is the generic substitution for Restoril. The pharmaceutical technician assigned the prescription number 504185, filled the prescription with temazepam, and staged the completed product for pharmacist verification. During verification, Pharmacist Boisselle failed to note the substitution error. He initialed the temazepam label and staged it for customer pickup. The prescription was picked up and signed for later that day by a representative of the assisted living home. There is no documentation of counseling.

V.

The Board Investigator learned that after the error was discovered on November 15, 2012, Hale’s Pharmacy voided the temazepam prescription number 504185 from the pharmacy computer system. No detailed fill record of that prescription exists or is linked to the patient profile. Pharmacist Boisselle did produce a “Voided Rx Log” that appears to have been generated on February 5, 2013, following the Board Investigator’s request for documentation regarding prescription 504185. In his written statement, pharmacist Boisselle indicated that correcting the erred temazepam prescription required voiding the prescription number (504185), and assigning a new number to the prescription for mirtazapine.

FIRST CAUSE OF ACTION

VI.

In failing to strictly follow the instructions of Patient RS’s APN by verifying and dispensing his prescription written for mirtazapine 15 mg. tablets with temazepam 15 mg. capsules, Charles Boisselle violated NRS 639.210(4) and/or (12) and/or NAC 639.945(1)(b) and/or (d) and/or (i).

SECOND CAUSE OF ACTION

VII.

In failing to provide counseling for Patient RS's new prescription, Charles Boisselle and Hale's Pharmacy violated NRS 639.210(4) and/or (12) and/or 639.266(1) and/or NAC 639.707(1)(a) and/or (6) and/or 639.945(1)(i).

THIRD CAUSE OF ACTION

VIII.

In voiding the original fill record for prescription number 504185, Charles Boisselle violated NRS 639.210(4) and/or (12) and/or NAC 639.910(1) and/or (2) and/or 639.945(1)(h) and/or (i).


FOURTH CAUSE OF ACTION

IX.

In owning and operating the pharmacy in which the alleged violations occurred, Hale's Pharmacy violated NRS 639.210(4) and/or (12) and/or 639.266(1) and/or NAC 639.707(1)(a) and/or (6) and/or 639.910(1) and/or (2) and/or 639.945(1)(h) and/or (i) and/or (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 19th day of March, 2013.



Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO . 12-060-RPH-N
Petitioner,)	
v.)	
	)	STATEMENT TO THE RESPONDENT
CHARLES BOISSELLE, RPH	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. 12486	)	AND ACCUSATION
	)	RIGHT TO HEARING
Respondent	/	

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Board within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.


III.

The Board has reserved Wednesday, June 12, 2013, as the date for a hearing on this matter at the Hyatt Place, 1790 E. Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 19th day of March, 2013.


Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner

v.

CHARLES BOISSELLE, R.Ph.
Certificate of Registration No. 12486,

HALE'S PHARMACY
Certificate of Registration No. PH00734,

Respondents.

**ANSWER AND NOTICE OF
DEFENSE**

Case No. 12-060-RPH-N

Case No. 12-060-PH-N

Respondents Charles Boisselle and Hale's Pharmacy, by and through William J. Stilling and Scott S. Bell of and for Parsons Behle & Latimer, answer the Notice of Intended Action and Accusation in the above-entitled matter and declare as follows.

INTRODUCTION

DEFENSES AND REQUEST FOR HEARING

1. Mr. Boisselle and Hale's Pharmacy request a hearing on the Notice of Intended Action and Accusation ("Accusation") and will be available on Wednesday, June 12, 2013.

**RESPONSE TO FACTUAL ALLEGATIONS
AND CAUSES OF ACTION**

In answer to the Notice of Intended Action and Accusation, Respondents jointly admit, deny, and allege as follows:

I.

Respondents admit the allegations in Paragraph I.

II.

Respondents admit the allegations contained in the last sentence of paragraph II. Respondents lack personal knowledge or information sufficient to form a belief about the truth of the remaining facts alleged in paragraph II.

III.

In response to paragraph III, Respondents deny that Ms. Campanella reported an error to Mr. Boisselle. Respondents further deny that Patient RS experienced delayed therapy. Respondents lack personal knowledge or information sufficient to form a belief about the truth of the remaining facts alleged in paragraph III.

IV.

Respondents admit the factual allegations in paragraph IV. Mr. Boisselle offered counseling, but the representative of the assisted living home turned it down.

V.

Respondents admit the factual allegations in paragraph V. Importantly, Respondents voided the prescription after learning of the mistake in order to ensure that the incorrect medication would not be dispensed again and that no further mistakes involving the prescription would occur. Respondents took these actions prior to learning of any complaint or Board action.

FIRST CAUSE OF ACTION

VI.

Paragraph VI does not aver factual allegations, but contains ultimate legal conclusions that are not subject to admission or denial of facts.

SECOND CAUSE OF ACTION

VII.

Paragraph VII does not aver factual allegations, but contains ultimate legal conclusions that are not subject to admission or denial of facts.

THIRD CAUSE OF ACTION

VIII.

Paragraph VIII does not aver factual allegations, but contains ultimate legal conclusions that are not subject to admission or denial of facts.

FOURTH CAUSE OF ACTION

IX.

Paragraph IX does not aver factual allegations, but contains ultimate legal conclusions that are not subject to admission or denial of facts.

STATEMENT OF COMPLIANCE

Respondents do not dispute that a misdispensing occurred. Respondents deeply regret the misdispensing. Upon learning of the mistake, Mr. Boisselle immediately attempted to contact the Advanced Practice Nurse at Northern Nevada Mental Health Services who prescribed the medication. When Mr. Boisselle eventually spoke to the APN in January 2013, the APN knew nothing of the error. After the issue was explained, the APN stated that no harm had been done and that the temazepam may have been a better choice than mirtazapine for Patient RS. Patient RS has not suffered any adverse reactions or delayed therapy as a result of the mistake. Respondents will be vigilant to protect against similar mistakes in the future.

RESERVATION OF RIGHTS AND GENERAL DENIAL

1. Respondents reserve the right to assert other affirmative defenses in this matter and in any civil litigation that may follow.

2. Respondents will provide the Board with the remedial steps they believe will minimize the likelihood of errors like this from occurring in the future.

3. Finally, to the extent Respondents did not specifically admit allegations in the Notice of Intent and Accusation, they deny such allegations.

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this 4th day of April, 2013.

/s/ Scott S. Bell

William J. Stilling

Scott S. Bell

Of and for PARSONS BEHLE &
LATIMER

Attorneys for Charles Boisselle and Hale's
Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CHARLES BOISSELLE, RPH

Certificate of Registration No. 12486

HALE'S PHARMACY

Certificate of Registration No. PH00734

Respondents

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CASE NO. 12-060-RPH-N

CASE NO. 12-060-PH-N

NOTICE OF INTENDED ACTION

AND ACCUSATION

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3) and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and these respondents because Respondent Charles Boisselle is a pharmacist licensed by the Board. Respondent Hale's Pharmacy is a pharmacy licensed by the Board, located at 901 East Second Street, #102, Reno, Nevada.

II.

On or about October 19, 2012, Advanced Practice Nurse (APN) GS at Northern Nevada Mental Health Services (NNAMHS) saw Patient RS, and prescribed to him brand name mirtazapine (Remeron) 15 mg. tablets with instructions to take one tablet by mouth at bedtime. The prescription was presented to Hale's Pharmacy, filled and picked up the same day.

III.

On or about November 15, 2012, Deborah Campanella, RN, saw Patient RS for a routine follow-up examination. During the examination, RN Campanella discovered that Patient RS's prescription for mirtazapine 15 mg. tablets was filled with temazepam 15 mg. capsules. She contacted the assisted living home where Patient RS resides, and instructed them to turn in the incorrect prescription bottle to NNMHS. She then reported the error to pharmacist

Boisselle. Patient RS ingested seventeen temazepam 15 mg. capsules before the error was discovered, resulting in delayed therapy.

IV.

During the investigation of this matter, the Board Investigator learned that the pharmaceutical technician inputting the Remeron prescription asked Pharmacist Boisselle for assistance in identifying the generic substitution for Remeron. Pharmacist Boisselle confused brand name Remeron for brand name Restoril, and replied “temazepam”, which is the generic substitution for Restoril. The pharmaceutical technician assigned the prescription number 504185, filled the prescription with temazepam, and staged the completed product for pharmacist verification. During verification, Pharmacist Boisselle failed to note the substitution error. He initialed the temazepam label and staged it for customer pickup. The prescription was picked up and signed for later that day by a representative of the assisted living home. There is no documentation of counseling.

V.

The Board Investigator learned that after the error was discovered on November 15, 2012, Hale’s Pharmacy voided the temazepam prescription number 504185 from the pharmacy computer system. No detailed fill record of that prescription exists or is linked to the patient profile. Pharmacist Boisselle did produce a “Voided Rx Log” that appears to have been generated on February 5, 2013, following the Board Investigator’s request for documentation regarding prescription 504185. In his written statement, Pharmacist Boisselle indicated that correcting the erred temazepam prescription required voiding the prescription number (504185), and assigning a new number to the prescription for mirtazapine.

FIRST CAUSE OF ACTION

VI.

In failing to strictly follow the instructions of Patient RS’s APN by verifying and dispensing his prescription written for mirtazapine 15 mg. tablets with temazepam 15 mg. capsules, Charles Boisselle violated NRS 639.210(4) and/or (12) and/or NAC 639.945(1)(b) and/or (d) and/or (i).

SECOND CAUSE OF ACTION

VII.

In failing to provide counseling for Patient RS's new prescription, Charles Boisselle and Hale's Pharmacy violated NRS 639.210(4) and/or (12) and/or 639.266(1) and/or NAC 639.707(1)(a) and/or (6) and/or 639.945(1)(i).

THIRD CAUSE OF ACTION

VIII.

In voiding the original fill record for prescription number 504185, Charles Boisselle violated NRS 639.210(4) and/or (12) and/or NAC 639.910(1) and/or (2) and/or 639.945(1)(h) and/or (i).


FOURTH CAUSE OF ACTION

IX.

In owning and operating the pharmacy in which the alleged violations occurred, Hale's Pharmacy violated NRS 639.210(4) and/or (12) and/or 639.266(1) and/or NAC 639.707(1)(a) and/or (6) and/or 639.910(1) and/or (2) and/or 639.945(1)(h) and/or (i) and/or (2).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 19th day of March, 2013.



Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

HALE'S PHARMACY

Certificate of Registration No. PH00734

Respondent

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CASE NO. 12-060-PH-N

STATEMENT TO THE RESPONDENT

NOTICE OF INTENDED ACTION

AND ACCUSATION

RIGHT TO HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Board within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.

III.

The Board has reserved Wednesday, June 12, 2013, as the date for a hearing on this matter, at the Hyatt Place, 1790 E. Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 19th day of March, 2013.


Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 13-010-PT-N
Petitioner,)	
v.)	
)	
CHRISTIN ALLEN, PT	)	NOTICE OF INTENDED ACTION
Certificate of Registration No. PT11379	)	AND ACCUSATION
)	
Respondent)	
	/	

Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, makes the following that will serve as both a notice of intended action under Nevada Revised Statutes (NRS) 233B.127(3), and as an accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy (Board) has jurisdiction over this matter and this Respondent because Respondent Christin Allen is a pharmaceutical technician licensed by the Board.

II.

On or about March 8, 2013, Board Staff received written notification from Ly Smith, CVS/Caremark Pharmacy Supervisor, that Ms. Allen had been terminated from employment as a pharmaceutical technician at CVS Pharmacy #9168 for diversion of controlled substances.

III.

An internal investigation conducted by CVS/Caremark's Regional Loss Prevention personnel identified suspicious ordering and dispensing variances for hydrocodone/APAP 10-325, from January 29, 2013 through February 25, 2013. A subsequent audit identified a variance of negative 1,616 tablets of hydrocodone/APAP 10-325.

IV.

The CVS/Caremark's Regional Loss Prevention manager interviewed the pharmacy staff of CVS Pharmacy #9168 regarding the losses. During the interview with Ms. Allen, she admitted verbally and in a written statement that she had diverted quantities of 1,680

hydrocodone/APAP 10-325 tablets and 100 hydrocodone/APAP 7.5-325 tablets during her thirteen months of employment with CVS #9168. Ms. Allen claimed that she diverted the hydrocodone/APAP to self-medicate for back pain resulting from an injury she sustained while serving in the military.


FIRST CAUSE OF ACTION

V.

In obtaining controlled substances, namely hydrocodone/APAP 10-325 tablets and hydrocodone/APAP 7.5-325 tablets, without a lawful prescription, Ms. Allen violated Nevada Revised Statute (NRS) 453.331(1)(d), and/or 453.336(1) and/or 639.210(1), (4), (5), (11), and/or (12) and/or Nevada Administrative Code (NAC) 639.945(1)(g) and/or (h).

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 4th day of April, 2013.


Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CHRISTIN ALLEN, PT

Certificate of Registration No. PT11379

Respondent

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CASE NO. 13-010-PT-N

STATEMENT TO THE RESPONDENT

NOTICE OF INTENDED ACTION

AND ACCUSATION

RIGHT TO HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Board within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.


III.

The Board has reserved Wednesday, June 12, 2013, as the date for a hearing on this matter at the Hyatt Place, 1790 E. Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 4th day of April, 2013.


Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 13-010-PT-N
Petitioner,)	
v.)	
)	
CHRISTIN ALLEN, PT	)	ANSWER AND NOTICE
Certificate of Registration No. PT11379	)	OF DEFENSE
)	
Respondent)	
	/	

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:


I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2013.

Christin Allen, PT

WHEREFORE it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action with respect to the certificate of registration of the Respondent.

Signed this 1st day of May, 2013.


Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

NOTICE TO RESPONDENT

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CANDICE MARIE ROBINSON, PT
Certificate of Registration No. PT12581

Respondent

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CASE NO. 13-019-PT-N

STATEMENT TO THE RESPONDENT
NOTICE OF INTENDED ACTION
AND ACCUSATION
RIGHT TO HEARING

TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

Pursuant to the authority and jurisdiction conferred upon the Nevada State Board of Pharmacy (Board) by NRS 639.241 to NRS 639.2576, inclusive, and NRS chapter 233B, a Notice of Intended Action and Accusation has been filed with the Board by the Petitioner, Larry L. Pinson, Executive Secretary for the Board, alleging grounds for imposition of disciplinary action by the Board against you, as is more fully explained and set forth in the Notice of Intended Action and Accusation served herewith and hereby incorporated reference herein.

II.

You have the right to a hearing before the Board to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of the Answer and Notice of Defense documents served herewith and file said copies with the Board within fifteen (15) days of receipt of this Statement and Notice, and of the Notice of Intended Action and Accusation served within.


III.

The Board has reserved Wednesday, June 12, 2013, as the date for a hearing on this matter at the Hyatt Place, 1790 E. Plumb Lane, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

Failure to complete and file your Notice of Defense with the Board and thereby request a hearing within the time allowed shall constitute a waiver of your right to a hearing in this matter and give cause for the entering of your default to the Notice of Intended Action and Accusation filed herein, unless the Board, in its sole discretion, elects to grant or hold a hearing nonetheless.

DATED this 1st day of May, 2013.


Larry L. Pinson, Pharm.D., Executive Secretary
Nevada State Board of Pharmacy

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,)	
	)	CASE NO. 13-019-PT-N
Petitioner,)	
v.)	
)	
CANDICE MARIE ROBINSON, PT	)	ANSWER AND NOTICE
Certificate of Registration No. PT12581	)	OF DEFENSE
)	
Respondent)	
	/	

Respondent above named, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares:

1. That his objection to the Notice of Intended Action and Accusation as being incomplete or failing to state clearly the charges against him, is hereby interposed on the following grounds: (State specific objections or insert "none").

2. That, in answer to the Notice of Intended Action and Accusation, he admits, denies and alleges as follows:

I hereby declare, under penalty of perjury, that the foregoing Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

DATED this _____ day of _____, 2013.

Candice Marie Robinson, PT

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

- | | |
|--|--|
| <input type="checkbox"/> New Pharmacy

<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7 | <input checked="" type="checkbox"/> Ownership Change
(Please provide current license number if making changes: PH02801)

<input type="checkbox"/> Partnership - Pages 1,2,5,7
<input type="checkbox"/> Sole Owner – Pages 1,2,6,7 |
|--|--|
- Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: HomeChoice Partners, Inc.

Physical Address: 5365 Robin Hood Road, Suite 200

Mailing Address: 5365 Robin Hood Road, Suite 200

City: Norfolk State: Virginia Zip Code: 23513

Telephone: 757-855-4255 Fax: 757-855-8294

Toll Free Number: 800-745-7764 (Required per NAC 639.708)

E-mail: regina.baker@homechoicepartners.com Website: www.homechoicepartners.com

Managing Pharmacist: Regina Baker License Number: 0202012912

Hours of Operation:

Monday thru Friday 8:30 am 5:30 pm Saturday on-call am _____ pm

Sunday on-call am _____ pm 24 Hours on-call service

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|--|--|
| <input type="checkbox"/> Retail
<input type="checkbox"/> Hospital (# beds _____)
<input type="checkbox"/> Internet
<input type="checkbox"/> Nuclear
<input checked="" type="checkbox"/> Out of State
<input type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Off-site Cognitive Services
<input checked="" type="checkbox"/> Parenteral
<input checked="" type="checkbox"/> Parenteral (outpatient)
<input type="checkbox"/> Outpatient/Discharge
<input type="checkbox"/> Mail Service
<input type="checkbox"/> Long Term Care |
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APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? See Attached Yes ☒ No ☐
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

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 the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Kimberlee C. Seah

Print Name of Authorized Person

2/27/18

Date

Board Use Only

Received: _____

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: BioScrip, Inc.
Corporation Name: HomeChoice Partners, Inc.
Mailing Address: 100 Clearbrook Road
City: Elmsford State: New York Zip: 10523
Telephone: 914-460-1600 Fax: 914-460-8122
Contact Person: Robyn Hansen

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?
- a) BioScrip, Inc. owns 100% of the outstanding shares
Name Address
- b) _____
Name Address
- c) _____
Name Address
- d) _____
Name Address
- 2) Provide the number of shares issued by the corporation. 3,582.17
- 3) What was the price paid per share? See attached purchase agreement
- 4) What date did the corporation actually receive the cash assets? 2/1/2013
- 5) Provide a copy of the corporation's stock register evidencing the above information
Copy of stock certificate attached
- List any physician shareholders and percentage of ownership.

Name: None %: _____
Name: _____ %: _____

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

Attached

List of officers and directors

Attached

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Kimberlee C. Seah

Responsible Person of HomeChoice Partners, Inc.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Kimberlee C. Seah

Print Name of Authorized Person

3/26/13

Date

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership – Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: Innovation Compounding, Inc.

Physical Address: 16095 Pine Mountain Rd NW Ste 108

Mailing Address: Same

City: Kennesaw State: GA Zip Code: 30152

Telephone: 770-421-1399 Fax: 770-426-1965

Toll Free Number: 800-547-1399 (Required per NAC 639.708)

E-mail: pharmacist@innovationcompounding.com Website: www.innovationcompounding.com

Managing Pharmacist: Shawn Hodges License Number: RPH023486

Hours of Operation:

Monday thru Friday <u>9</u> am <u>6</u> pm	Saturday <u>on-call</u> am _____ pm
Sunday <u>on-call</u> am _____ pm	24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input checked="" type="checkbox"/> Parenteral <input checked="" type="checkbox"/> Parenteral (outpatient) - <i>injections only</i> <input type="checkbox"/> Outpatient/Discharge <input type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

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 the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Shawn E. Hodges, PharmD
Print Name of Authorized Person

3/25/13
Date

Board Use Only

Received: _____

Amount: \$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Georgia
Parent Company if any: N/A
Corporation Name: Innovation Compounding, Inc.
Mailing Address: 16045 Pine Mountain Rd NW Ste 108
City: Kennesaw State: GA Zip: 30152
Telephone: 770-421-1399 Fax: 770-426-1965
Contact Person: Shawn Hodges

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) Shawn Hodges 1972 Barrett Knoll Circle Kennesaw, GA 30152
Name Address

b) Joseph Clark Aaron 1425 Piedmont Blvd # 1004 Kennesaw
Name Address GA 30152

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 1,000,000

3) What was the price paid per share? \$3.825

4) What date did the corporation actually receive the cash assets? 1/31/2007

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: N/A %: _____

Name: _____ %: _____

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

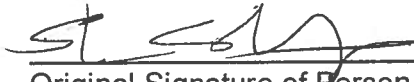
I, Shawn E. Hodges, PharmD

Responsible Person of Innovation Compounding, Inc.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

Shawn E. Hodges, PharmD

Print Name of Authorized Person

3/31/13

Date



The Office of Secretary of State
Professional Licensing Boards Division

Date Mailed: September 6, 2012

Pharmacy

Innovation Compounding
6095 Pine Mountain Rd, NW Ste 108
Kennesaw, GA 30152

Full Name:	Innovation Compounding Inc	Date Issued:	04/25/2007
Type of License:	Retail Pharmacy	Obtained By:	Transfer
License No.:	PHRE009149	Expiration Date:	06/30/2013
License Status:	Active		
Public Board			
Order:	None		

VERIFICATION OF LICENSURE

The information above is the only licensure certification information provided by this Division. If other information is needed, it must be obtained from the above-named individual or the agency or institution which initially generated the information. If this verification indicates that a board order exists, please visit our website at <https://secure.sos.state.ga.us/myverification/> to obtain a copy of the board order.

Lisa W. Durden
Division Director

PROFESSIONAL LICENSING BOARDS

Blank

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

<input checked="" type="checkbox"/> New Pharmacy (Please provide current license number if making changes: PH _____)	<input type="checkbox"/> Ownership Change
<input type="checkbox"/> Publicly Traded Corporation – Pages 1,2,3,7	<input type="checkbox"/> Partnership – Pages 1,2,5,7
<input checked="" type="checkbox"/> Non Publicly Traded Corporation – Pages 1,2,4,7	<input type="checkbox"/> Sole Owner – Pages 1,2,6,7
Please check box for type of ownership and complete correct part of the application.	

GENERAL INFORMATION to be completed by all types of ownership

Pharmacy Name: ROXSAN PHARMACY, INC.
Physical Address: 465 N. ROXBURY DR. BEVERLY HILLS, CA. 90210
Mailing Address: 465 N. ROXBURY DR.
City: BEVERLY HILLS State: CA Zip Code: 90210
Telephone: 310-273-1644 Fax: 310-276-4152
Toll Free Number: 888-371-9919 (Required per NAC 639.708)
E-mail: CUSTOMERSERVICE@ROXSAN.COM Website: WWW.ROXSAN.COM
Managing Pharmacist: SHAILA MELAMEL License Number: PHY38297

Hours of Operation:

Monday thru Friday 8:30 am 6:00 pm Saturday 8:30 am 11:00 am
Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

<input checked="" type="checkbox"/> Retail <input type="checkbox"/> Hospital (# beds _____) <input type="checkbox"/> Internet <input type="checkbox"/> Nuclear <input checked="" type="checkbox"/> Out of State <input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Off-site Cognitive Services <input type="checkbox"/> Parenteral <input type="checkbox"/> Parenteral (outpatient) <input type="checkbox"/> Outpatient/Discharge <input checked="" type="checkbox"/> Mail Service <input type="checkbox"/> Long Term Care
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63072

APPLICATION FOR OUT-OFSTATE PHARMACY LICENSE

This page must be submitted for all types of ownership.

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

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 the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Original Signature of Person Authorized to Submit Application, no copies or stamps

SHAHLA McLAMÉ
Print Name of Authorized Person

MARCH 22, 2013
Date

Board Use Only

Received:

5-6-13

Amount:

\$500.00

APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: CALIFORNIA

Parent Company if any: _____

Corporation Name: ROXSAN PHARMACY, INC.

Mailing Address: 465 N. ROXBURY DRIVE

City: BEVERLY HILLS State: CA Zip: 90210

Telephone: 310-273-1644 Fax: 310-276-4152

Contact Person: SHAHLA MELAMED

For any corporation non publicly traded, disclose the following:

1) List top 4 persons to whom the shares were issued by the corporation?

a) SHAHLA MELAMED 3209 HUTTON DRIVE, BEVERLY HILLS, CA. 90210
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

2) Provide the number of shares issued by the corporation. 100 SHARES

3) What was the price paid per share? \$1.00 per share

4) What date did the corporation actually receive the cash assets? FEBRUARY 16, 1996

5) Provide a copy of the corporation's stock register evidencing the above information

List any physician shareholders and percentage of ownership.

Name: _____ %: _____

Name: _____ %: _____

Include with the application for a non publicly traded corporation

Certificate of Corporate Status (also referred to as Certificate of Good Standing). The Certificate is obtained from the Secretary of State's office in the State where incorporated. The Certificate of Corporate status must be dated within the last 6 months.

List of officers and directors

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

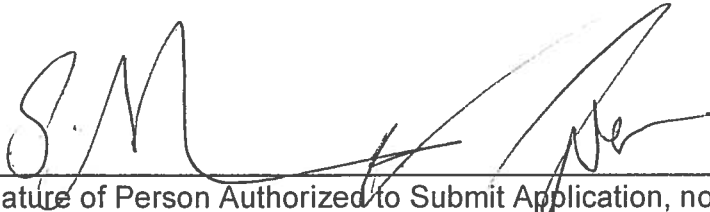
I, SHAHLA MELAMED

Responsible Person of ROXSAN PHARMACY, INC.

hereby acknowledge and understand that in addition to the corporation's, any owner(s), shareholder(s) or partner(s) responsibilities, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation's, any owner(s), shareholder(s) or partner(s) cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.



Original Signature of Person Authorized to Submit Application, no copies or stamps

SHAHLA MELAMED

Print Name of Authorized Person

3/22/13

Date



California State Board of Pharmacy

1625 N. Market Blvd, N219, Sacramento, CA 95834

Phone: (916) 574-7900

Fax: (916) 574-8618

www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

GOVERNOR EDMUND G. BROWN JR.

April 5, 2013

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

California State Board of Pharmacy License Verification

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

Licensee Name: ROXSAN PHARMACY, INC

License Type: PHARMACY

License Number: PHY 38297

Status: ACTIVE

Issue Date: 11/03/92

Expiration Date: 11/01/13

Address of Record: 465 N ROXBURY DRIVE BEVERLY HILLS CA 90210

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Virginia Herold
Executive Officer

By

Barbera Schleicher
Public Inquiry Analyst
(916) 574-7922

Barbera.Schleicher@dca.ca.gov



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NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New MDEG ☐ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: MP or MW _____)

☐ Publicly Traded Corporation – Pages 1,2,3,4 ☐ Partnership - Pages 1,2,3,6
☒ Non Publicly Traded Corporation – Pages 1,2,3,5a,5b ☐ Sole Owner – Pages 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION to be completed by all types of ownership

MDEG Name: SPECIAL RESPIRATORY CARE, INC. DBA SRC MEDICAL

Physical Address: 3400 W. DESERT INN RD. #9
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME

City: LAS VEGAS State: NV Zip Code: 89102

Telephone: 702-248-6715 Fax: 702-248-6711

E-mail: DREITER@SRC-MEDICAL.COM Website: WWW.SRC-MEDICAL.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 4 Tue: 8 to 4 Wed: 8 to 4 Thu: 8 to 4

Fri: 8 to 4 Sat: to Sun: to Holidays: to

MDEG ADMINISTRATOR INFORMATION (MDEG administrator application required)

Name: SCOTT CAMPBELL

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)

- | | |
|---|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input checked="" type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: _____ |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: SCOTT CAMPBELL Telephone: 702-400-5776

Page 1

NOTE: ONLY PROVIDED TO HOSPITALS (ACUTE CARE AND LONG TERM CARE)... "NOT" TO PATIENTS.

63287

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

List all Medicare and Medicaid provider numbers registered to the business or its owner:

NONE _____

1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒

2) Are you or have you in the last year been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒

3) Are any of the owners health professionals? If yes, please check the box and list name.

<input type="checkbox"/> Practitioner	Name: _____
<input type="checkbox"/> Advanced Practitioner of Nursing	Name: _____
<input type="checkbox"/> Physician's Assistant	Name: _____
<input type="checkbox"/> Physical Therapist	Name: _____
<input type="checkbox"/> Occupational Therapist	Name: _____
<input type="checkbox"/> Registered Nurse	Name: _____
<input type="checkbox"/> Respiratory Therapist	Name: _____

Practicing licensed health care professionals cannot obtain a license per NAC 639.6943.

APPLICATION FOR NEVADA MDEG LICENSE

This page must be submitted for all types of ownership.

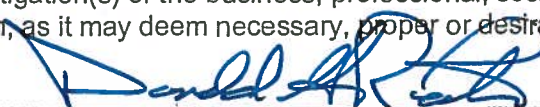
Within the last five (5) years:

- 1) Has the corporation, any owner, shareholder(s) or partner(s) with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to questions 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider or wholesaler may be grounds for the revocation of this permit.

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 the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Original Signature of Person Authorized to Submit Application, no copies or stamps

DONALD G. REITER, PRESIDENT

Print Name of Authorized Person

5/6/13
Date

Board Use Only

Received: _____

Amount: \$500.00

APPLICATION FOR NEVADA MDEG LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: CALIFORNIA

Parent Company if any: _____

Corporation Name: SPECIAL RESPIRATORY CARE, INC. DBA SRC MEDICAL

Mailing Address: 18327 NAPA STREET

City: NORTHridge State: CA Zip: 91325

Telephone: 800-669-5767 Fax: 818-717-0910

Contact Person: DON REITER

For any corporation non publicly traded, disclose the following:

- 1) List top 4 persons to whom the shares were issued by the corporation?

a) JUDITH VALDESUSO 20187 ADELLE, WOODLAND HILLS, CA
Name Address 91364

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

2) Provide the number of shares issued by the corporation. 2,000

3) What was the price paid per share? 1.00

4) What date did the corporation actually receive the cash assets? 12/29/86

5) Provide a copy of the corporation's stock register evidencing the above information

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date

5/6/13

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for RESPIRATORY EQUIPMENT

Nature of MDEG

SRC MEDICAL 3400 W. DESERT TRL #9 LAS VEGAS NV 89102

Name and Address of Business for Which MDEG Administrator Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

CAMPBELL

Last Name

SCOTT

First Name

L.

Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

1602 AUTUMN RUST DR. LAS VEGAS, NV 89110

Present Residence Address-Street or RFD

City

State/Zip

3900 W. DESERT INN RD. #9 Dates 5/1/13 - PRESENT LAS VEGAS, NV 89102

Present Business Address

City

State/Zip

BRANCH MANAGER

Dates

6/2005 - PRESENT

Present Position with the MDEG

Phone: 702-248-6715

Fax: 702-248-6711

Email address: SCAMPBELL@SRC-MEDICAL.COM

Date of Birth

MISSION HILLS, LOS ANGELES CTY, CA

Place of Birth (City, County, State)

Age

48

Sex

M

Color of Eyes

BLUE

Color of Hair

BROWN

Weight

210

Height

5'9"

Scars, tattoos or distinguishing marks and/or characteristics

N/A

Are you a citizen of the United States? Yes ☒ No ☐

If alien, registration No

If naturalized, certificate No

Date

Place

(If naturalized, document must be verified.)

EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

6/2005	SRC MEDICAL, NORTHALLICE CA / ^{REPT} RESPIRATORY EQ.	16,640
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Brown HANSEN	MANAGE OFFICE PICK UP / DEL. ED.	KEN CHAMBERLAIN
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
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Title	Description of Duties	Name of Supervisor
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I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents.

a) Board Administrative Action: State: _____
b) Date: _____

Case Number: _____

c) Criminal Action: State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes ☒ No ☐

5 .Will you be employed fulltime with the MDEG? Yes ☒ No ☐

6 .Will you be present at the site of the MDEG during its normal operating hours? Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.

.....
.....
.....
.....
.....

ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph 7/1/13

I, Scott Campbell, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.

X Scott Campbell
Original Signature of Applicant

PERSONAL HISTORY RECORD for Pharmacy, MDEG & Wholesaler

Date 4-3-2013

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for MDEG
 Nature of License
Special Respiratory Care
 Name and Address of Establishment for Which License Is Requested 3200 Polaris Av, #11, Las Vegas, NV
Sha S.R.C. Medical
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

VALDESUSO JUDITH ANN
 Last Name First Name Middle Name
VALDESUSO JUDY → nickname PANTEL → maiden name
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

20187 Adele Dr. Woodland Hills CA 91364
 Present Residence Address-Street or RFD City State/Zip

18327 Napa St. Northridge CA 91325
 Present Business Address City State/Zip

Business Owner 1982-present
 Occupation Dates

Phone
 Res: _____
 Bus: _____

Los Angeles, CA
 Place of Birth (City, County, State)

63 F
 Age Sex

Brown Brown Fair 140 Small 5'6"
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics N/A - none

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No. _____

If naturalized, certificate No. _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial JAU

MARITAL INFORMATION-Continued

A. **Current Marriage**..... Van Nuys, Los Angeles, CA
 Spouse's full name (Maiden) Gilberto Valdesuso Date 7 City, Count S.S. No.
 Date of Birth..... Place of Birth Camaguey, Cuba
 Resident address 20187 Adele Dr., Woodland Hills, CA 91364
 Telephone: Residence Business N/A
 Spouse's employer Retired Occupation N/A
 Address of employer N/A
 Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below: N/A

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
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N/A

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
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N/A

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

Name	Birth Date	Birth Place	Residence Address
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B. **Child Support Information:**

Please mark the appropriate response:

☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and 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; or

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

Applicant's initial JAU

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name N/A

Address _____

Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
<u>Deceased</u>			
Father <u>August John Pantel</u>	<u>Deceased 8-19-93</u>		
Mother <u>Marie Pantel</u>		<u>21711 Ventura Bl, Woodland Hills, CA</u>	<u>Retired</u>
<u>Gilberto Valdesuso, Sr.</u>			
<u>Deceased</u>			
Father-in-Law <u>Carmen Valdesuso</u>			
<u>Deceased 4-1-06</u>			
Mother-in-Law			

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
<u>William Pantel</u>		<u>221 Furrk Way</u>	<u>Retired</u>
Spouse - <u>Divorced</u>		<u>Hemet, CA 92345</u>	
<u>Peggy Pantel</u>		<u>49855 McKenzie Hwy</u>	<u>Disabled</u>
Spouse - <u>Divorced</u>		<u>Vida, OR 97488</u>	
<u>Timothy Pantel</u>		<u>20187 Adele Dr.</u>	<u>Disabled</u>
Spouse - <u>Divorced</u>		<u>Woodland Hills, CA 91364</u>	
<u>Thomas Pantel</u>		<u>P.O. 294592</u>	<u>Disabled</u>
Spouse <u>Doris Pantel</u>		<u>Phelan, CA 92329</u>	
		<u>P.O. 294592</u>	<u>Disabled</u>
		<u>Phelan, CA 92329</u>	

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>St. Anthony School</u>	<u>1003 W. 163 St.</u>	<u>1955-1963</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School <u>St. Michael's School</u>	<u>Gardena, CA 90247</u>	<u>1963-1967</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	<u>1027 W. 87 St.</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>
University	<u>Los Angeles, CA 90044</u>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any N/ACollege or university where obtained N/AApplicant's initial LAU

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒Branch N/A Date of entry-active service N/ADate of separation N/A Type of discharge W/ARating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☐ No ☒County N/A State N/A Date registered N/A**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)

Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
<u>N/A</u>					

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, furnish details on page 10.

Name	Relationship	Charge	Location	Date

Applicant's initial SAU

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☒ No ☐ If yes, complete the following:

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
Oxy Med, Inc.	Corporation	1986 - Chapter 11 - Business Sold

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
1977 - present	20187 Adele Dr,	Woodland Hills	CA 91364

Applicant's initial SAU

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

12-1982	Special Respiratory Care, Inc.	N/A - still employed
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
owner	18327 Napa St, Northridge, CA 91325	N/A
Title	Oversee All Operations	Name of Supervisor
1970-12-82	oxy med, Inc.	Business was sold
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
corp. secretary -	9145 Deering Av, Chatsworth, CA 91311	N/A
Title	operations	Name of Supervisor
1980-2004	oxy med Hawaii, Inc.	Business was sold
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
corp secretary	712 California St, Wahiawa, HI	N/A
Title	operations	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial 2RU

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Orlin Sorensen</u>	Home <u>22529 39th Ave SE</u>	<u>Bothell, WA</u>				<u>25+ yrs</u>
Employer <u>unknown</u>	Business					
Name <u>Marlowe Sutton</u>	Home <u>1145 6th St.</u>	<u>Hermosa Beach, CA</u>				<u>40+ yrs</u>
Employer <u>ASAP</u>	Business <u>PO 1088</u>	<u>Palos Verdes, CA</u>				
Name <u>Alex Karkane</u>	Home <u>2319 Colt Rd.</u>	<u>Rancho Palos Verdes, CA</u>				
Employer <u>City of L.A.</u>	Business <u>Attorney in District Attorney office</u>					<u>6 yrs</u>
Name <u>Jon Hight</u>	Home <u>7100 Paseo Camarillo</u>	<u>Camarillo, CA</u>				<u>15+ yrs.</u>
Employer <u>Light Gabler</u>	Business <u>7100 Paseo Camarillo</u>	<u>Camarillo, CA</u>				
Name <u>Mariann LeCorg</u>	Home <u>22647 Ventura Bl.</u>	<u>#544 Woodland Hills, CA</u>				<u>43 yrs</u>
Employer <u>Victory Athletic</u>	Business <u>9006 Owensmouth Av.</u>	<u>Canoga Park, CA</u>				

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☒ No ☐
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
<u>1338</u>	<u>Union Bank</u>	<u>Woodland Hills, CA</u>	<u>self and Gilberto Valdesuso</u>

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐

If yes, state type, where and years held

Private Pilot, California 1974 - no longer current - not renewed

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☒ No ☐

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

owner - Judith Valdesuso
Special Respiratory Care, Inc - 18327 Napa St., Northridge, CA 91325
City of Los Angeles - Business License - renewed yearly & current
Office of Finance, P.O. 513996, L.A., CA 90051

Applicant's initial 2 AU

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

If yes to the above, state where, when and for what reason:

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

17. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/or controlled substances? Yes ☐ No ☒

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 3-24-2013

Applicant's initial J. AU

STATE OF CA

SS.

COUNTY OF LA

I, Judith Ann Valdesuso, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.

Judith Ann Valdesuso
Original Signature of Applicant

State of CA County of LA
Subscribed and Sworn to before me this 3rd day of April, 2013

by Judith Ann Valdesuso
[Signature]
Notary Public



(seal)

Applicant's initial JAU

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA WHOLESALE LICENSE

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.

☒ New Wholesaler ☐ Ownership Change ☐ Name Change ☐ Location Change
(Please provide current license number if making changes: WH _____)

☐ Publicly Traded Corporation – Page 1,2,3,4 ☐ Partnership - Page 1,2,3,6a,6b
☒ Non Publicly Traded Corporation – Page 1,2,3,5a,5b ☐ Sole Owner – Page 1,2,3,7
Please check box for type of ownership and complete correct part of the application.

GENERAL INFORMATION

Facility Name: National Cornerstone Healthcare Services, Inc.

Physical Address: 4185 W. Post Rd, Suite A, Las Vegas, NV 89118

Mailing Address: 4185 W. Post Rd, Suite A

City: Las Vegas State: NV Zip Code: 89118

Telephone: Will Provide Fax: Will Provide

Toll Free Number: _____

E-mail: david-espinosa@nc-hs.com Website: www.nc-bs.com

Facility Manager: David S. Espinosa

Professional qualifications and experience of facility manager: Owner of pharmacy and wholesaler for 13 years.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☐ Other: _____

Type of Products to be handled or wholesaled by firm:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA)
☐ Other: _____

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

Is your company VAWD certified by NABP?
(If yes, provide a copy of the certificate.)

Yes ☐ No ☒

Licensed as a Manufacturer by the FDA?
(If yes, provide a copy of the FDA registration)

Yes ☐ No ☒

Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☒ No ☐

List the top 4 suppliers your company has been associated with in regards to pharmaceutical products that were sold, dispensed or distributed within the last year.

1)	_____	_____
	Name	Address

	Business	
2)	_____	_____
	Name	Address

	Business	
3)	_____	_____
	Name	Address

	Business	
4)	_____	_____
	Name	Address

	Business	

Within the last five (5) years:

- 1) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

APPLICATION FOR NEVADA WHOLESALER LICENSE

This page must be submitted for all types of ownership.

- 4) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest) or partners with any interest, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the corporation, any owner(s), shareholder(s) or partner(s) with at least 10% interest or partners with any interest, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be grounds for the revocation of this permit.

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 the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.



Original Signature of Person Authorized to Submit Application, no copies or stamps

David S. Espinosa

Print Name of Authorized Person

05/02/13

Date

Board Use Only

Received: _____

Amount: \$500.00

APPLICATION FOR NEVADA WHOLESALER LICENSE

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada
Parent Company if any: N/A
Corporation Name: National Cornerstone Healthcare Services, Inc.
Mailing Address: 4185 W. Post Rd., Suite A
City: Las Vegas State: NV Zip: 89118
Telephone: WILL PROVIDE Fax: WILL PROVIDE
Contact Person: David S. Espinosa

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

- a) David S. Espinosa 1993 Alcega Ridge Dr. Las Vegas, NV 89135
Name Address
- b) Robert and Sandra Brooks Family Trust 69649 Valle De Costa
Name Address Cathedral City, CA 92234
- c) Fred and Lisa Copeland Family Trust 36101 Bob Hope Dr. Suite E5, PMB226
Name Address Rancho Mirage, CA 92270
- d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form. Download the form from the website under the "New Applications" tab. The forms are available under the *documents for all types of businesses*.

- 2) Provide the number of shares issued by the corporation. 30,000
- 3) What was the price paid per share? \$0.20
- 4) What date did the corporation actually receive the cash assets? 05/07/13
- 5) Provide a copy of the corporation's stock register evidencing the above information

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440

(This application can not be used by PA's or APN's)

CS _____

CONTROLLED SUBSTANCE APPLICATION

Registration Fee: \$80.00 (non-refundable money order or cashier's check only, no cash)

First: LYNN Middle: _____ Last: GREENHOUSE Degree: _____

Practice Name (if any): PENSON ROAD CLINIC

Nevada Address: 1780 BROWNING WAY Suite #: _____

(This must be a practicing Nevada address, we will not issue a license to a home address or to a PO Box only)

PO Box: _____ SS#: _____

E-mail address: _____

City: ELKO State: NV Zip Code: 89801

Nevada Work Telephone: 775-779-0386 Date of Birth: _____

Nevada Fax: 775-738-5349 Sex: ☐ M or ☒ F

Practitioner License Number: 7482 Specialty: INTERNAL MEDICINE

You must be licensed with your respective BOARD before we will process this application.

				Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?....				<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in any state?				<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Been the subject of an administrative action whether completed or pending in any state?				<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.....				<input checked="" type="checkbox"/>	<input type="checkbox"/>
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation:					
Board Administrative Action:		State	Date:	Case #:	
		NV	3/12/12	11-7546-1	
		UT	7/17/12	DOPC 2012	
Criminal Action:	State	Date:	Case #:	County	Court
	NV	5/15/12	12 CR 06154E	ELKO	4th JUDICIAL DIST.

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.

[Signature] Date: 3/24/13
Original Signature, no copies or stamps accepted.

Board Use Only

Received: _____ Amount: \$80.00 Entity# 63189

LOCKIE & MACFARLAN, LTD.
Attorneys at Law

David B. Lockie
Sherburne M. Macfarlan, III

919 Idaho Street
Elko, Nevada 89801
(775) 738-8084
(775) 738-1928 (Fax)

February 25, 2013

Shawn Jones, Esq.
Wilson, Barrows, Salyer & Jones
442 Court Street
Elko, Nevada 89801

RE: Dr. Lynn Greenhouse

Dear Mr. Jones:

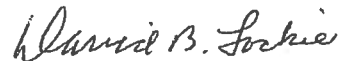
This letter will serve to recap the court proceedings today with regard to Dr. Lynn Greenhouse. The Court granted Dr. Greenhouse's application for Civil Diversion pursuant to the provisions of NRS 453.3363. Accordingly, the proceedings were suspended upon the condition that Dr. Greenhouse complete an educational program and comply with the requirements of the Nevada State Board of Medical Examiners.

It may be reasonably anticipated that upon successful completion of the terms of the Civil Diversion, the charges against Dr. Greenhouse will be dismissed in their entirety.

The Court will issue a formal Order Granting Diversion that we expect to be available within two to three weeks from today. Please do not hesitate to contact this office with any additional questions or concerns.

Sincerely yours,

LOCKIE & MACFARLAN, LTD.



DAVID B. LOCKIE

DBL:dl
cc: Dr. Lynn Greenhouse

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**In The Matter of Charges and
Complaint Against
LYNN GREENHOUSE, M.D.,
Respondent.**

NEVADA STATE BOARD OF
MEDICAL EXAMINERS
By: [Signature]

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WHEREAS, on December 1, 2011, the Board's IC filed a Complaint in the above referenced matter charging Respondent with engaging in conduct that is grounds for discipline pursuant to the Medical Practice Act (NRS Chapter 630 and NAC Chapter 630) to wit: two counts of engaging in conduct which is in violation of a regulation of the State Board of Pharmacy as set forth in Counts I and II of the Complaint, a violation of NRS 630.306(2)(c); one count of and one count of administering, dispensing or prescribing any controlled substance, or any dangerous drug to herself or others except as authorized by law as set forth in Count III of the Complaint, a violation of NRS 630.306(3); and

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1 engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act.
2 Respondent has reviewed all the relevant facts and circumstances of this matter and after due
3 consideration and consultation with her counsel and after due consideration, while not admitting or
4 denying any of the allegations set forth in the Complaint, desires to resolve this matter by
5 agreement without any further costs and expense of providing a defense.

6 **WHEREAS**, Respondent understands and agrees that this Agreement is entered into by
7 and between herself and the Board's Investigative Committee, and not with the Board, but that the
8 Investigative Committee will present this Agreement to the Board for consideration in open
9 session at a Board meeting, appropriately noticed, and that the Investigative Committee shall
10 advocate approval of this Agreement by the Board, but that the Board has the right to decide in its
11 own discretion whether or not to approve this Agreement; and

12 **WHEREAS**, Respondent and the Investigative Committee each understand and agree that
13 if the Board approves the terms, covenants and conditions of this Agreement, then the terms,
14 covenants and conditions enumerated below shall be binding and enforceable upon Respondent
15 and the Board's Investigative Committee; and

16 **NOW THEREFORE**, in order to resolve the above-captioned case and charges brought
17 against Respondent by the Board's Investigative Committee in said matter, Respondent and the
18 Investigative Committee hereby agree to the following terms, covenants and conditions:

19 1. **Consent to Entry of Order**. In order to resolve the matter of these disciplinary
20 proceedings pending against her without any further costs and expense of providing a defense to
21 the Complaint or to any amended complaints, Respondent, while not admitting or denying the
22 allegations set forth in the Complaint, hereby agrees a stipulated resolution in this matter is fair and
23 appropriate and that an order may be entered herein by the Board finding that Respondent engaged
24 in conduct that is grounds for discipline pursuant to the Medical Practice Act to wit: two counts of
25 engaging in conduct in violation of a regulation adopted by the State Board of Pharmacy as set
26 forth in Counts I and II of the Complaint, violations of NRS 630.306(2)(c). The Board shall
27 further order that Respondent's license to practice medicine shall be suspended for a period of
28

1 thirty-six (36) months, said suspension being stayed and Respondent being placed on probation for
2 a period of forty-eight (48) months subject to the following terms and conditions:

3 a) Respondent shall be issued a public reprimand;

4 b) Respondent shall not apply for nor hold a certificate of registration from the
5 Nevada State Board of Pharmacy to dispense controlled substances or dangerous drugs for
6 the period of probation; however this Agreement shall not bar Respondent from applying
7 for and/or maintaining a license from the Drug Enforcement Agency (DEA) or applying for
8 and/or maintaining a controlled substance registration from the Nevada State Board of
9 Pharmacy;

10 c) Respondent shall complete twelve (12) hours of AMA category one continuing
11 medical education (CME) in addition to those hours required to maintain licensure, six
12 hours of which must be on the topic of ethics and the remaining ten hours on the topic of
13 prescribing and/or dispensing controlled substances and dangerous drugs. Said CME
14 credits are to be completed within twelve (12) months of the adoption and acceptance of
15 this Agreement by the Board and which must be pre-approved by the Chairman of the
16 Investigative Committee.

17 d) Respondent shall reimburse the Board the reasonable costs and expenses incurred
18 in the investigation and prosecution of this case, the current amount being \$1404.06, not
19 including any costs that may be necessary to finalize this Agreement. The costs shall be
20 paid to the Nevada State Board of Medical Examiners within ninety (90) days of the
21 acceptance of this Agreement by the Board.

22 Finally, count III of the Complaint shall be dismissed.

23 2. **Jurisdiction.** Respondent was at all times mentioned in the Complaint filed in the
24 above-captioned matter was, a physician licensed to practice medicine in the state of Nevada
25 subject to the jurisdiction of the Board to hear and adjudicate charges of violations of the
26 Medical Practice Act (NRS 630), and to impose sanctions as provided by the Act.

27 3. **Waiver of Rights.** Respondent covenants and agrees that she enters into this
28 Agreement knowingly, willingly, and intelligently with the advice of above identified counsel. In

1 connection with this Agreement, and the terms, covenants and conditions contained herein,
2 Respondent knowingly, willingly and intelligently, waives all rights arising under or pursuant to
3 the United States Constitution, the Constitution of the state of Nevada, NRS Chapter 630 and
4 NRS Chapter 233B that may be available to Respondent or that may apply to Respondent in
5 connection with the proceeding regarding the Complaint filed herein, the defense of said
6 Complaint and the adjudication of the charges in said Complaint, and Respondent further agrees
7 that the matter of the disciplinary action commenced by the filing of the complaint herein may be
8 settled and resolved in accordance with this Agreement without a hearing or any further
9 proceeding, and without the right to judicial review. In the event this Agreement is not approved by
10 the Board, this Agreement shall have no force and effect and Respondent shall have all rights
11 arising under or pursuant to the United States Constitution, the Constitution of the State of Nevada,
12 NRS Chapter 630 and NRS Chapter 233B that may be available to Respondent or that may apply
13 to Respondent in connection with the proceeding on the complaint filed herein.

14 4. **Procedure for Adoption of Agreement.** It is expressly understood that this
15 Agreement will only become effective if the Board approves the recommendation of the
16 Investigative Committee for acceptance. The Investigative Committee and counsel for the
17 Investigative Committee shall recommend approval of the terms, covenants and conditions
18 contained herein by the Board in resolution of the disciplinary proceedings pending herein
19 against Respondent pursuant to the Complaint. In the course of seeking Board approval of this
20 Agreement, counsel for the Investigative Committee may communicate directly with the Board
21 staff and members of the panel of the Board who would adjudicate this case if it were to go to
22 hearing. Respondent covenants and agrees that such contacts and communication may be made
23 or conducted ex parte, without notice or opportunity to be heard on her part or on the part of her
24 counsel, if any, until the public Board meeting where this Agreement is discussed, and that such
25 contacts and communications may include, but not be limited to, matters concerning this
26 Agreement, the Complaint and the allegations therein, any and all evidence that may exist in
27 support of the Complaint, and any and all information of every nature whatsoever related to the
28 complaint against Respondent. The Investigative Committee and its counsel agree that

1 Respondent and her counsel may appear at the Board meeting where this Agreement is discussed
2 in order to respond to any and all questions that may be addressed to the Investigative
3 Committee or its counsel at such meeting.

4 5. **Effect of Acceptance of Agreement by Board.** In the event the Board approves
5 the terms, covenants and conditions set out in this Agreement, counsel for the Investigative
6 Committee will cause to be entered herein the Board's Order approving this Settlement, Waiver
7 and Consent Agreement, ordering full compliance with the terms herein and ordering that this
8 case be closed, subject to the provisions in Paragraph 1.

9 6. **Effect of Rejection of Agreement by Board.** In the event the Board does not
10 approve the terms, covenants and conditions set out in this Agreement, this Agreement shall be
11 null, void, and of no further force and effect except as to the following covenant and agreement
12 regarding disqualification of adjudicating Board panel members. Respondent agrees that,
13 notwithstanding rejection of this Agreement by the Board, nothing contained herein and nothing
14 that occurs pursuant to efforts of the Investigative Committee or its counsel to seek acceptance
15 and adoption of this Agreement by the Board shall disqualify any member of the adjudicating
16 panel of the Board from considering the charges against Respondent and participating in the
17 disciplinary proceedings in any role, including adjudication of the case, and Respondent further
18 agrees that she shall not seek to disqualify any such member absent evidence of bad faith.

19 7. **Release From Liability.** In execution of this Agreement, the Respondent, for
20 herself, her executors, successors and assigns, hereby releases and forever discharges the state of
21 Nevada, the Board, the Nevada Attorney General, and each of their members, agents and
22 employees in their representative capacities, and in their individual capacities absent evidence of
23 bad faith, from any and all manner of actions, causes of action, suits, debts, judgments,
24 executions, claims and demands whatsoever, known and unknown, in law or equity, that
25 Respondent ever had, now has, may have or claim to have, against any or all of the persons or
26 entities named in this paragraph arising out of or by reason of this investigation, this disciplinary
27 action, this settlement or its administration, in connection with the complaint. The Investigative
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Committee hereby agrees to accept this Agreement in full settlement of all claims related to the complaint, with the understanding that the final decision rests with the Board.

8. **Binding Effect.** Respondent covenants and agrees that this Agreement is a binding and enforceable contract upon Respondent and the Board's Investigative Committee, which contract may be enforced in a court or tribunal having jurisdiction.

9. **Forum Selection Clause.** Respondent covenants and agrees that in the event either party is required to seek enforcement of this Agreement in the district court, she consents to such jurisdiction, and covenants and agrees that exclusive jurisdiction shall be in the Second Judicial District Court of the State of Nevada in and for the County of Washoe.

10. **Attorneys' Fees and Costs.** Respondent covenants and agrees that in the event an action is commenced in the district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable costs and attorneys' fees.

11. **Failure to comply with terms.** In the event the Board enters its Order approving this Agreement, should Respondent fail to comply with the terms recited herein, the Board would then have grounds, after notice and a hearing, to take disciplinary action against Respondent in addition to that included herein for the subject's violation of an Order of the Board in accordance with NRS 630.3065(2)(a). Moreover, the failure of Respondent to reimburse the Board for monies agreed to be paid as a condition of settlement, may subject Respondent to civil collection efforts.

Dated this 13th day of February, 2012.

Dated this 7th day of FEBRUARY 2012.

By: Lyn E. Beggs
Lyn E. Beggs, Esq.
Attorney for the Investigative Committee
of the Nevada State Board of Medical
Examiners

By: Shawn K. Jones
Shawn K. Jones, Esq.
Wilson | Barrows | Salyer | Jones

UNDERSTOOD AND AGREED:

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Lynn Greenhouse, M.D. Respondent

Dated this 7th day of FEBRUARY, 2012

1 IT IS HEREBY ORDERED that the foregoing Settlement, Waiver and Consent Agreement is
2 approved and accepted by the Nevada State Board of Medical Examiners on the 9th day of March 2012,
3 with the final total amount of costs due of \$1,404.06.

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5 Benjamin J. Rodriguez, M.D., President
6 NEVADA STATE BOARD OF MEDICAL EXAMINERS
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L. MITCHELL JONES (U.S.B. 5979)
Assistant Attorney General
MARK L. SHURTLEFF (U.S.B. 4666)
Attorney General
Commercial Enforcement Division
Heber M. Wells Building
Box 146741
Salt Lake City, UT 84114-6741
TEL: (801) 366-0310

**BEFORE THE DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
OF THE DEPARTMENT OF COMMERCE
OF THE STATE OF UTAH**

IN THE MATTER OF THE LICENSE OF)	
LYNN GREENHOUSE	)	STIPULATION AND ORDER
TO PRACTICE AS A)	
PHYSICIAN/SURGEON	)	CASE NO. DOPL 2012- 325
IN THE STATE OF UTAH)	

LYNN GREENHOUSE ("Respondent") and the **DIVISION OF OCCUPATIONAL
AND PROFESSIONAL LICENSING** of the Department of Commerce of the State of Utah
("Division") stipulate and agree as follows:

1. Respondent admits the jurisdiction of the Division over Respondent and over the subject matter of this action.
2. Respondent acknowledges that Respondent enters into this Stipulation knowingly and voluntarily.

3. Respondent understands that Respondent has the right to be represented by counsel in this matter and Respondent's signature below signifies that Respondent has either consulted with an attorney or Respondent waives Respondent's right to counsel in this matter.

4. Respondent understands that Respondent is entitled to a hearing before the State of Utah's Physician Licensing Board ("Board"), or other Division Presiding Officer, at which time Respondent may present evidence on Respondent's own behalf, call witnesses, and confront adverse witnesses. Respondent understands that by signing this document Respondent hereby waives the right to a hearing, the right to present evidence on Respondent's own behalf, the right to call witnesses, the right to confront adverse witnesses, and any other rights to which Respondent may be entitled in connection with said hearing. Respondent understands that by signing this document Respondent waives all rights to any administrative and judicial review as set forth in Utah Code Ann. §§ 63G-4-301 through 63G-4-405 and Utah Administrative Code R156-46b-12 through R156-46b-15. Respondent and the Division hereby express their intent that this matter be resolved expeditiously through stipulation as contemplated in Utah Code Ann. § 63G-4-102(4).

5. Respondent waives the right to the issuance of a Petition and a Notice of Agency Action in this matter.

6. Respondent understands that this Stipulation and Order, if adopted by the Director of the Division, will be classified as a public document. The Division may release this Stipulation and Order, and will release other information about this disciplinary action against Respondent's license, to other persons and entities.

7. Respondent neither admits nor denies the following, but agrees that the Division shall make the following findings of fact:

- a. Respondent was first licensed to practice as a physician/surgeon in the State of Utah on or about August 19, 1993. Respondent is not licensed to administer and prescribe controlled substances in the State of Utah.
- b. On or about February 7, 2012 Respondent voluntarily entered into a Consent Agreement with the Nevada Board of Medical Examiners ("Nevada Board"), a copy of which is incorporated by reference into this Stipulation and Order and attached as Exhibit A, publicly reprimanding Respondent's license to practice as a physician in the State of Nevada and placing terms and conditions on Respondent's Nevada license.
- c. Respondent surrendered her DEA registration certificate in about October 2010.

8. Respondent, while neither admitting nor denying the findings of facts above, agree that the findings of fact described above constitute unprofessional conduct as defined in Utah Code Ann. § 58-1-501(2)(a) and (d). Respondent agrees by engaging in such conduct the Division is justified in taking disciplinary action against Respondent's license pursuant to Utah Code Ann. § 58-1-401(2)(a). Respondent agrees that an Order, which constitutes disciplinary action against Respondent's license by the Division pursuant to Utah Administrative Code R156-1-102(6) and Utah Code Ann. § 58-1-401(2), may be issued in this matter providing for the following action against Respondent's license:

- (a) Respondent's Utah license shall be publicly reprimanded for the conduct described in Exhibit A. Respondent's license shall be subject to a term of probation in Utah for the same period that that Respondent's Nevada physician license is on probation.
- (b) Respondent shall fully and timely comply all the terms and conditions of Exhibit A.

- (c) Respondent shall promptly provide copies to the Division and Board of all documents submitted to the Nevada Board regarding Exhibit A. Respondent shall promptly and on an ongoing basis submit documentation to the Division and Board verifying that Respondent is complying with the terms and conditions of Exhibit A.
- (d) Respondent shall meet with the Board at the next scheduled Board meeting, either in person or telephonically as directed by the Division or Board. Respondent shall meet telephonically with a Division staff person prior to Respondent's first meeting with the Board to review this agreement. For the remainder of the duration of probation, Respondent shall meet with the Board or with the Division, either in person or telephonically as directed by the Division or Board, annually, or at such other greater or lesser frequency as the Division and Board may direct.
- (e) Respondent shall not be issued a license to administer and prescribe controlled substances in the State of Utah until Nevada issues Respondent a controlled substance license and DEA issues Respondent a DEA registration certificate.
- (f) If Respondent works in the State of Utah, Respondent shall practice only under the supervision of a Division and Board pre-approved supervisor, who is licensed and in good standing with the Division, during the term of Respondent's probation. Respondent's supervisor shall submit reports to the Division and Board on a form pre-approved by the Division and Board at a frequency set forth by the Division and Board. Any changes in supervision may be made only with the consent of the Division and Board. Respondent shall deliver a copy of this Stipulation and Order to Respondent's supervisor (within ten days of the establishment of the supervisory relationship) and cause Respondent's supervisor to notify the Division and Board in writing that a copy has been received, that the supervisor is willing to accept the responsibilities and obligations of acting as Respondent's supervisor, and submit a copy of the supervisor's curriculum vitae to the Division and Board. The receipt of an unfavorable report may be considered to be a violation of probation.
- (g) If Respondent practices in the State of Utah, Respondent shall meet weekly, or at a frequency determined by the Division and Board, with Respondent's supervisor. Supervision goals shall include concurrent management, oversight of clinical services, prescribing practices, and professional relationships and practices. The supervisor shall review 20% of Respondent's current patient files. The supervisor shall choose which files shall be reviewed. The supervisor shall address issues the supervisor

determines are pertinent to professional and ethical practice. Respondent shall cause Respondent's supervisor to meet with the Division and Board, either in person or telephonically, to discuss oversight issues the responsibilities of a supervising physician.

- (h) If Respondent is self-employed in private practice, Respondent shall hire a supervisor, pre-approved by the Board and Division.
- (i) Respondent shall maintain an active license at all times during the period of this agreement.
- (j) Respondent shall immediately notify the Division in writing of any change in Respondent's residential or business address.
- (k) Respondent shall submit reports on the date they are due and shall appear at scheduled meetings with the Division and Board promptly. Failure to do so shall be considered a violation of this Stipulation and Order.

9. Upon approval by the Director of the Division, this Stipulation and Order shall be the final compromise and settlement of this non-criminal administrative matter. Respondent acknowledges that the Director is not required to accept the terms of this Stipulation and Order and that if the Director does not do so, this Stipulation and the representations contained therein shall be null and void, except that the Division and the Respondent waive any claim of bias or prejudgment they might otherwise have with regard to the Director by virtue of his having reviewed this Stipulation, and this waiver shall survive such nullification.

10. Respondent shall abide by and comply with all applicable federal and state laws, regulations, rules and orders related to the Respondent's licensed practice. If the Division files a Petition alleging that Respondent has engaged in new misconduct or files an Order to Show Cause Petition alleging that Respondent has violated any of the terms and conditions contained in this Stipulation and Order, the period of Respondent's probation shall be tolled during the period that the Petition or Order to Show Cause Petition has been filed and is unresolved.

11. This document constitutes the entire agreement between the parties and supersedes and cancels any and all prior negotiations, representations, understandings or agreements between the parties regarding the subject of this Stipulation and Order. There are no verbal agreements that modify, interpret, construe or affect this Stipulation. Respondent agrees not to take any action or make any public statement, that creates, or tends to create, the impression that any of the matters set forth in this Stipulation and Order are without factual basis. A public statement includes statements to one or more Board members during a meeting of the Board. Any such action or statement shall be considered a violation of this Stipulation and Order.

12. The accompanying Order becomes effective immediately upon the approval of this Stipulation and signing of the Order by the Division Director. Respondent shall comply with all the terms and conditions of this Stipulation immediately following the Division Director's signing of the Order page of this Stipulation and Order. Respondent shall comply with and timely complete all the terms and conditions of probation. If a time period for completion of a term or condition is not specifically set forth in the Stipulation and Order, Respondent agrees that the time period for completion of that term or condition shall be set by the Board or Division. Failure to comply with and timely complete a term or condition shall constitute a violation of the Stipulation and Order and may subject Respondent to revocation or other sanctions.

If Respondent violates any term or condition of this Stipulation and Order, the Division may take action against Respondent, including imposing appropriate sanction, in the manner provided by law. Such sanction may include revocation or suspension of Respondent's license, or other appropriate sanction.

13. Respondent understands that the disciplinary action taken by the Division in this

Stipulation and Order may adversely affect any license that Respondent may possess in another state or any application for licensure Respondent may submit in another state.

14. Respondent has read each and every paragraph contained in this Stipulation and Order. Respondent understands each and every paragraph contained in this Stipulation and Order. Respondent has no questions about any paragraph or provision contained in this Stipulation and Order.

DIVISION OF OCCUPATIONAL &
PROFESSIONAL LICENSING

RESPONDENT

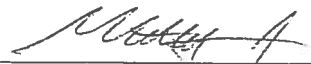
BY: 
NOEL TAXIN
Bureau Manager

BY: 
LYNN GREENHOUSE
Respondent

DATE: 7/19/12

DATE: 7/17/12

MARK L. SHURTLEFF
ATTORNEY GENERAL

BY: 
L. MITCHELL JONES
Counsel for the Division

DATE: 19 July 2012

ORDER

THE ABOVE STIPULATION, in the matter of **LYNN GREENHOUSE**, is hereby approved by the Division of Occupational and Professional Licensing, and constitutes my Findings of Fact and Conclusions of Law in this matter. The issuance of this Order is disciplinary action pursuant to Utah Administrative Code R156-1-102(6) and Utah Code Ann. § 58-1-401(2). The terms and conditions of the Stipulation are incorporated herein and constitute my final Order in this case.

DATED this 23rd day of July, 2012.

DIVISION OF OCCUPATIONAL AND
PROFESSIONAL LICENSING



MARK B. STEINAGEL
Director

Investigator: Noel Taxin

EXHIBIT A

* * * * *

Case No. 11-7546-1

FILED

MAR 12 2012

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: [Signature]

WHEREAS, Respondent has received and reviewed a copy of the Complaint, understands it, and has consulted with competent counsel concerning the nature and significance of the Complaint and Respondent is fully advised concerning her rights and defenses to the complaint as well as the possible sanctions that may be imposed if the Board finds and concludes that she has

The Elko County District Attorney's Office (the "DA"), filed a complaint against me on May 15, 2012. The DA has agreed to what is called a 453 diversion via plea agreement filed on October 4, 2012, which was presented to the Elko County District Court on Monday, December 10, 2012. The "453" part comes from NRS 453.3363, which provides for a diversion from the criminal process for certain types of cases, which does include Possession of a Controlled Substance. The DA dismissed all of the current charges pending against me, then replaced all those charges with one count of simple possession. The reason for the possession charge is that such charge is statutorily amenable to diversion under NRS Chapter 453.

The court has wide discretion with regard to the matter of diversion; it can be as little as an "educational program" or as much as some type of residential treatment and depends on the case. In my case, the proposal for the condition of diversion is simply that I follow the requirements as set forth by the Board in the Settlement Agreement previously reached between myself and the Board.

Mechanically, what happens is that the DA files a new charge that, again, replaces all of the charges now existing. I entered a guilty plea to the charge, but the proceedings are "suspended" meaning placed on hold, pending successful completion of the diversion requirements. Although there is a guilty plea entered, the court did not enter a Judgment of Conviction. Accordingly, once the diversion requirements are fulfilled, the charge is forever dismissed and there would not be a record of conviction because conviction never happened.

1 CASE NO.: 12CR06154E

FILED
ELKO TOWNSHIP
JUSTICE/COURT CLERK

12 MAY 15 AM 11:05

CLERK

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5 **IN THE JUSTICE'S COURT OF THE ELKO TOWNSHIP**
6 **IN AND FOR THE COUNTY OF ELKO, AND THE STATE OF NEVADA**
7

8 **THE STATE OF NEVADA,**

9 Plaintiff,

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14 vs.

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18 **LYNN GREENHOUSE**

19 **AND**

20 **JESSICA GUYER,**

21 Defendants.
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1. CRIMINAL COMPLAINT;

2. DECLARATION IN SUPPORT OF
CRIMINAL COMPLAINT;

3. EX-PARTE APPLICATION FOR THE
CONDUCT OF A FORMAL SETTING
HEARING, ON OR AFTER THE DATE
AND TIME SET FOR THE
DEFENDANTS' FIRST APPEARANCES,
AT WHICH THE STATE CAN BE
PRESENT WITH RESPECT TO THE
SETTING OF THE PRELIMINARY
HEARING(S) IN THIS MATTER; AND

4. EX-PARTE APPLICATION FOR
AN ORDER PROVIDING THAT THE
DATE AND TIME FOR THE FIRST
APPEARANCE(S) OF THE
DEFENDANTS BE, IF POSSIBLE, SET
TO OCCUR ON THE SAME DATE AND
AT THE SAME TIME

24 **Criminal Complaint**

25 **COMES NOW THE STATE OF NEVADA,** the Plaintiff in the above-
26
27 entitled cause, by and through its Counsel Of Record, the Elko County District
28 Attorney's Office, and based upon the Declaration In Support Of Criminal Complaint

COPY

1 set forth hereafter, complains and alleges that the Defendants above-named, between
2 approximately the 5th day of March, 2010, to approximately the 17th day of August,
3 2010, at or near the location of:
4

5 a commercial structure on or near Browning Way in or near the City of
6 Elko; and/or

7 a commercial structure on or near North 5th Street in or near the City of
8 Elko; and/or

9 at some other location within the County of Elko;

10 all of which is within the County of Elko and the State of Nevada, committed the
11 following described criminal offenses:
12

13 **The Events Alleged To Have**
14 **Occurred On Or About March 5th, 2010:**

15 **As To The Defendant Lynn Greenhouse:**

16 **The Allegations As To Hydrocodone:**

17 **COUNT 1**

18
19 **DISPENSING A CONTROLLED SUBSTANCE WITHOUT A**
20 **CERTIFICATE OF REGISTRATION ISSUED BY THE NEVADA**
21 **BOARD OF PHARMACY, A CATEGORY C FELONY AS DEFINED BY**
22 **NRS 453.381, AND 453.421**

23 The Defendant Lynn Greenhouse, on or about the 5th day of March, 2010,
24 at a time when the Defendant had not been issued a Certificate Of
25 Registration by the Nevada Board Of Pharmacy pursuant to the provisions
26 of NAC 639.742, unlawfully dispensed a controlled substance,
27 Hydrocodone, a Schedule III Controlled Substance, to another person,
28 specifically one Jessica Guyer.

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1 **The Allegations As To Phentermine:**

2 COUNT 2

3 **DISPENSING A CONTROLLED SUBSTANCE WITHOUT A**
4 **CERTIFICATE OF REGISTRATION ISSUED BY THE NEVADA**
5 **BOARD OF PHARMACY, A CATEGORY C FELONY AS DEFINED BY**
6 **NRS 453.381, AND 453.421**

7 The Defendant Lynn Greenhouse, on or about the 5th day of March, 2010,
8 at a time when the Defendant had not been issued a Certificate Of
9 Registration by the Nevada Board Of Pharmacy pursuant to the provisions
10 of NAC 639.742, unlawfully dispensed a controlled substance,
11 Phentermine, a Schedule IV Controlled Substance, to another person,
12 specifically one Jessica Guyer.

13 **The Allegations As To Zolpidem (Ambien):**

14 COUNT 3

15 **DISPENSING A CONTROLLED SUBSTANCE WITHOUT A**
16 **CERTIFICATE OF REGISTRATION ISSUED BY THE NEVADA**
17 **BOARD OF PHARMACY, A CATEGORY C FELONY AS DEFINED BY**
18 **NRS 453.381, AND 453.421**

19 The Defendant Lynn Greenhouse, on or about the 5th day of March, 2010,
20 at a time when the Defendant had not been issued a Certificate Of
21 Registration by the Nevada Board Of Pharmacy pursuant to the provisions
22 of NAC 639.742, unlawfully dispensed a controlled substance, zolpidem,
23 commonly known as Ambien, a Schedule IV Controlled Substance, to
24 another person, specifically one Jessica Guyer.

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1 to a lawful prescription or order, and that thereafter the said Lynn
2 Greenhouse did acquire Hydrocodone, a Schedule III Controlled
3 Substance, and transferred, dispensed, and/or furnished the same to the
4 Defendant in violation of the provisions of NRS 453.381, and NRS
453.421.

5 In requesting the said Lynn Greenhouse acquire and transfer
6 Hydrocodone, a Schedule III Controlled Substance, to her without a
7 prescription, the Defendant acted as a principal within the meaning of
8 NRS 195.020 to Lynn Greenhouse's commission of the offense of
9 dispensing a controlled substance without a Certificate Of Registration
issued by the Nevada Board Of Pharmacy, a felony in violation of the
provisions of NRS 453.381, and NRS 453.421.

10 **The Allegations As To Phentermine:**

11 COUNT 6

12
13 **UNLAWFUL POSSESSION OF A CONTROLLED SUBSTANCE**
14 **WITHOUT A PRESCRIPTION OR LAWFUL ORDER OF A PHYSICIAN,**
15 **A CATEGORY E FELONY AS DEFINED BY NRS 453.336**

16 The Defendant Jessica Guyer, on or about the 5th day of March, 2010,
17 knowingly or intentionally possessed, actually or constructively,
18 Phentermine, a Schedule IV Controlled Substance, which Phentermine
was not acquired pursuant to a prescription or order of a physician.

19 In The Alternative To Count 6

20 COUNT 7

21 **ACTING AS A PRINCIPAL TO THE UNLAWFUL DISPENSING OF A**
22 **CONTROLLED SUBSTANCE, A CATEGORY C FELONY AS DEFINED**
23 **BY NRS 195.020, NRS 453.381, AND NRS 453.421**

24 The Defendant Jessica Guyer, on or about the 5th day of March, 2010,
25 was unlawfully concerned in the commission of a felony, the dispensing of
26 a controlled substance, Phentermine, a Schedule IV Controlled
27 Substance, in violation of the provisions of NRS 453.381 in that the
Defendant:

- 28 1. Aided and abetted in the commission of said offense;
and/or

1
2 2. directly or indirectly encouraged or otherwise procured
3 another;

4 one Lynn Greenhouse to commit said offense.

5 The Defendant committed said offense in the following manner:

6 The Defendant requested that the said Lynn Greenhouse acquire and
7 transfer, that is dispense, and/or furnish to her (the Defendant Jessica
8 Guyer), Phentermine, a Schedule IV Controlled Substance, not pursuant
9 to a lawful prescription or order, and that thereafter the said Lynn
10 Greenhouse did acquire Phentermine, a Schedule IV Controlled
11 Substance, and transferred, dispensed, and/or furnished the same to the
12 Defendant in violation of the provisions of NRS 453.381, and NRS
13 453.421.

14 In requesting the said Lynn Greenhouse acquire and transfer
15 Phentermine, a Schedule IV Controlled Substance, to her without a
16 prescription, the Defendant acted as a principal within the meaning of
17 NRS 195.020 to Lynn Greenhouse's commission of the offense of
18 dispensing a controlled substance without a Certificate Of Registration
19 issued by the Nevada Board Of Pharmacy, a felony in violation of the
20 provisions of NRS 453.381, and NRS 453.421.

21 **The Allegations As To Zolpidem (Ambien):**

22 **COUNT 8**

23 **UNLAWFUL POSSESSION OF A CONTROLLED SUBSTANCE**
24 **WITHOUT A PRESCRIPTION OR LAWFUL ORDER OF A PHYSICIAN,**
25 **A CATEGORY E FELONY AS DEFINED BY NRS 453.336**

26 The Defendant Jessica Guyer, on or about the 5th day of March, 2010,
27 knowingly or intentionally possessed, actually or constructively, zolpidem
28 commonly known as Ambien, a Schedule IV Controlled Substance, which
Phentermine was not acquired pursuant to a prescription or order of a
physician.

In The Alternative To Count 8

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COUNT 9

**ACTING AS A PRINCIPAL TO THE UNLAWFUL DISPENSING OF A
CONTROLLED SUBSTANCE, A CATEGORY C FELONY AS DEFINED
BY NRS 195.020, NRS 453.381, AND NRS 453.421**

The Defendant Jessica Guyer, on or about the 5th day of March, 2010, was unlawfully concerned in the commission of a felony, the dispensing of a controlled substance, zolpidem commonly known as Ambien, a Schedule IV Controlled Substance, in violation of the provisions of NRS 453.381 in that the Defendant:

1. Aided and abetted in the commission of said offense;
and/or
2. directly or indirectly encouraged or otherwise procured
another;

one Lynn Greenhouse to commit said offense.

The Defendant committed said offense in the following manner:

The Defendant requested that the said Lynn Greenhouse acquire and transfer, that is dispense, and/or furnish to her (the Defendant Jessica Guyer), zolpidem, commonly known as Ambien, a Schedule IV Controlled Substance, not pursuant to a lawful prescription or order, and that thereafter the said Lynn Greenhouse did acquire zolpidem commonly known as Ambien, a Schedule IV Controlled Substance, and transferred, dispensed, and/or furnished the same to the Defendant in violation of the provisions of NRS 453.381, and NRS 453.421

In requesting the said Lynn Greenhouse acquire and transfer zolpidem, commonly known as Ambien, a Schedule IV Controlled Substance, to her without a prescription, the Defendant acted as a principal within the meaning of NRS 195.020 to Lynn Greenhouse's commission of the offense of dispensing a controlled substance without a Certificate Of Registration issued by the Nevada Board Of Pharmacy, a felony in violation of the provisions of NRS 453.381, and NRS 453.421.

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1 **The Events Alleged To Have**
2 **Occurred On Or About May 27th, 2010:**

3 **As To The Defendant Lynn Greenhouse:**

4 **The Allegations As To Hydrocodone:**

5 **COUNT 10**

6
7 **DISPENSING A CONTROLLED SUBSTANCE WITHOUT A**
8 **CERTIFICATE OF REGISTRATION ISSUED BY THE NEVADA**
9 **BOARD OF PHARMACY, A CATEGORY C FELONY AS DEFINED BY**
10 **NRS 453.381, AND NRS 453.421**

11 The Defendant Lynn Greenhouse, on or about the 27th day of May, 2010,
12 at a time when the Defendant had not been issued a Certificate Of
13 Registration by the Nevada Board Of Pharmacy pursuant to the provisions
14 of NAC 639.742, unlawfully dispensed a controlled substance,
15 Hydrocodone, a Schedule III Controlled Substance, to another person,
16 specifically one Jessica Guyer.

17 **The Allegations As To Phentermine:**

18 **COUNT 11**

19 **DISPENSING A CONTROLLED SUBSTANCE WITHOUT A**
20 **CERTIFICATE OF REGISTRATION ISSUED BY THE NEVADA**
21 **BOARD OF PHARMACY, A CATEGORY C FELONY AS DEFINED BY**
22 **NRS 453.381, AND NRS 453.421**

23 The Defendant Lynn Greenhouse, on or about the 27th of May, 2010, at a
24 time when the Defendant had not been issued a Certificate Of
25 Registration by the Nevada Board Of Pharmacy pursuant to the provisions
26 of NAC 639.742, unlawfully dispensed a controlled substance,
27 Phentermine, a Schedule IV Controlled Substance, to another person,
28 specifically one Jessica Guyer.

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1 **The Allegations As To Zolpidem (Ambien):**

2 COUNT 12

3 **DISPENSING A CONTROLLED SUBSTANCE WITHOUT A**
4 **CERTIFICATE OF REGISTRATION ISSUED BY THE NEVADA**
5 **BOARD OF PHARMACY, A CATEGORY C FELONY AS DEFINED BY**
6 **NRS 453.381, AND NRS 453.421**

7 The Defendant Lynn Greenhouse, on or about the 27th of May, 2010, at a
8 time when the Defendant had not been issued a Certificate Of
9 Registration by the Nevada Board Of Pharmacy pursuant to the provisions
10 of NAC 639.742, unlawfully dispensed a controlled substance, zolpidem,
11 commonly known as Ambien, a Schedule IV Controlled Substance, to
12 another person, specifically one Jessica Guyer

13 **The Allegations As To Dangerous Drug(s):**

14 COUNT 13

15 **UNLAWFULLY DISPENSING DANGEROUS DRUG(S) WITHOUT A**
16 **PRESCRIPTION, A GROSS MISDEMEANOR AS DEFINED BY NRS**
17 **454.301, AND NRS 454.321**

18 The Defendant Lynn Greenhouse, a practitioner within the meaning of
19 NRS 454.00958, on or about the 27th of May, 2010, unlawfully dispensed,
20 and/or furnished the dangerous drug(s), as defined by NRS 454.201,
21 more particularly described hereafter to one Jessica Guyer under
22 circumstances wherein to do so was unlawful because said dangerous
23 drug(s):

- 24 1. Were provided to Jessica Guyer without a prescription;
- 25 2. The Defendant charged Jessica Guyer the Defendant's cost of her
26 (the Defendant's) acquisition of said dangerous drug(s); and
- 27 3. The same were dispensed in violation of the provisions of NAC
28 639.742 in that the Defendant did not have a Certificate Of
 Registration issued by the Nevada Board Of Pharmacy

Specifically, the Defendant Lynn Greenhouse unlawfully, on or about the
27th of day of May, 2010, dispensed and/or furnished the following

1 dangerous drugs to the said Jessica Guyer:

- 2 1. Albuterol; and/or
- 3
- 4 2. Albuterol Inhaler(s); and/or
- 5
- 6 3. Boniva; and/or
- 7
- 8 4. Diflucan; and/or
- 9
- 10 5. Coumadin; and/or
- 11
- 12 6. Doxycycline Hyclate.

13 **As To The Defendant Jessica Guyer**

14 **The Allegations As To Hydrocodone:**

15 **COUNT 14**

16 **UNLAWFUL POSSESSION OF A CONTROLLED SUBSTANCE
17 WITHOUT A PRESCRIPTION OR LAWFUL ORDER OF A PHYSICIAN,
18 A CATEGORY E FELONY AS DEFINED BY NRS 453.336**

19 The Defendant Jessica Guyer, on or about the 27th day of May, 2010,
20 knowingly or intentionally possessed, actually or constructively,
21 Hydrocodone, a Schedule III Controlled Substance, which Hydrocodone
22 was not acquired pursuant to a prescription or order of a physician.

23 In The Alternative To Count 14

24 **COUNT 15**

25 **ACTING AS A PRINCIPAL TO THE UNLAWFUL DISPENSING OF A
26 CONTROLLED SUBSTANCE, A CATEGORY C FELONY AS DEFINED
27 BY NRS 195.020 AND NRS 453.381, AND 453.421**

28 The Defendant Jessica Guyer, on or about the 27th day of May, 2010, was
unlawfully concerned in the commission of a felony, the dispensing of a
controlled substance, Hydrocodone, A Schedule III Controlled Substance,
in violation of the provisions of NRS 453.381 in that the Defendant:

1. Aided and abetted in the commission of said offense;
and/or
2. directly or indirectly encouraged or otherwise procured
another;

one Lynn Greenhouse, to commit said offense.

The Defendant committed said offense in the following manner:

The Defendant requested that the said Lynn Greenhouse acquire and transfer, that is dispense, and/or furnish to her (the Defendant Jessica Guyer), Hydrocodone, A Schedule III Controlled Substance, not pursuant to a lawful prescription or order, and that thereafter the said Lynn Greenhouse did acquire Hydrocodone, A Schedule III Controlled Substance, and transferred, dispensed, and/or furnished the same to the Defendant in violation of the provisions of NRS 453.381, and NRS 453.421.

In requesting the said Lynn Greenhouse acquire and transfer Hydrocodone, A Schedule Controlled Substance, to her without a prescription, the Defendant acted as a principal within the meaning of NRS 195.020 to Lynn Greenhouse's commission of the offense of dispensing a controlled substance without a Certificate Of Registration issued by the Nevada Board Of Pharmacy, a felony in violation of the provisions of NRS 453.381, and NRS 453.321.

The Allegations As To Phentermine:

COUNT 16

**UNLAWFUL POSSESSION OF A CONTROLLED SUBSTANCE
WITHOUT A PRESCRIPTION OR LAWFUL ORDER OF A PHYSICIAN,
A CATEGORY E FELONY AS DEFINED BY NRS 453.336**

The Defendant Jessica Guyer, on or about the 27th day of May, 2010, knowingly or intentionally possessed, actually or constructively, Phentermine, a Schedule IV Controlled Substance, which Phentermine was not acquired pursuant to a prescription or order of a physician.

In The Alternative To Count 16

COUNT 17

**ACTING AS A PRINCIPAL TO THE UNLAWFUL DISPENSING OF A
CONTROLLED SUBSTANCE, A CATEGORY C FELONY AS DEFINED
BY NRS 195.020 AND NRS 453.381.**

The Defendant Jessica Guyer, on or about the 27th day of May, 2010, was unlawfully concerned in the commission of a felony, the dispensing of a controlled substance, Phentermine, a Schedule IV Controlled Substance, in violation of the provisions of NRS 453.381 in that the Defendant:

1. Aided and abetted in the commission of said offense;
and/or
2. directly or indirectly encouraged or otherwise procured
another;

one Lynn Greenhouse, to commit said offense.

The Defendant committed said offense in the following manner:

The Defendant requested that the said Lynn Greenhouse acquire and transfer, that is dispense, and/or furnish to her (the Defendant Jessica Guyer), Phentermine, a Schedule IV Controlled Substance, not pursuant to a lawful prescription or order, and that thereafter the said Lynn Greenhouse did acquire Phentermine, a Schedule IV Controlled Substance, and transferred, dispensed, and/or furnished the same to the Defendant in violation of the provisions of NRS 453.381, and NRS 453.421.

In requesting the said Lynn Greenhouse acquire and transfer Phentermine, a Schedule IV Controlled Substance, to her without a prescription, the Defendant acted as a principal within the meaning of NRS 195.020 to Lynn Greenhouse's commission of the offense of dispensing a controlled substance without a Certificate Of Registration issued by the Nevada Board Of Pharmacy, a felony in violation of the provisions of NRS 453.381, and NRS 453.421.

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1 **The Allegations As to Zolpidem (Ambien):**

2 **COUNT 18**

3 **UNLAWFUL POSSESSION OF A CONTROLLED SUBSTANCE**
4 **WITHOUT A PRESCRIPTION OR LAWFUL ORDER OF A PHYSICIAN,**
5 **A CATEGORY E FELONY AS DEFINED BY NRS 453.336**

6 The Defendant Jessica Guyer, on or about the 27th day of May, 2010,
7 knowingly or intentionally possessed, actually or constructively, zolpidem,
8 commonly known as Ambien, a Schedule IV Controlled Substance, which
9 Hydrocodone was not acquired pursuant to a prescription or order of a
10 physician.

11 In The Alternative To Count 18

12 **COUNT 19**

13 **ACTING AS A PRINCIPAL TO THE UNLAWFUL DISPENSING OF A**
14 **CONTROLLED SUBSTANCE, A CATEGORY C FELONY AS DEFINED**
15 **BY NRS 195.020 AND NRS 453.381.**

16 The Defendant Jessica Guyer, on or about the 27th day of May, 2010, was
17 unlawfully concerned in the commission of a felony, the dispensing of a
18 controlled substance, zolpidem, commonly known as Ambien, a Schedule
19 IV Controlled Substance, in violation of the provisions of NRS 453.381 in
20 that the Defendant:

- 21 1. Aided and abetted in the commission of said offense;
22 and/or
23 2. directly or indirectly encouraged or otherwise procured
24 another;

25 one Lynn Greenhouse, to commit said offense.

26 The Defendant committed said offense in the following manner:

27 The Defendant requested that the said Lynn Greenhouse acquire and
28 transfer, that is dispense, and/or furnish to her (the Defendant Jessica
29 Guyer), zolpidem, commonly known as Ambien, A Schedule IV Controlled
30 Substance, not pursuant to a lawful prescription or order, and that

1 thereafter the said Lynn Greenhouse did acquire zolpidem, commonly
2 known as Ambien, A Schedule IV Controlled Substance, and transferred,
3 dispensed, and/or furnished the same to the Defendant in violation of the
4 provisions of NRS 453.381, and NRS 453.421.

5 In requesting the said Lynn Greenhouse acquire and transfer zolpidem,
6 commonly known as Ambien, a Schedule IV Controlled Substance, to her
7 without a prescription, the Defendant acted as a principal within the
8 meaning of NRS 195.020 to Lynn Greenhouse's commission of the
9 offense of dispensing a controlled substance without a Certificate Of
10 Registration issued by the Nevada Board Of Pharmacy, a felony in
11 violation of the provisions of NRS 453.381, and NRS 453.421.

12 **The Allegations As To Dangerous Drug(s):**

13 COUNT 20

14 **ACTING AS A PRINCIPAL TO THE UNLAWFUL DISPENSING OF A
15 DANGEROUS DRUG, A GROSS MISDEMEANOR AS DEFINED BY
16 NRS 195.020, AND NRS 454.301**

17 The Defendant Jessica Guyer, on or about the 27th of May, 2010, was
18 unlawfully concerned in the commission of a gross misdemeanor, the
19 dispensing and/or furnishing of the dangerous drugs, more particularly
20 described hereafter, by Lynn Greenhouse as alleged in Count 13 of this
21 pleading in that the Defendant:

- 22 1. Aided and abetted in the commission of said offense;
23 and/or
- 24 2. directly or indirectly encouraged or otherwise procured
25 another;

26 one Lynn Greenhouse, to commit said offense.

27 The Defendant committed said offense in the following manner:

28 The Defendant requested that the said Lynn Greenhouse acquire and
transfer, that is dispense, and/or furnish to her (the Defendant Jessica
Guyer), not pursuant to a lawful prescription and not in accordance with
the provisions of NRS 545.301, the following dangerous drugs:

1. Albuterol; and/or
2. Albuterol Inhaler(s); and/or
3. Boniva; and/or
4. Diflucan; and/or
5. Coumadin; and/or
6. Doxycycline Hyclate

and that thereafter the said Lynn Greenhouse did acquire said dangerous drugs, and transferred – that is dispensed and furnished the same to the Defendant in violation of the provisions of NRS 454.301, and NRS 454.321.

In requesting the said Lynn Greenhouse acquire and transfer, that is, dispense and furnish to her, the dangerous drugs described above without a prescription, and in violation of the provisions of NRS 454.301, the Defendant acted as a principal within the meaning of NRS 195.020 to Lynn Greenhouse's commission of the gross misdemeanor offense of unlawfully dispensing and/or furnishing dangerous drugs as defined by the provisions of NRS 454.301, and NRS 454.321.

**The Events Alleged To Have
Occurred On Or About August 17th, 2010**

As To The Defendant Lynn Greenhouse:

The Allegations As To Hydrocodone:

COUNT 21

**DISPENSING A CONTROLLED SUBSTANCE WITHOUT A
CERTIFICATE OF REGISTRATION ISSUED BY THE NEVADA
BOARD OF PHARMACY, A CATEGORY C FELONY AS DEFINED BY
NRS 453.381, AND NRS 453.421**

The Defendant Lynn Greenhouse, on or about the 17th of August, 2010, at a time when the Defendant had not been issued a Certificate Of Registration by the Nevada Board Of Pharmacy pursuant to the provisions

1 of NAC 639.742, unlawfully dispensed a controlled Substance,
2 Hydrocodone, a Schedule III Controlled Substance, to another person,
3 specifically one Jessica Guyer.

4 **The Allegations As To Phentermine:**

5 COUNT 22

6 **DISPENSING A CONTROLLED SUBSTANCE WITHOUT A**
7 **CERTIFICATE OF REGISTRATION ISSUED BY THE NEVADA**
8 **BOARD OF PHARMACY, A CATEGORY C FELONY AS DEFINED BY**
9 **NRS 453.381, AND NRS 453.421**

10 The Defendant Lynn Greenhouse, on or about the 17th of August, 2010, at
11 a time when the Defendant had not been issued a Certificate Of
12 Registration by the Nevada Board Of Pharmacy pursuant to the provisions
13 of NAC 639.742, unlawfully dispensed a controlled substance,
14 Phentermine, a Schedule IV Controlled Substance, to another person,
15 specifically one Jessica Guyer.

16 **The Allegations As To Zolpidem (Ambien):**

17 COUNT 23

18 **DISPENSING A CONTROLLED SUBSTANCE WITHOUT A**
19 **CERTIFICATE OF REGISTRATION ISSUED BY THE NEVADA**
20 **BOARD OF PHARMACY, A CATEGORY C FELONY AS DEFINED BY**
21 **NRS 453.381, AND NRS 453.421.**

22 The Defendant Lynn Greenhouse, on or about the 5th day of March, 2010,
23 at a time when the Defendant had not been issued a Certificate Of
24 Registration by the Nevada Board Of Pharmacy pursuant to the provisions
25 of NAC 639.742, unlawfully dispensed a controlled substance, zolpidem,
26 commonly known as Ambien, a Schedule IV Controlled Substance to
27 another person, specifically one Jessica Guyer.

28 **The Allegations As To Dangerous Drug(s):**

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COUNT 24

**UNLAWFULLY DISPENSING DANGEROUS DRUG(S) WITHOUT A
PRESCRIPTION, A GROSS MISDEMEANOR AS DEFINED BY NRS
454.301 AND NRS 454.321**

The Defendant Lynn Greenhouse, a practitioner within the meaning of NRS 454.00958, on or about the 17th of August, 2010, unlawfully dispensed and/or furnished the dangerous drug(s) as defined by NRS 454.201, more particularly described hereafter, to one Jessica Guyer under circumstances wherein to do so was unlawful because said dangerous drug(s):

1. Were provided to Jessica Guyer without a prescription;
2. The Defendant charged Jessica Guyer the Defendant's cost of her (the Defendant's) acquisition of said dangerous drug(s); and
3. The same were dispensed in violation of the provisions of NAC 639.742 in that the Defendant did not have a Certificate Of Registration issued by the Nevada Board Of Pharmacy.

Specifically, the Defendant Lynn Greenhouse unlawfully, on or about the 17th day of August, 2010, dispensed and/or furnished the following dangerous drugs to the said Jessica Guyer:

1. Nexium; and/or
2. Boniva; and/or
3. Coumadin.

As To The Defendant Jessica Guyer

The Allegations As To Hydrocodone:

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COUNT 25

**UNLAWFUL POSSESSION OF A CONTROLLED SUBSTANCE
WITHOUT A PRESCRIPTION OR LAWFUL ORDER OF A PHYSICIAN,
A CATEGORY E FELONY AS DEFINED BY NRS 453.336**

The Defendant Jessica Guyer, on or about the 17th of August, 2010, knowingly or intentionally possessed, actually or constructively, Hydrocodone, a Schedule III Controlled Substance, which Hydrocodone was not acquired pursuant to a prescription or order of a physician.

In The Alternative To Count 25

COUNT 26

**ACTING AS A PRINCIPAL TO THE UNLAWFUL DISPENSING OF A
CONTROLLED SUBSTANCE, A CATEGORY C FELONY AS DEFINED
BY NRS 195.020, NRS 453.381, AND NRS 453.421**

The Defendant Jessica Guyer, on or about the 17th of August, 2010, was unlawfully concerned in the commission of a felony, the dispensing of a controlled substance, Hydrocodone, a Schedule III Controlled Substance, in violation of the provisions of NRS 453.381 in that the Defendant:

1. Aided and abetted in the commission of said offense;
and/or
2. directly or indirectly encouraged or otherwise procured
another;

one Lynn Greenhouse to commit said offense.

The Defendant committed said offense in the following manner:

The Defendant requested the said Lynn Greenhouse acquire and transfer, that is dispense, and/or furnish to her (the Defendant Jessica Guyer), Hydrocodone, a Schedule III Controlled Substance, not pursuant to a lawful prescription or order, and that thereafter the said Lynn Greenhouse did acquire Hydrocodone, a Schedule III Controlled Substance, and transferred, dispensed, and/or furnished the same to the Defendant in violation of the provisions of NRS 453.381, and NRS 453.421.

1 In requesting the said Lynn Greenhouse acquire and transfer
2 Hydrocodone, a Schedule III Controlled Substance, to her without a
3 prescription, the Defendant acted as a principal within the meaning of
4 NRS 195.020, to Lynn Greenhouse's commission of the offense of
5 dispensing a controlled substance without a Certificate Of Registration
6 issued by the Nevada Board Of Pharmacy, a felony in violation of the
7 provisions of NRS 453.381, and NRS 453.421.

8 **The Allegations As To Phentermine:**

9 COUNT 27

10 **UNLAWFUL POSSESSION OF A CONTROLLED SUBSTANCE**
11 **WITHOUT A PRESCRIPTION OR LAWFUL ORDER OF A PHYSICIAN,**
12 **A CATEGORY E FELONY AS DEFINED BY NRS 453.336**

13 The Defendant Jessica Guyer, on or about the 17th of August, 2010,
14 knowingly or intentionally possessed, actually or constructively,
15 Phentermine, a Schedule IV Controlled Substance, which Phentermine
16 was not acquired pursuant to a prescription or order of a physician.

17 **In The Alternative To Count 27**

18 COUNT 28

19 **ACTING AS A PRINCIPAL TO THE UNLAWFUL DISPENSING OF A**
20 **CONTROLLED SUBSTANCE, A CATEGORY C FELONY AS DEFINED**
21 **BY NRS 195.020, NRS 453.381, AND NRS 453.421**

22 The Defendant Jessica Guyer, on or about the 17th of August, 2010, was
23 unlawfully concerned in the commission of a felony, the dispensing of a
24 controlled substance, Phentermine, a Schedule IV Controlled Substance,
25 in violation of the provisions of NRS 453.381 in that the Defendant:

- 26 1. Aided and abetted in the commission of said offense;
27 and/or
- 28 2. directly or indirectly encouraged or otherwise procured
another;

one Lynn Greenhouse to commit said offense.

1 The Defendant committed said offense in the following manner:

2 The Defendant requested that the said Lynn Greenhouse acquire and
3 transfer, that is dispense, and/or furnish to her (the Defendant Jessica
4 Guyer), Phentermine, a Schedule IV Controlled Substance, not pursuant
5 to a lawful prescription or order, and that thereafter the said Lynn
6 Greenhouse did acquire Phentermine, a Schedule IV Controlled
7 Substance, and transferred, dispensed, and/or furnished the same to the
8 Defendant in violation of the provisions of NRS 453.381, and NRS
9 453.421.

10 In requesting the said Lynn Greenhouse acquire and transfer
11 Phentermine, a Schedule IV Controlled Substance, to her without a
12 prescription, the Defendant acted as a principal within the meaning of
13 NRS 195.020, to Lynn Greenhouse's commission of the offense of
14 dispensing a controlled substance without a Certificate Of Registration
15 issued by the Nevada Board Of Pharmacy, a felony in violation of the
16 provisions of NRS 453.381, and NRS 453.421.

17 **The Allegations As To Zolpidem (Ambien):**

18 **COUNT 29**

19 **UNLAWFUL POSSESSION OF A CONTROLLED SUBSTANCE**
20 **WITHOUT A PRESCRIPTION OR LAWFUL ORDER OF A PHYSICIAN,**
21 **A CATEGORY E FELONY AS DEFINED BY NRS 453.336**

22 The Defendant Jessica Guyer, on or about the 17th of August, 2010,
23 knowingly or intentionally possessed, actually or constructively, zolpidem,
24 commonly known as Ambien, a Schedule IV Controlled Substance, which
25 zolpidem was not acquired pursuant to a prescription or order of a
26 physician.

27 In The Alternative To Count 29

28 **COUNT 30**

ACTING AS A PRINCIPAL TO THE UNLAWFUL DISPENSING OF A
CONTROLLED SUBSTANCE, A CATEGORY C FELONY AS DEFINED
BY NRS 195.020, AND NRS 453.381, AND NRS 453.421.

The Defendant Jessica Guyer, on or about the 17th of August, 2010, was

1 unlawfully concerned in the commission of a felony, the dispensing of a
2 controlled substance, zolpidem commonly known as Ambien, a Schedule
3 IV Controlled Substance, in violation of the provisions of NRS 453.381 in
4 that the Defendant:

- 5 1. Aided and abetted in the commission of said offense;
6 and/or
- 7 2. directly or indirectly encouraged or otherwise procured
8 another;

9 one Lynn Greenhouse to commit said offense.

10 The Defendant committed said offense in the following manner:

11 The Defendant requested that the said Lynn Greenhouse acquire and
12 transfer, that is dispense, and/or furnish to her (the Defendant Jessica
13 Guyer), zolpidem, commonly known as Ambien, a Schedule IV Controlled
14 Substance, not pursuant to a lawful prescription or order, and that
15 thereafter the said Lynn Greenhouse did acquire zolpidem commonly
16 known as Ambien, a Schedule IV Controlled Substance, and transferred,
17 dispensed, and/or furnished the same to the Defendant in violation of the
18 provisions of NRS 453.381, and NRS 453.421.

19 In requesting the said Lynn Greenhouse acquire and transfer zolpidem
20 commonly known as Ambien, a Schedule IV Controlled Substance, to her
21 without a prescription, the Defendant acted as a principal within the
22 meaning of NRS 195.020, to Lynn Greenhouse's commission of the
23 offense of dispensing a controlled substance without a Certificate Of
24 Registration issued by the Nevada Board Of Pharmacy, a felony in
25 violation of the provisions of NRS 453.381, and NRS 453.421.

26 **The Allegations As To Dangerous Drug(s):**

27 COUNT 31

28 **ACTING AS A PRINCIPAL TO THE UNLAWFUL DISPENSING OF A
DANGEROUS DRUG, A GROSS MISDEMEANOR AS DEFINED BY
NRS 195.020, NRS 454.301, AND NRS 454.321**

The Defendant Jessica Guyer, on or about the 17th of August, 2010, was
unlawfully concerned in the commission of a gross misdemeanor, the

1 dispensing and/or furnishing of the dangerous drugs, more particularly
2 described hereafter, by Lynn Greenhouse as alleged in Count 24 of this
3 pleading in that the Defendant:

- 4 1. Aided and abetted in the commission of said offense;
5 and/or
- 6 2. directly or indirectly encouraged or otherwise procured
7 another;

8 one Lynn Greenhouse to commit said offense.

9 The Defendant committed said offense in the following manner:

10 The Defendant requested the said Lynn Greenhouse acquire and transfer,
11 that is dispense and/or furnish to her (the Defendant Jessica Guyer), not
12 pursuant to a lawful prescription and not in accordance with the provisions
13 of NRS 454.301, the following dangerous drugs:

- 14 1. Nexium; and/or
- 15 2. Boniva; and/or
- 16 3. Coumadin; and/or

17 and that thereafter the said Lynn Greenhouse did acquire said dangerous
18 drugs, and transferred – that is dispensed and/or furnished the same to
19 the Defendant in violation of the provisions of NRS 454.301 and NRS
20 454.321.

21 In requesting the said Lynn Greenhouse acquire and transfer, that is
22 dispense and/or furnish to her (the Defendant Jessica Guyer), the
23 dangerous drugs described above without a prescription and, in violation
24 of the provisions of NRS 454.301, the Defendant acted as a principal
25 within the meaning of NRS 195.020 to Lynn Greenhouse's commission of
26 the gross misdemeanor offense of unlawfully dispensing and/or furnishing
27 dangerous drugs as defined by the provisions of NRS 454.301 and NRS
28 454.321.

///

///

1 **The Allegation Of Conspiracy**
2 **As To Both Defendants:**

3 **COUNT 32**

4 **CONSPIRACY TO VIOLATE THE UNIFORM CONTROLLED**
5 **SUBSTANCES ACT, A CATEGORY C FELONY AS DEFINED BY NRS**
6 **453.401**

7 The Defendants above-named, Lynn Greenhouse and Jessica Guyer,
8 during the period of time alleged above, and at the place or places alleged
9 above, unlawfully conspired to commit an offense or offenses which
10 constituted a felony or felonies under the Uniform Controlled Substances
11 Act. Further one or both of the Defendants, as more particularly described
12 hereafter, committed an act or acts in furtherance of said conspiracy.

13 The Defendants committed said offense in the following manner:

14 That during the period(s) of time alleged above on the three occasions as
15 described in Count 1 through Count 12; and/or Count 14 through Count
16 19, and/or Count 21 through Count 23, and/or Count 25 through Count 30
17 of this pleading, the factual assertions of which are incorporated into this
18 Count 32 as if the same were set forth fully herein, the Defendants
19 conspired to have Lynn Greenhouse acquire and unlawfully dispense
20 and/or furnish to Jessica Guyer, Hydrocodone, a Schedule III Controlled
21 Substance; and/or Phentermine; a Schedule IV Controlled Substance;
22 and/or zolpidem, commonly known as Ambien, which in fact occurred as
23 alleged in Count 1 through Count 12; and/or Count 14 through Count 19,
24 and/or Count 21 through Count 23, and/or Count 25 through Count 30 of
25 this pleading which acts constituted a felony offense or felony offenses
26 under the Uniform Controlled Substances Act and constituted overt acts in
27 furtherance of the unlawful conspiracy alleged in this Count 32.

28 In The Alternative To Count 32

COUNT 33

CONSPIRACY TO ACQUIRE AND DISPENSE DANGEROUS DRUGS
IN VIOLATION OF THE PROVISIONS OF NRS 454.301 AND NRS
454.321, A GROSS MISDEMEANOR AS DEFINED BY NRS 199.480

The Defendants above-named, Lynn Greenhouse and Jessica Guyer,

1 during the period of time alleged above, and at the place or places alleged
2 above, unlawfully conspired to commit acts, which constituted criminal
3 offenses within the meaning of NRS 454.301 and NRS 454.321 as alleged
4 in Count 13, and/or Count 20, and/or Count 24, and/or Count 31 of this
5 pleading the factual assertions of which are incorporated into this Count
6 33 as if the same were set forth fully herein.

7 All of which is contrary to the form of the statute in such cases made and
8 provided, and against the peace and dignity of the State of Nevada. Said
9 Complainant, therefore, prays that the Defendants be dealt with according to law.

10 Further, undersigned hereby declares, based upon the assertions under
11 oath contained in the Declaration In Support Of Criminal Complaint set forth hereafter
12 – that is, upon information and belief, that the Undersigned believes and avers, under
13 penalty of perjury, that the allegations of the foregoing Criminal Complaint are true.
14

15 **Application For The Issuance Of Summonses**

16 In connection with the filing of the Criminal Complaint set forth above, the
17 State of Nevada would ask that the Court issue summonses, pursuant to the
18 provisions of NRS 171.106¹, for each of the Defendants, Lynn Greenhouse and
19

20 / / /

21 / / /

22 / / /

23 / / /

24 / / /

25
26 ¹ NRS 171.106 provides in pertinent part that:

27 ... Upon the request of the district attorney a summons instead of a warrant shall
28 issue. More than one warrant or summons may issue on the same complaint or
citation.

1 Jessica Guyer.

2 Dated this 15th day of May, 2012.

3
4
5 
6 MARK TORVINEN

7 Elko County District Attorney
8 State Bar Number: 551

9
10 **UNSWORN DECLARATION IN**
11 **SUPPORT OF CRIMINAL COMPLAINT** ²

12 COMES NOW CHRIS LININGER who declares the following to the
13 above-entitled Court:

- 14 1. That your Declarant, who will present the remainder of this Declaration in the
15 first person, is presently serving as Detective with the Trident Narcotics Task
16 Force, a Unit operating under the auspices of the Department Of Public Safety
17 in Humboldt County, Nevada;
- 18 2. That in October of 2010, I participated in an investigation into information, which
19 originated with a Detective Kendra Still, a Department Of Public Safety
20 Detective assigned to work with the DEA, that one Lynn Greenhouse, a local
21 Elko, Nevada Physician, had been ordering Hydrocodone, a Schedule III

22
23 ² See NRS 53.045 which provides in pertinent part as follows:

24 Any matter whose existence or truth may be established by an affidavit or other sworn
25 declaration **may be established with the same effect** (emphasis added by the State) by an
26 unsworn declaration of its existence or truth signed by the declarant under penalty of perjury,
27 and dated, in substantially the following form:

- 28 1. If executed in this state: "I declare under penalty of perjury that the foregoing is true and
correct."

Executed on _____
(date) (signature)

1 controlled substance from a wholesale supplier of controlled substances, Henry
2 Schein Incorporated (hereinafter simply "Henry Schein"), and that she did not
3 have a license issued by the Federal Drug Enforcement Administration to
4 dispense controlled substances;
5

6 2. On the 26th of October, 2010, I, Detective Still, and Det. Joel Fairfield of the
7 Elko Nevada Combined Narcotic's Unit, conducted a non-custodial interview of
8 Ms. Greenhouse at her place of business located at 1780 Browning Way in
9 Elko, Nevada during the course of which she acknowledged that she had been
10 ordering Hydrocodone and dispensing the same to a person who she
11 characterized as a patient of hers, one Jessica Guyer.
12

13 3. Thereafter Jessica Guyer, who I believe is employed as a physical therapist
14 and whose place of business is located at 2219 North 5th Street, Suite B in
15 Elko, Nevada was, again on the 26th day of October, 2010, interviewed and Ms.
16 Guyer acknowledged having purchased from Ms. Greenhouse, on three
17 occasions between the 5th of March, 2010, and the 17th of August, 2010,
18 Hydrocodone.
19

20 a. Ms. Guyer further furnished investigators with business records an
21 examination of which disclosed that between the 5th of March, 2010, and
22 the 17th of August, 2010, Ms. Guyer, had, on three occasions during the
23 above-referenced time frame, in addition to Hydrocodone, a Schedule III
24 Controlled Substance, purchased Phentermine, a Schedule IV Controlled
25 Substance, and Zolpidem, commonly known as Ambien, a Schedule IV
26
27
28

Controlled Substance from Ms. Greenhouse.

b. Additionally the records furnished by Ms. Guyer reflected that Ms. Guyer, on two occasions between the 27th of May, 2010, and the 17th of August, 2010, on or about the following dates purchased the following substances from Ms. Greenhouse which are dangerous drugs within the meaning of NRS 454.201, without a prescription:

1. On May 27th, 2010: Albuterol Inhaler(s); Albuterol; Boniva; Diflucan; Coumadin; and Doxycycline Hyclate; and
3. On August 17th, 2010: Nexium; Boniva; and Coumadin.

4. Thereafter, during the course of the investigation, records were obtained from Henry Schein, the business entity from which the substances referred to above were purchased by Ms. Greenhouse which corroborated the purchase of, and shipment of, the Hydrocodone, Phentermine, Zolpidem, and the dangerous drugs described above to Ms. Greenhouse during the time frames indicated above – i.e. between, or shortly before the 5th of March, 2010, through the 17th of August, 2010.

5 In executing this Declaration I declare, under the penalties of perjury, that I believe, based upon my participation in the investigation described in the Declaration set forth above, and based upon the documentation and records acquired during the course of the investigation, that the assertions of fact set forth in this Declaration are true.

1 6. Finally, I would allege and aver that there is probable cause to believe that Ms.
2 Greenhouse and Ms. Guyer committed the criminal offenses pleaded against
3 them, respectively, in the Criminal Complaint set forth above, and would ask
4 that they be required to answer said charges and otherwise dealt with
5 according to the law.
6

7
8 **FURTHER YOUR DECLARANT SAYETH NOT.**

9 Dated this 15 day of May, 2012.

10
11 
12 **CHRIS LINGER**
13 Detective

14 **Ex-Parte Application For The Conduct Of A Formal Setting Hearing**
15 **With Respect To Setting The Preliminary Hearing In This Matter**

16 **COMES NOW THE STATE OF NEVADA**, by and through its Counsel
17 Of Record the Elko County District Attorney's Office, and hereby applies ex-parte to
18 the above-entitled Court for an order providing that the Court, should it conclude to
19 issue the Summons(es) requested by the State in this matter, conduct a formal setting
20 hearing, be that:
21

- 22 1. On the date and time in which the Defendants, respectively, are ordered to
23 appear in the Summons(es) issued with respect to this Complaint; or
24
25 2. A separate hearing after the appearance of the Defendants;
26 to set the Preliminary Hearing in this matter which the State can attend.
27

28 The State may have to adduce in excess of thirteen (13) witnesses in

1 order to litigate this Preliminary Hearing, at least one of which will have to come from
2 without the jurisdiction, and would ask to be heard concerning the scheduling
3 thereof.
4

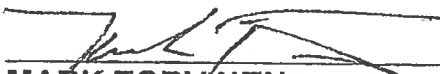
5 Dated this 15th day of May, 2012.

6
7 
8 **MARK TORVINEN**
9 Elko County District Attorney
10 State Bar Number: 551

11 **Ex-Parte Application That The Defendants' First Appearance**
12 **Be Set To Occur On The Same Date And At The Same Time**

13 **COMES NOW THE STATE OF NEVADA**, by and through its Counsel
14 Of Record the Elko County District Attorney's Office, and hereby applies ex-parte, for
15 an Order of the Court, should it conclude to issue the Summons(es) requested by the
16 State in this matter, if at all possible, set the date and time for the Defendants' First
17 Appearance(es) in this matter to occur on the same date and at the same time.
18
19

20 Dated this 15th day of May, 2012.

21
22 
23 **MARK TORVINEN**
24 Elko County District Attorney
25 State Bar Number: 551
26
27
28

FILED

2012 OCT -4 PM 2:45

ELKO CO DISTRICT COURT

CLERK _____ DEPUTY KA

CASE NO. CR-FP-12-0615

DEPT. NO. 1

IN THE DISTRICT COURT OF THE FOURTH JUDICIAL DISTRICT
OF THE STATE OF NEVADA, IN AND FOR THE COUNTY OF ELKO

THE STATE OF NEVADA,

Plaintiff,

vs.

MEMORANDUM OF PLEA
AGREEMENT

LYNN GREENHOUSE,

Defendant,

I hereby agree to enter a plea of guilty to: one count
PRINCIPAL TO POSSESSION OF A CONTROLLED SUBSTANCE, A CATEGORY E
FELONY AS DEFINED BY NRS 453.336 and NRS 195.020, as is more fully
alleged in the charging document.

My decision to plead guilty is based upon the plea agreement
in this case in which the State has agreed to file a Criminal
Information charging me with the above mentioned FELONY. The
District Attorney's Office agrees that it will file no further
charges arising out of facts related to this incident, now known by
the District Attorney's Office. At the time of sentencing, the
parties will jointly recommend diversion pursuant to NRS 453.3363.

Defendant agrees to testify truthfully is requested to do so
by the State of Nevada; failure to testify as requested will void
this agreement.

Pursuant to NRS 239B.030,
this document, including any
exhibits, does not contain the
social security number of any
person.

CONSEQUENCES OF THE PLEA

I understand that by pleading guilty I admit the facts which support all the elements of the offense to which I now plead as set forth in the charging document.

I understand that as a consequence of my plea of guilty, I may be imprisoned for a period of not more than FOUR (4) YEARS and that I may be fined up to FIVE THOUSAND DOLLARS (\$5,000.00). I understand that the law requires me to pay an administrative assessment fee, and that in some instances I may be required to pay other costs incurred by the State in this prosecution, such as drug analysis fees or costs of extradition.

I understand that I may be ordered to make restitution to any victim of the offenses to which I am pleading guilty and to the victim of any related offense which is being dismissed or not prosecuted as a result of this agreement, and that even though charges have been dismissed or not brought as a result of this agreement, they may still be considered by the judge in determining the appropriate sentence to be imposed in my case.

I understand that I AM eligible for probation for the offense to which I am pleading guilty.

I understand that if I plead guilty to two or more charges, the sentences may be served concurrently or consecutively, at the discretion of the judge who sentences me.

I have not been promised or guaranteed any particular sentence by anyone. I know that my sentence is to be determined by the Court within the limits prescribed by law. I understand that if my attorney, or the State, or both, recommends any particular sentence, the Court is not obligated to follow those

1 recommendations.

2 I understand that the Division of Parole and Probation will
3 conduct an investigation into, and prepare a report on, my
4 background and other matters relevant to determining the
5 appropriate sentence to be imposed. My attorney and I, as well as
6 the District Attorney, unless he has otherwise agreed in this
7 document to remain silent, will all have the opportunity to comment
8 on the information contained in the report at the time of
9 sentencing.

10 COLLATERAL CONSEQUENCE OF DEPORTATION

11 If you are not a citizen of the United States of America, you
12 are hereby advised that conviction of the offense for which you
13 have been charged may have the consequences of deportation,
14 exclusion from admission to the United States of America, or denial
15 of naturalization pursuant to the laws of the United States of
16 America.

17 WAIVER OF RIGHTS

18 By entering my plea of guilty, I understand that I am waiving
19 and forever giving up the following rights and privileges:

20 1. The constitutional right against self-incrimination,
21 including the right to choose whether to testify at trial, and the
22 right to prohibit the prosecutor from commenting on my silence if
23 I choose not to testify.

24 2. The constitutional right to a speedy, fair and public
25 trial by an impartial jury; the constitutional right to be assisted
26 at trial by an attorney, either retained by me, or appointed for me
27 if I am indigent and cannot afford an attorney; the right to
28 require the State to prove each element of the offense with which

1 I am charged beyond a reasonable doubt; the constitutional right to
2 confront and cross-examine my accusers, and the constitutional
3 right to subpoena witnesses in by behalf.

4 3. The right to appeal, with the assistance of retained or
5 appointed counsel, the conviction as well as any legal issues
6 arising prior to entry of this guilty plea. By pleading guilty, I
7 specifically waive my right to appeal any and all such issues.

8 VOLUNTARINESS OF PLEA

9 I have discussed the elements of all of the original charges
10 against me with my attorney and I understand the nature of those
11 charges.

12 I understand that the State would have to prove each element
13 of the charges against me at trial beyond a reasonable doubt.

14 I have discussed with my attorney any possible defenses,
15 defense strategies, and circumstances which might be favorable to
16 me.

17 All of the foregoing elements, consequences, rights and waiver
18 of rights, have been thoroughly explained to me by my attorney. My
19 attorney has answered all of my questions regarding this plea
20 agreement and its consequences to my satisfaction.

21 I believe that pleading guilty and accepting this plea bargain
22 is in my best interest, and that a trial would be contrary to my
23 best interest.

24 I am satisfied that my attorney is skilled in criminal defense
25 and that I have been fully and fairly served by my attorney.

26 I am not now under the influence of any intoxicating liquor,
27 controlled substance or other substance which would in any manner
28 impair my ability to comprehend or understand this agreement or the

1 proceedings surrounding my entry of this plea. I am signing this
2 agreement freely and voluntarily, after consultation with my
3 attorney, and I am not acting under duress, coercion, or promises
4 of leniency except as expressly set forth in this agreement.

5 DATED this 18th day of September, 2012.

6
7 
8 LYNN GREENHOUSE
Defendant

9 DATED this 19th day of September, 2012.

10
11 
12 CHAD B. THOMPSON
13 Nevada Bar No. 10248
14 Deputy District Attorney

15 CERTIFICATE OF COUNSEL

16 I, the undersigned, as the attorney for the Defendant named
17 herein and as an officer of the court, hereby certify that:

18 1. I have fully explained to the Defendant the allegations
19 contained in the charges to which guilty pleas are being entered.

20 2. I have advised the Defendant of the penalties for each
21 charge and the restitution that the Defendant may be ordered to
22 pay.

23 3. All pleas of guilty offered by the Defendant pursuant to
24 this Agreement are consistent with the facts known to me and are
25 made with my advice to the Defendant and are in the best interest
26 of the Defendant.

27 4. To the best of my knowledge and belief, the Defendant:

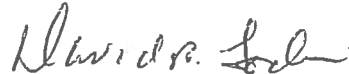
28 a. Is competent and understands the charges and the

1 consequences of pleading guilty as provided in this
2 Agreement.

3 b. Executed this Agreement and will enter all guilty
4 pleas pursuant hereto voluntarily.

5 c. Was not under the influence of intoxicating liquor,
6 a controlled substance or other substance at the
7 time of the execution of this Agreement.

8 DATED this 18 day of September, 2012.

9 

10 DAVID B. LOCKIE
11 Nevada Bar No. 2384
12 Attorney for Defendant
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NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane □ Reno, NV 89509 □ (775) 850-1440

APPLICATION FOR AUTHORITY TO DISPENSE DRUGS

Registration Fee: \$300.00 (non-refundable money order or cashier's check only)

New Dispensing Location ☒

Address Change ☐ (Requires Fee and New Application)

Do you, as a dispensing practitioner or in conjunction only with other practitioners, wholly own your practice?

☐ Yes ☒ No

I will be dispensing ☒ controlled substances ☐ dangerous drugs or ☐ both. Must check a box.

If you dispense controlled substances, a controlled substance registration and DEA is required for the address listed on this application.

First: Karen Middle: Frances Last: Arcotta Degree: MD

Practice Name (if any): Unicorn Health Services LLC

Nevada Address: 6830 So. Rainbow Blvd. Ste #130 Suite #: 130
(This must be a practicing Nevada address, we will not issue a license to a home address or to a PO Box only)

PO Box: _____ SS#: _____ Sex: ☐ M or ☒ F

E-mail address: _____ Date of Birth: _____

City: Las Vegas State: NV Zip Code: 89118

Nevada Work Telephone: (702) 227-1916 Nevada Fax: (702) 256-7656

Practitioner License Number: NV 4896 Specialty: Internal Medicine

You must be licensed with your respective BOARD before we will process this application.

Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?..... ☐ Yes ☒ No

1. Been charged, arrested or convicted of a felony or misdemeanor in any state?..... ☐ Yes ☒ No
2. Been the subject of an administrative action whether completed or pending in any state?..... ☒ Yes ☐ No
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?.... ☐ Yes ☒ No

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

Board Administrative Action:		State	Date:	Case #:	
		<u>NV</u>	<u>09/22/11</u>	<u>11-5972-1</u>	
Criminal Action:	State	Date:	Case #:	County	Court
	<u>NV</u>	<u>03/16/11</u>	<u>09M48738X</u>	<u>CLARK</u>	<u>LV Justice Court</u>

The undersigned practitioner, licensed to practice his or her profession in the State of Nevada, applies to the Board of Pharmacy for authorization to dispense, for profit, controlled substances or dangerous drugs or both, to his or her own patients, in the manner allowed and as required by Nevada and Federal law.

I hereby certify that the answers given in this application are true and correct to the best of my knowledge. I understand that the approval of this application provides me alone with the authority to dispense controlled substance or dangerous drugs or both to my own patients at the address stated on the application. I further understand that I may not delegate this authority to any other person. I further agree to abide by all statutes, rules or regulations governing practitioner dispensing and understand that a violation of any such statute, rules or regulations may be grounds for suspension or revocation of this permit of authorization.

Karen F. Arcotta 1-4-13
Original Signature, no copies or stamps accepted. Date

Board Use Only

Received:

1-16-13

Amount:

300.00

Entity#

62183

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane ~ Reno, NV 89509 ~ (775) 850-1440

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION

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

Complete Name (no abbreviations):

First: Scott Middle: Banister Last: Kearney

Home Address: 1200 Grandview Ave. Apt #: _____

City: Reno State: NV Zip Code: 89503

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: Reno, NV Sex: ☒ M or ☐ F

E-mail Address: _____

I am requesting registration at the following pharmacy:

Pharmacy: Walgreens Store #: 11226

Address: 305 Lemon Dr.

City: Reno State: NV Zip Code: 89506

Signature of Managing Pharmacist: [Signature] Lic #: 7431 Date: 4/5/13

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

1. Are you 18 years of age or older? Yes ☒ No ☐
2. Are you a high school graduate or the equivalent? Yes ☒ No ☐

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

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Been the subject of an administrative action whether completed or pending in <u>any</u> state?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5. 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 (3-5) above, include the following information & provide documentation:**

Board Administrative Action:	State	Case #:
Criminal Action:	State	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 ☐ No ☒
IF you marked **YES** to the question, above are you in compliance with the court order?..... Yes ☐ No ☐

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

[Signature]
Original Signature, no copies or stamps accepted

4.5.2013
Date

Board Use Only Received: _____ Amount: \$40.00 Entity # 63195

Date Date: 4/2/2013 1:30:25PM

RENO MUNICIPAL COURT - COUNTY OF WASHOE, STATE OF NEVADA

By: TB

~ One South Sierra Street, Reno, Nevada ~ Mailing: P.O. BOX 1900, RENO, NV 89505 Phone: (775)334-2290 Fax: (775)326-5105

HOURS OF OPERATION: Monday-Thursday 7:30am to 5:00pm Friday 7:30am-12:00pm (Excluding Holidays)

CASE STATUS REPORTDefendant: **KEARNEY, SCOTT BANISTER**DOB: **07/29/1970**Court Case#: **11 CR 14626 2I**Agency/Cite#: RPD **11-10316**Case Status: **CLOSED**Status Date: **07/06/2011****Case Docket Information****01/11/2012 WARRANT CLEARED 11/22/11****WARRANT CLEARANCE SENT TO DMV 1/11/12****Charge and Sentence**

Offense Dt	Arrest Dt				
5/29/2011	5/29/2011	484.545 - LIGHTS/DEVICES REQUIRED IN DARKNESS/RESTRICTED VISIBILITY			
		Plea: GUILTY 6/29/11	Disp: GUILTY 6/29/11	Jail: 0	Suspended: 0
5/29/2011	5/29/2011	06.06.550A - VALID DRIVER'S LICENSE REQUIRED			
		Plea: GUILTY 6/29/11	Disp: GUILTY 6/29/11	Jail: 0	Suspended: 0
5/29/2011	5/29/2011	06.06.555A - SECURED VEHICLE (INSURANCE) REQUIRED OWNER			
		Plea: GUILTY 6/29/11	Disp: GUILTY 6/29/11	Jail: 0	Suspended: 0
5/29/2011	5/29/2011	06.06.560A - VEHICLE REGISTRATION REQUIRED			
		Plea: GUILTY 6/29/11	Disp: GUILTY 6/29/11	Jail: 0	Suspended: 0
5/29/2011	5/29/2011	08.17.050 - POSSESSION OF MARIJUANA			
		Plea: GUILTY 6/29/11	Disp: GUILTY 6/29/11	Jail: 0	Suspended: 0
5/29/2011	5/29/2011	08.17.030 - POSSESSION/USE OF DRUG PARAPHERNALIA			
		Plea: GUILTY 6/29/11	Disp: GUILTY 6/29/11	Jail: 0	Suspended: 0
8/22/2011	11/22/2011	22.010FTP - CONTEMPT OF COURT-FAILURE TO PAY WARRANT			
		Plea: ADMIT 11/25/11	Disp: FOUND IN CONTEMPT 11/25/11	Jail: 10	Suspended: 0

Fines and Fees

	Owed	Paid	Dismissed	Balance Due	
\$0.00 FINE	\$1,093.00	\$0.00	\$1,093.00		
\$0.00 FEE	\$712.00	\$100.00	\$612.00		
Total:	\$1,805.00	\$100.00	\$1,705.00	\$0.00	(Note: Unapplied bail posted is not reflected in the balance.)
PAID OFF	AR Next Due Date & Amt:			Past Due:	

Bail Information

5/29/2011 ARREST BAIL AMOUNT: \$2575.00

Receipts

Receipt Dt	Receipt #	Recieved From	Ref #:	Payment	Amount
07/06/2011	160255	KEARNEY, SCOTT BANISTER		CASH	\$100.00
By: V G 7/6/2011 1:47:26PM				Total Applied:	\$100.00
				Change:	\$0.00

You are ordered by the Court to arrive drug/alcohol free and on time for all Court hearings and Court related programs/appointments. Failure to appear or comply with any court ordered appearance, program or monetary penalty will result in the issuance of a warrant for your arrest. Any violation of this instant order may result in contempt proceedings and the filing of additional criminal charges. In accordance with NRS 22.010, it is a misdemeanor for any person to fail, refuse or neglect to comply with the terms of any order issued by the Municipal Court Judge. This order will remain in effect until the Court issues another order superseding it.

I UNDERSTAND THE INFORMATION GIVEN ON THIS FORM AND PROMISE TO RETURN FOR REVIEW/PAYMENT ON THE DATE AND TIME GIVEN ABOVE. DEFENDANT: _____

ISSUED BY MARSHAL/COURT STAFF: _____ DATE: _____ TIME: _____

DEFENDANT: KEARNEY, SCOTT BANISTER

Page 1 of 1

Judge: DEPT 2 CASE #: 11 CR 14626 2I

**In the Justice Court of Reno Township, County of Washoe,
STATE OF NEVADA**

STATE OF NEVADA		PLAINTIFF	COMPLAINT OF Susan St. John DA'S NO. 337661 ATTORNEY FOR PLAINTIFF DISTRICT ATTORNEY: Susan St. John ATTORNEY FOR DEFENDENT: AGENCY NO: UNRPD UN04-001291
VS.			
SCOTT BANISTER KEARNEY 83878738		DEFENDANT	
CHARGING: CT. I. DRIVING UNDER THE INFLUENCE, a violation of WCC 70.3865, NRS 484.379 and NRS 484.3792, a misdemeanor; CT. II. EXCESSIVE SPEED WITH A MOTOR VEHICLE, a violation of NRS 484.361, a misdemeanor.			
DATE 2004	PROCEEDINGS		
J = Judge; P = Prosecutor; D = Defendant; CR = Court Reporter; I = Interpreter; DC = Defense Counsel; DDA = Deputy District Attorney; DAG = Deputy Attorney General; DPD = Deputy Public Defender; CA = Conflict Attorney; PT = Pro Term Judge			
Dec. 6	Probable Cause Affidavit reviewed by Judge. Probable Cause found.		
Dec. 6	Defendant released on OWN RECOGNIZANCE by the Washoe County Sheriff.		
Dec. 16	Complaint filed.		
Dec. 20	Defendant appeared without counsel before the Honorable Edward Dannan and the State was represented by Deputy District Attorney W. Darrell Nedd. Defendant indicated a desire to plead Guilty to Count I. Defendant informed and indicated understanding of elements of offense. The Court canvassed Defendant on Constitutional rights: the right to a speedy trial, the right to make the State prove guilt beyond a reasonable doubt, the right to confront and cross-examine the State's witnesses, the right to use the subpoena power of the Court to compel the attendance of defense witnesses, the right to remain silent, not testify at trial and not have silence held against Defendant, the right to an attorney and the right to a court appointed attorney if indigent. Defendant understood Defendant would be waiving these Constitutional rights by pleading Guilty or No Contest. Defendant informed of possible penalties. Defendant pled GUILTY. The Court found the Defendant entered the plea knowingly, intelligently, voluntarily, with an understanding of the consequences of the plea and accepted Defendant's plea. Defendant declared GUILTY. The State moved to dismiss Count II. Motion GRANTED. Defendant sentenced: To perform		
(OVER)			

FIFTY-TWO (52) hours of community service alcohol and drug free by April 1, 2005; To pay \$403.00 fine, \$100.00 Administrative Assessment, \$10.00 Court Facility Assessment, \$7.00 Specialty Court Assessment and \$60.00 Chemical Analysis Fee by December 20, 2004; To attend, complete and pay for a Level I alcohol and drug abuse program by February 1, 2005; To attend the Victim Impact Panel by April 1, 2005.

SO ORDERED.

Edward Damman

JUSTICE OF THE PEACE
DEPARTMENT NO. 2

Dec. 20 Fine paid in the amount of \$403.00, plus \$100.00 Administrative Assessment, \$10.00 Court Facility Assessment fee, \$7.00 and \$60.00 Chemical Analysis fee.

Dec. 20 DEFENDANT SIGNED UP FOR COMMUNITY SERVICE THIS DATE.

Dec. 20 Order to Attend filed.

Dec. 20 Waiver of Constitutional Rights filed.

Dec. 20 Misdemeanor Judgment filed.

2005

Feb. 10 DEFENDANT COMPLETED DUI SCHOOL THIS DATE.

Feb. 17 DEFENDANT COMPLETED VICTIM IMPACT PANEL THIS DATE.

Apr. 1 DEFENDANT COMPLETED COMMUNITY SERVICE THIS DATE.

In the Justice Court of Reno Township, County of Washoe,
STATE OF NEVADA

STATE OF NEVADA SCOTT BANISTER KEARNEY WASO0023336C		PLAINTIFF VS. DEFENDANT	COMPLAINT OF Sean Neahusan DA'S NO. 410918 ATTORNEY FOR PLAINTIFF DISTRICT ATTORNEY: Sean Neahusan ATTORNEY FOR DEFENDENT: PUBLIC DEFENDER AGENCY NO: WCSO WC09-012120
CHARGING: CT. I. DRIVING UNDER THE INFLUENCE, a violation of NRS 484.379 and NRS 484.3792, a misdemeanor; CT. II. FAILURE TO MAINTAIN EVIDENCE OF CURRENT MOTOR VEHICLE INSURANCE IN THE VEHICLE AS REQUIRED BY THE NEVADA MOTOR VEHICLE INSURANCE ACT, a violation of WCC 70.3851 (1) (b) and 70.3851 (2), a misdemeanor; CT. III. POSSESSION OF ONE OUNCE OR LESS OF MARIJUANA, a violation of NRS 453.336, a misdemeanor; CT. IV. POSSESSION OF DRUG PARAPHERNALIA, a violation of NRS 453.554 and NRS 453.566, a misdemeanor.			
DATE 2009	PROCEEDINGS		
Nov. 29	Defendant released on OWN RECOGNIZANCE by the Washoe County Sheriff.		
Dec. 4	Complaint filed.		
Dec. 28	Defendant appeared before Senior Judge Edward Dannan was duly arraigned, advised of rights, informed of Complaint and WAIVED formal reading. Defendant pled "Not Guilty". Pre-Trial set for January 25, 2010, at 11:00 A.M. Defendant continued released on OWN RECOGNIZANCE. Defendant requested appointment of the Washoe County Public Defender.		
Dec. 29	The Washoe County Public Defender appointed, however, the Court believes some reimbursement should be required at a later time.		
<u>2010</u> Jan. 25	Upon stipulation of counsel, the time for the Defendant to be present in Court for entry of plea is continued to February 25, 2010, at 11:00 A.M. Defendant continued released on OWN RECOGNIZANCE.		
Feb. 25	Upon stipulation of Counsel, the time for the Defendant to be present in Court for entry of plea, is continued to March 1, 2010, at 10:00 A.M. Defendant continued released on OWN RECOGNIZANCE.		

Mar. 1

Defendant appeared together with attorney Teresa Ristenpart, Esq. before the Honorable Patricia Lynch and the State was represented by Deputy District Attorney Sean Neahusan. Count III AMENDED BY INTERLINEATION to charge POSSESSION OF ONE OUNCE OR LESS OF MARIJUANA, a violation of WCC 53.185, a misdemeanor. Defendant indicated desire to plead Guilty as charged in Count I and AMENDED Count III. Defendant informed and indicated understanding of elements of said Count. The Court canvassed Defendant on Constitutional rights: the right to a speedy trial, the right to make the State prove guilt beyond a reasonable doubt, the right to confront and cross-examine the State's witnesses, the right to use the subpoena power of the Court to compel the attendance of defense witnesses, the right to remain silent, not testify at trial and not have silence held against Defendant, the right to an attorney and the right to a court appointed attorney if indigent. Defendant understood Defendant would be waiving these Constitutional rights by pleading Guilty or No Contest. Defendant informed of possible penalties. Defendant pled GUILTY to Count I and Count III. The Court found Defendant entered the plea knowingly, intelligently, voluntarily, with an understanding of the elements of the offense and the consequences of the plea and accepted Defendant's plea. Defendant declared GUILTY. The State moved to dismiss all other Counts. Motion GRANTED. Defendant is sentenced on Count I: To serve ONE HUNDRED EIGHTY (180) days in the County Detention Facility; To pay \$753.00 fine, \$115.00 Administrative Assessment, \$10.00 Court Facility Assessment, \$7.00 Specialty Court Assessment and \$60.00 Chemical Analysis Fee; To attend, complete and pay for a Level III Alcohol and Drug Abuse Program; To attend the Victim Impact Panel; To participate in the Court's Counseling Compliance Program; To be released on Probation to the Department of Alternative Sentencing for remainder of sentence; Defendant ordered to comply with all DAS requirements; all SUSPENDED on the following conditions: 1) To serve TEN (10) days in the County Detention Facility with credit for ONE (1) day previously served; Defendant may serve EIGHTEEN (18) days House Arrest in lieu of jail time. Defendant is to surrender to the Department of Alternative Sentencing for House Arrest on March 15, 2010 at 5:00 P.M. and complete by April 5, 2010; 2) To pay \$753.00 fine, \$115.00 Administrative Assessment, \$10.00 Court Facility Assessment, \$7.00 Specialty Court Assessment, \$60.00 Chemical Analysis Assessment and \$50.00 Partial Payment Fee by January 7, 2011; 3) To attend, alcohol and drug free, complete and pay for a Level III Alcohol and Drug Abuse Program by March 26, 2011; 4) To attend the Victim Impact Panel by April 23, 2010; 5) To attend A.A. Meetings as required by the Counselor; 6) To pay \$150.00 Public Defender Fee to the Washoe County Collections Division. Count III TO PAY \$203.00 fine, \$80.00 Administrative Assessment, \$10.00 Court Facility Fee and \$7.00 Specialty Court Fee, which is to run concurrently to Count I. Defendant ordered to attend Review Hearing set for April 5, 2010, at 8:30 A.M.

SO ORDERED.

Patricia G. Lynch

JUSTICE OF THE PEACE
DEPARTMENT NO. 1

Mar. 1

DEFENDANT SIGNED UP FOR PARTIAL PAYMENTS THIS DATE.

Mar. 1

Order to Attend filed.

Mar. 1

Waiver of Constitutional Rights filed. (ALCOHOL AND DRUGS)

Mar. 1

Misdemeanor Judgment filed.

2010 PROCEEDINGS

Mar 17 Upon request of the Defendant and upon Order of the Honorable Patricia A. Lynch, Defendant is to sign up for TWENTY (20) days of House Arrest, with credit given for TWO (2) days time served by March 29, 2010 by 2:00P.M.

Apr. 5 Defendant appeared before Pro Tem Judge Nancy Ghusn. Review Hearing proceeded. Defendant has TWELVE (12) days remaining until completion of House Arrest. Defendant provided proof of enrollment in Level III alcohol and drug abuse counseling and is to provide the Court with monthly progress reports. Review Hearing set for May 5, 2010, at 8:30 A.M.

Apr. 19 DEFENDANT COMPLETED HOUSE ARREST THIS DATE.

Apr. 26 DEFENDANT COMPLETED VICTIM IMPACT PANEL THIS DATE.

May 10 Defendant appeared before the Honorable Barbara Finley. Review Hearing proceeded. Defendant is complying with the conditions of his sentence. Defendant informed the Court he has changed counselors. Defendant provided proof of attendance to A.A. meetings. Defendant is given until August 31, 2010 to pay \$150.00 Public Defender fees. Defendant to continue to provide counseling reports and A.A. sign in sheets to the Court. Review Hearing set for August 10, 2010 at 8:30 A.M.

Aug. 10 Defendant failed to appear for Review Hearing before the Honorable Patricia Ann Lynch. The State was not represented. FIRST Bench Warrant with bail set at \$1,500.00 to issue.

Sept. 7 FIRST BENCH WARRANT in the amount of \$1,500.00 issued and later delivered to Washoe County Sheriff for Defendant's failure to appear for Review Hearing on August 10, 2010 at 8:30 A.M.

2011

May 29 Defendant released on OWN RECOGNIZANCE by the Washoe County Sheriff.

May 31 Defendant appeared before the Honorable Patricia Lynch. Pursuant to Defendant's Failure to Comply, Defendant's unpaid fines and/or assessments in the sum of \$580.00 are to be satisfied by the Defendant performing FIFTY-EIGHT (58) hours of Community Service, alcohol and drug free, by July 29, 2011; a \$25.00 Community Service fee is assessed and due July 29, 2011. Further, Defendant is given until June 9, 2012 to complete the previously ordered Level III alcohol and drug abuse program. A Review Hearing is set for August 1, 2011 at 8:30 A.M.

May 31 Order to Attend filed.

May 31 DEFENDANT SIGNED UP FOR COMMUNITY SERVICE THIS DATE.

June 1 FIRST BENCH WARRANT returned. (EXECUTED) (Issued September 7, 2010).

June 8 DEFENDANT COMPLETED COMMUNITY SERVICE THIS DATE.

Aug. 1 Defendant failed to appear for Review Hearing before the Honorable Patricia Ann Lynch. The State was not represented. SECOND Bench Warrant with bail set at \$1,500.00 BOND OR CASH BAIL to issue.

Aug 10

SECOND BENCH WARRANT with bail set at \$1500.00 Bond or Cash Bail issued and later delivered to the Washoe County Sheriff's for Defendant's failure to appear for a Review Hearing on August 1, 2011 at 8:30 A.M.

Nov. 23

Defendant appeared before the Honorable Patricia Lynch. Pursuant to Defendant's Failure to Appear, Defendant's is released on OWN RECOGNIZANCE and ordered to report to Reno Justice Court by November 28, 2011, to re-sign an Order to Attend giving a new completion date for the previously imposed Level III alcohol and drug abuse program. Defendant's outstanding \$25.00 Community Service fee is satisfied by time served.

Nov. 30

Order to Attend filed.

**Nov 23

SECOND BENCH WARRANT returned. (EXECUTED) (Issued August 10, 2011).

CONTINUING EDUCATION COMMITTEE

- Met on April 30, 2013
 - Recommends approval of the following program for 7 hours of accredited CE:
 - “Diabetes Management: Geriatric Interprofessional Simulation Center Training” by the Nevada Geriatric Education Consortium

DISCUSSION AND DETERMINATION – JUNE 2013

1) “PURPLE SHEETS”

- a. NAC 693.501(3)(b) and 639.5012 require an annual assessment of a pharmacy workplace, including figures on volume, personnel, workflow and technological devices, this assessment also known as the “purple sheets”.
- b. A number of years ago, this data, which was anonymous, was studied by the statistics department at UNR, which concluded that with additional data, may reveal interesting trends with regard to workflow; workload; staffing and prescription errors.
- c. The project met resistance and was consequently abandoned, yet the purple sheets are still required by law to be executed and currently have no use.
- d. Pharmacists have enough on their plates, so executing a data sheet with no current use seems unnecessary.
- e. Should we then abandon the purple sheets??

2) DISPENSING TECHNICIANS AND LAW CE

- a. Currently, our law requires pharmaceutical technicians to take a law CE at least biannually.
- b. It has come to our attention that this law CE requirement is not mandatory for “dispensing technicians” (technicians who work for dispensing practitioners).
- c. Dispensing practitioners historically have had a difficult time understanding and complying with pharmacy law, so might it be prudent to have their technicians meet the law CE requirement as well?

3) I.D. ON CS PRESCRIPTIONS

- a. NAC 639.748(2)(b) states that an i.d. is not necessary of a person picking up a prescription “for a patient who has had a prescription for the same controlled substance previously filled by the pharmacy”.
- b. The intent of this regulation was to eliminate having to take the i.d. of a known patient time after time, however as written, it has created a loophole as is demonstrated by a recent case where a totally unknown person (in a hooded sweatshirt and sunglasses) picked up four large quantity CS prescriptions for a “friend” and was not i.d.’d because the patient had had the prescriptions previously. A few hours later, the patient appeared asking for the refills . . .
- c. The pharmacy used NAC 639.748(2)(b) as the “out” for not getting the i.d. of the first person, leaving the police nothing to go on when reported as a “theft”.

- d. Board staff, in our effort to fight prescription drug abuse, feels that this regulation needs to be strengthened by bringing it back to its original intent.

4) PRESCRIPTION QUANTITY CHANGE WITHOUT PRESCRIBER AUTHORIZATION.

- a. Current statute requires that a pharmacist get authorization from the prescriber prior to changing the quantity on a refill prescription.
- b. Considerations from last meeting's discussion:
 - i. This would only be for maintenance drugs.
 - ii. What is a "maintenance drug"?
 - iii. Controlled substances?
 - iv. Antipsychotics?
 - v. Would this be supported by the medical community?
 - vi. Liability?

TEMPORARY LICENSES
(Issued since last board meeting)

Northeastern Nevada Regional Hospital - Cognitive Services

Ini Akpabio
Cynthia Kains
Jacquelyn Moore

Advanced Isotopes of Nevada

Maranda Lofton

Blank

April 17, 2013 Legislative Update

The first major deadline of the 2013 Nevada Legislature has passed, the day to get bills out of committee. Some 170 bills and resolutions failed to make the deadline and are now dead. (Bills to add fast-food tax, legalize marijuana don't make the cut- LV Review-Journal) Of course nothing is really dead until the Legislature goes home, and some of these may appear again as amendments to other bills. (Legislative Zombie Bills - LV Sun) Both houses are now in long floor sessions processing bills ahead of the deadline for first house passage, April 23.

Bills That Missed The April 12, 2013 Deadline - 77th Session

Mining, and the taxes they pay, remains a key issue for legislators with the recent Senate passage of SJR 15 from 2011. If the resolution passes the Assembly, it will head to the voters in 2014. (Nevada Senate votes to remove mining's protected tax status - LV Sun) The resolution was passed last session with only 3 republican votes between both houses. This time, Republican Senator Michael Roberson has led the charge to pass it, and 5 Republican senators joined him. This is part of his plan to put a mining tax on the ballot as an alternative to the teacher's margins tax. The road to an alternative became much bumpier with a legal opinions from the Governor, Secretary of State and Attorney General stating that the Legislature may not pursue an alternative because they failed to reject the teacher's initiative. (GOP senators reject legal opinion- LV Review-Journal) The resolution now awaits action in the Assembly, where it passed with the support of every Democrat in 2011.

Other tax issues remain on the legislative radar, driven by the Democratic desire to find additional funding for education. (Denis: Legislature needs to handle funding issues- LV Review-Journal) Speaker Kirkpatrick remains committed to expanding the reach of the Live Entertainment Tax to new classes of entertainment and types of venues. No bill has been introduced, but the Speaker continues to refine the numbers and look for support. While not a new tax, a broad expansion of its application could create problems with the Governor. And in case, she will need Republican votes to pass any expansion, and to override a possible veto. This could be the measure that gives Republicans the leverage they have been looking for to advance some of their agenda. The Las Vegas Sun's Patrick Coolican has an interesting take on the end game and connections-Why the construction defect fight is likely to get nasty.

NV Energy found itself in the spotlight with a mid-session bill that would substantially reorganize both its operations and the role of the Public Utilities Commission. (Coal Politics- LV Sun) The bill has pitted major industries against one another, and resulted in fierce lobbying and the departure of a member of the Governor's staff. This measure will be hard fought until the end of the regular session.

An intra-industry fight is also underway as the Nevada Resort Association seeks to stop the growth of slot parlors and gaming kiosks. (Lawmakers asked to protect big casinos from slot arcades, sports betting kiosks - LV Sun) Both Senate and Assembly bills variously seek to ban sports betting kiosks, limit the future expansion of slot parlors, and raise taxes on the largest slot parlor businesses.

Road construction, jobs and fuel taxes are also simmering on the legislative range top, with bills to raise taxes statewide and only in Clark County being considered. (State senator pitches gas tax to ease Project Neon congestion- LV Review-Journal) Southern Nevada interests are pushing a fuel tax indexing bill modeled after the Washoe County bill passed in 2009. The measure seeks to fill the hole in the Regional Transportation Commission's budget in Clark County. Legislators largely want to see the funding measure enacted, but are wary of exactly who will be casting the final vote implementing the tax and whether the public should have an opportunity to vote on any tax.

Senator Tick Segerblom is also pushing a fuel tax, this bill in the form of a gas tax increasing by 2 cents per gallon each year for 10 years for total tax of 20 cents. This tax would be implemented statewide.

Governance of the state's roadways, and the allocation of funding, is also the subject of possible legislative action. In another symbol of southern Nevada flexing its political might, SB 322 would give a super majority of the Board of Directors of the Nevada Department of Transportation to non-elected southern Nevadans. The bill removes the current constitutional officers in favor of members appointed by the Governor.

And lastly, the sad saga of former Assemblyman Brooks (Brooks' troubles put mental health in spotlight- LV Review-Journal) has resulted in the appointment of his successor this week. The Clark County Commission unanimously voted to appoint Tyrone Thompson to fill the vacant seat. (Commission appoints Odis Thompson to state Assembly- LV Review-Journal) We wish him well, and hope this signals an end to the drama surrounding District 17.

Upcoming Legislative Deadlines:

- April 23- First House Passage
- May 1- Economic Forum (Budget Projections)
- May 17- Second House Committee Passage
- May 24- Second House Passage
- June 3- Legislature Adjourns Sine Die



National Association of Boards of Pharmacy

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nabp

TO: EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY
 FROM: Carmen A. Catizone, Executive Director/Secretary
 DATE: April 30, 2013
 RE: Senate HELP Committee Draft Legislation

As some of you may be aware, last Friday, April 25, the United States Senate Committee on Health, Education, Labor and Pensions (HELP) released draft legislation to address the compounding/manufacturing issue. There was a call for comments but an extremely short turnaround. Comments are due to the Committee by this Friday, May 3.

NABP has been asked by some states to provide guidance by sharing the comments NABP would be submitting to the Committee. Today, the NABP Executive Committee approved us providing the following comments and requesting an opportunity to submit more detailed comments once we have had a chance to review the legislation more thoroughly. Overall, the proposed bill addresses the issues identified by the states and NABP, and incorporates most of the recommendations of the states and NABP. The proposed legislation is not exactly what everyone would like, but the Senate HELP Committee has done its research and has been attentive to the states.

Following are the comments NABP will submit on May 3. We will follow up with more detailed comments if the opportunity presents itself, and present those comments to the states. If you have any questions, comments, or recommendations, please do not hesitate to contact me.

NABP appreciates the opportunity to review the draft discussion document, and the just released draft of proposed legislation provided by the Senate HELP Committee to address the compounding/manufacturing issue. NABP also commends the Senate HELP Committee for its diligence on this issue and the reflective approach taken in the draft proposal.

Our comments address the draft discussion documents released by the Committee. We request the opportunity to provide additional comments once we have had time to review the draft legislation more fully and in its entirety. NABP is supportive of the intentions of the proposed legislation and concepts outlined in the discussion documents.

In regard to specific provisions:

1. NABP supports a clear separation of “compounding manufacturing” from traditional pharmacy practice and compounding. This separation

EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY

April 30, 2013

Page 2

is supported by the provision that specifies a compounding manufacturer cannot be licensed as a pharmacy. However, as we note in our concerns that follow, this differentiation between intrastate and interstate activities to denote a compounding manufacturer could create patient safety concerns. It appears to us that the differentiation may discount the equivalent risks of the two spheres of activities, and could unintentionally create a safe haven for entities and individuals engaging in intrastate activities to simply avoid the different and federal-based requirements for interstate activities.

2. NABP supports a process for the Secretary to establish a list of drug products that cannot be compounded due to demonstrable difficulty in safely compounding such products, and what appears to be increased clarity related to the prohibition of compounding FDA-approved marketed drugs, except for drug shortages or significant variations as prescribed.
3. NABP supports the “not for resale” and other labeling requirements as outlined in the discussion documents.
4. NABP supports an equitable fee structure to fund the necessary activities without over burdening the entity seeking registration as a compounding manufacturer.
5. NABP supports the noted exemptions from manufacturer requirements for compounding manufacturers.

Concerns:

1. NABP is concerned with the exemption of intrastate distribution of non-patient-specific sterile compounded products. It is our contention that non-patient-specific sterile prepared products bear the same risks whether such products are introduced into interstate commerce or distributed locally within a state.
2. NABP’s review of the proposed legislation indicates that “for office/clinic use” prepared products without a prescription, or in anticipation of a prescription, would fall into the category of compounding manufacturer if such products are introduced into interstate commerce and compounding if distributed intrastate. If this is not the correct interpretation, a clarification of “for office/clinic use” would be much appreciated.

NABP appreciated this opportunity for input and is available to discuss our comments and the proposed legislation in greater detail. Thank you.

cc: NABP Executive Committee



Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

APRIL 17th, 2013 BOARD MEETING HELD IN LAS VEGAS, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the April, 2013 Board meeting.

Licensing Activity:

- 9 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 3 licenses were granted for a Nevada MDEG companies pending inspection and one was determined to not need a license.
- 20 licenses were granted for Out-of-State pharmacies, pending receipt of a favorable inspection for all compounding pharmacies residing in another state.
- 25 licenses were granted for Out-of-State wholesalers.
- 2 applications were approved for Nevada pharmacies pending inspection.
- 1 application for a Controlled Substance Registration was denied due to failure to appear for the hearing, and another approved after answering questions regarding past drug abuse to the satisfaction of the Board.
- 1 application for a Dispensing Practitioner Registration was withdrawn by the applicant.
- 1 application to Reciprocate was granted after answering questions regarding previous disciplinary action to the satisfaction of the Board.

Disciplinary Action:

- Pharmacist RS was ordered into remedial training and ordered to step down as managing pharmacist for misfilling a methadone prescription with twice the ordered strength and repeated misfills.
- Pharmacist WB was ordered to complete continuing education (CE) on error prevention and ethics; put on probation for 12 months; and fined \$1000, for dispensing a medication for a child that the child was allergic to that medication resulting in admission to the burn unit of the hospital.

- Pharmaceutical technician CO voluntarily surrendered her license after testing positive for methamphetamine use.
- Pharmacist MN was ordered a letter of reprimand for allowing pharmaceutical technician in training SF to work unlicensed for over three months. Pharmacy KM was fined \$500 for the same.
- Pharmacist KM was fined \$1750 for dispensing another patient's medication to a patient and for failure to counsel, and ordered to complete a CE on error prevention.
- Pharmacists SW, GD and pharmacy CV were all fined \$750 for dispensing a wrong medication and for failure to maintain counseling records.
- Pharmacist ES was ordered into remedial training; ordered to complete CE courses in ethics and in error prevention; and fined \$750 for misfilling a prescription, then altering counseling records. Pharmacy CV was fined \$750 as well.

Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements.
- Pharmacist Milton C. Kevershan was presented a certificate for maintaining licensure in the state of Nevada for over 50 years.
-

Proposed Amendment to NAC 639.710

Purpose of Proposed Amendment: Expands the ability to have prescription medications delivered from a pharmacy to a patient.

NAC 639.710 Delivery of prescription drugs.

1. A prescribed medication may be delivered or dropped off by:
 - (a) a licensee, if the person making the delivery:
 - ~~(a)~~i. Is a bona fide employee of the licensee,
 - ~~(b)~~ii. Is at least 16 years of age, and
 - ~~(c)~~iii. Has not been convicted of any offense in any jurisdiction, whether a felony or misdemeanor, involving any dangerous drug, controlled substance, embezzlement or theft, or
 - (b) an agent of a licensee or a patient, including a third-party delivery service, who the licensee and the patient have authorized to deliver the medication, so long as the person making the delivery:
 - i. Is at least 16 years of age; and
 - ii. Has not been convicted of any offense in any jurisdiction, whether a felony or misdemeanor, involving any dangerous drug, controlled substance, embezzlement or theft.
2. Any licensee who participates in the delivery of any prescription medication pursuant to this section shall:
 - (a) Maintain a log documenting the chain of possession of the medication. Such log shall include:
 - i. The name and signature of the person who dispatches the medication for delivery,
 - ii. The name and signature of the person who delivers the medication, and
 - iii. The name and signature of the person who accepts delivery of the medication; or
 - (b) Maintain an alternative method of documenting the chain of possession of the delivered medication, such as an electronic record, so long as such record retains the information required by subsection 2(a) above.
 - (c) A copy of the log or record described above must be maintained on the premises of the licensee for 2 years, and in such a manner as to make the record readily available for inspection by an agent of the Board upon request, unless earlier destruction is authorized.
3. A prescribed medication must be delivered directly to the patient, or must be dropped off with a person at the patient's residence or the appropriate person on the staff of the medical facility at which the patient is being treated. The person accepting the prescribed medication must sign for it.
- ~~34.~~ All prescribed medications must be adequately secured in the vehicle used for delivery.
- ~~45.~~ The licensee shall maintain records of all prescribed medications which are delivered pursuant to this section.
- ~~56.~~ Any prescribed medication may be picked up from the pharmacy by any authorized, ~~noncompensated~~ agent of the person for whom the drug is prescribed, including but not limited to, a neighbor, friend or relative. The person picking up a medication pursuant to this section shall present a current form of identification issued by a federal, state or local governmental agency that contains a photograph of the person. The employee shall not dispense the controlled substance if:
 - (a) That person does not present such identification; or
 - (b) The employee reasonably believes that the identification presented has been altered or is false or otherwise invalid.

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Proposed Amendments to NAC 453.510

Purpose of Proposed Amendment: *Add certain synthetic cannabis or “spice drugs” to Schedule I.*

NAC 453.510 Schedule I.

1. Schedule I consists of the drugs and other substances listed in this section by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including, without limitation, their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation:

Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidiny]-N-phenylacetanide);
Acetylmethadol;
Allyprodine;
Alphacetylmethadol (except levo-alphacetylmethadol, commonly referred to as levo-alpha-acetylmethadol, levomethadyl acetate or “LAAM”);
Alphameprodine;
Alphamethadol;
Alphamethylfentanyl (N-[1-(alpha-methyl-beta-phenyl)ethyl-4-piperidyl] propionanilide;
1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);
Alpha-methylthiofentanyl (N-[1-methyl-2-(2-thienyl)ethyl-4-piperidiny]-N-phenylpropanamide);
Benzethidine;
Betacetylmethadol;
Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl)-4-piperidiny]-N-phenylpropanamide);
Beta-hydroxy-3-methylfentanyl (other name: N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-piperidiny]-N-phenylpropanamide);
Betameprodine;
Betamethadol;
Betaprodine;
Clonitazene;
Dextromoramide;
Diampromide;
Diethylthiambutene;
Difenoxin;
Dimenoxadol;
Dimepheptanol;
Dimethylthiambutene;
Dioxaphetyl butyrate;
Dipipanone;
Ethylmethylthiambutene;

Etonitazene;
Etoxeridine;
Furethidine;
Hydroxypethidine;
Ketobemidone;
Levomoramide;
Levophenacymorphan;
3-Methylfentanyl (N-[3-methyl-1-(2-phenylethyl)-4-piperidyl]-N-phenylpropanamide);
3-Methylthiofentanyl (N-[(3-methyl-1-(2-thienyl)ethyl-4-piperidinyl]-N-phenylpropanamide);
Morpheridine;
MPPP (1-methyl-4-phenyl-4-propionoxypiperidine);
Noracymethadol;
Norlevorphanol;
Normethadone;
Norpipanone;
Para-fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidinyl]propanamide);
PEPAP (1-(-2-phenethyl)-4-phenyl-4-acetoxypiperidine);
Phenadoxone;
Phenampromide;
Phenomorphan;
Phenoperidine;
Piritramide;
Proheptazine;
Properidine;
Propiram;
Racemoramide;
Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidinyl]-propanamide);
Tilidine; or
Trimeperidine.

3. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Acetorphine;
Acetyldihydrocodeine;
Benzylmorphine;
Codeine methylbromide;
Codeine-N-Oxide;
Cyprenorphine;
Desomorphine;
Dihydromorphine;
Drotebanol;
Etorphine (except hydrochloride salt);

Heroin;
Hydromorphenol;
Methyldesorphine;
Methyldihydromorphine;
Morphine methylbromide;
Morphine methylsulfonate;
Morphine-N-Oxide;
Myrophine;
Nicocodeine;
Nicomorphine;
Normorphine;
Pholcodine; or
Thebacon.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following hallucinogenic substances, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Alpha-ethyltryptamine (some trade or other names: ET, Trip);

Alpha-methyltryptamine (some trade or other names: AMT);

1,4-Butanediol (some trade or other names: 1,4-butyleneglycol, dihydroxybutane, tetramethylene glycol, butane 1,4-diol, SomatoPro, Soma Solutions, Zen);

4-bromo-2,5-dimethoxyamphetamine (some trade or other names: 4-bromo-2,5-dimethoxy-alpha-methylphenethylamine; 4-bromo-2,5-DMA);

4-bromo-2,5-dimethoxyphenethylamine (some trade or other names: Nexus, 2C-B);

1-Butyl-3-(1-naphthoyl)indole-7173 (some trade or other names: JWH-073);

2,5-dimethoxyamphetamine (some trade or other names: 2,5-dimethoxy-alpha-methylphenethylamine; 2,5-DMA);

2,5-dimethoxy-4-ethylamphet-amine (some trade or other names: DOET);

2,5-dimethoxy-4-iodo-N-(methoxybenzyl)phenethylamine (some trade or other names: 25I-NBOMe, 25I-NB2OMe, 25I-NB3OMe, 25I-NB4OMe)

2,5-dimethoxy-4-(n)-propylthiophenethylamine (some trade or other names: 2C-T-7);

5-(1,1-Dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7297 (some trade or other names: CP-47,497);

5-(1,1-Dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7298 (some trade or other names: cannabicyclohexanol; CP-47,497 C8 homologue);

4-methoxyamphetamine (some trade or other names: 4-methoxy-alpha-methylphenethylamine; para-methoxyamphetamine; PMA);

5-methoxy-3,4-methylenedioxyamphetamine;

5-methoxy-N, N-diisopropyltryptamine (some trade or other names: 5-meO-DIPT);

4-methyl-2,5-dimethoxyamphetamine (some trade or other names: 4-methyl-2,5-dimethoxy-alpha-methylphenethylamine; "DOM"; "STP");

3,4-methylenedioxyamphetamine;

3,4-methylenedioxymethamphetamine (MDMA);

3,4-methylenedioxy-N-ethylamphetamine (commonly referred to as N-ethyl-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-ethyl MDA, MDE, MDEA);

1-[2-(4-Morpholinyl)ethyl]-3-(1-naphthoyl)indole-7200 (some trade or other names: JWH-200);

N-hydroxy-3,4-methylenedioxyamphetamine (commonly referred to as N-hydroxy-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-hydroxy MDA);

1-Pentyl-3-(1-naphthoyl)indole-7118 (some trade or other names: JWH-018; AM678);

3,4,5-trimethoxyamphetamine;

Bufotenine (some trade or other names: 3-(beta-dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethyl-aminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N, N-dimethyltryptamine; mappine);

Diethyltryptamine (some trade or other names: DET; N,N-Diethyltryptamine);

Dimethyltryptamine (some trade or other names: DMT);

Fluorophenylpiperazine (some trade or other names: FPP, pFPP, 2-fluorophenylpiperazine, 3-fluorophenylpiperazine, 4-fluorophenylpiperazine)

Gamma butyrolactone (some trade or other names: GBL, Gamma Buty Lactone, 4-butyrolactone, dihydro-2(3H)-furanone, tetrahydro-2-furanone, Gamma G, GH Gold);

Gamma hydroxy butyric acid (some trade or other names: GHB);

Ibogaine (some trade or other names: 7-ethyl-6, 6 beta, 7, 8, 9, 10, 12, 13-octahydro-2-methoxy-6, 9-methano-5H-pyrido (1',2':1,2) azepino (5,4-b) indole; *Tabernanthe iboga*);

Lysergic acid diethylamide;

Marijuana;

Mescaline;

Methoxyphenylpiperazine (some trade or other names: MeOPP, pMPP, 4-MPP, 2-MeOPP, 3-MeOPP, 4-MeOPP)

Parahexyl (some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran; Synhexyl);

Peyote (meaning all parts of the plant presently classified botanically as *Lophophora williamsii* Lemaire, whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds or extracts);

N-benzylpiperazine (some trade or other names: BZP, 1-benzylpiperazine);

N-ethyl-3-piperidyl benzilate;

N-methyl-3-piperidyl benzilate;

Psilocybin;

Psilocin;

Tetrahydrocannabinols (synthetic equivalents of the substances contained in the plant, or in the resinous extractives of *Cannabis*, sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity such as the following:

Delta 1 cis or trans tetrahydrocannabinol, and their optical isomers,

Delta 6 cis or trans tetrahydrocannabinol, and their optical isomers,

Delta 3, 4 cis or trans tetrahydrocannabinol, and its optical isomers;

since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions covered);

Ethylamine analog of phencyclidine (some trade or other names: N-ethyl-1-phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl) ethylamine; cyclohexamine; PCE);

Pyrrolidine analog of phencyclidine (some trade or other names: 1-(1-phenylcyclohexyl)-pyrrolidine; PCPy; PHP);

1-(1-(2-thienyl)-cyclohexyl)-pyrrolidine (some trade or other names: TCPy); or

Thiophene analog of phencyclidine (some trade or other names: 1-(1-(2-thienyl)-cyclohexyl)-piperidine; 2-thienyl analog of phencyclidine; TPCP; TCP).

For the purposes of this subsection, "isomer" includes, without limitation, the optical, position or geometric isomer.

5. All parts of the plant presently classified botanically as *Datura*, whether growing or not, the seeds thereof, any extract from any part of such plant or plants, and every compound, manufacture, salt derivative, mixture or preparation of such plant or plants, its seeds or extracts, unless substances consistent with those found in such plants are present in formulations that the Food and Drug Administration of the United States Department of Health and Human Services has approved for distribution.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of phencyclidine, mecloqualone or methaqualone having a depressant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation.

7. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers:

Aminorex;

Cathinone (some trade or other names: 2-amino-1-phenyl-1-propanone; alpha-aminopropiophenone; 2-aminopropiophenone; norephedrone);

Fenethylamine;

Methamphetamine;

Methcathinone (some trade or other names: N-Methylcathinone, cat);

(±)cis-4-methylaminorex ((+)-cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazoline);

N,N-dimethylamphetamine (commonly referred to as N,N-alpha-trimethylbenzeneethanamine; N,N-alpha-trimethylphenethylamine); or

N-ethylamphetamine.

Methylethcathinone (some trade or other names: 2-(ethylamino)-1-(4-methylphenyl)propan-1-one, 4-MEC, 4-methyl-N-ethylcathinone)

Alpha-PVP (some trade or other names: 1-phenyl-2-(1-pyrrolidinyl)-1-pentanone, alpha-pyrrolidinopentiphenone, alpha-pyrrolidinovalerophenone)

Fluoroamphetamine (some trade or other names: 2-fluoroamphetamine, 3-fluoroamphetamine, 4-fluoroamphetamine, 2-FA, 3-FA, 4-FA, PFA)

8. Unless specifically listed in another schedule, coca leaves, cocaine base or free base, or a salt, compound, derivative, isomer or preparation thereof which is chemically equivalent or identical to such substances, and any quantity of material, compound, mixture or preparation which contains coca leaves, cocaine base or cocaine free base or its isomers or any of the salts of cocaine, except decocainized coca leaves or extractions which do not contain cocaine or ecgonine.

(Added to NAC by Bd. of Pharmacy, eff. 6-25-82; A 10-26-83; 9-29-87; 8-10-89; 9-11-91; 7-1-92; 1-10-94; R024-98, 4-17-98; R110-00, 10-25-2000; R001-01, 11-1-2001; R121-04, 8-25-2004; R181-07, 4-17-2008; R156-10, 5-5-2011)

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Proposed Amendment to NAC 639.050

Purpose of Proposed Amendment: Amends the rule that presently requires an agent of the Board to be present when wasting certain controlled substances. Amendment will allow facilities to waste controlled substances without an agent of the Board present.

NAC 639.050 Storage and destruction of certain controlled substances.

1. Upon the discontinuance of a controlled substance, a controlled substance becoming outdated or the demise of a patient at a facility for skilled nursing or facility for intermediate care which is licensed by the Health Division, any remaining controlled substance dispensed to the patient must be placed in a secured locked compartment. The controlled substance must be secured in the locked container until destroyed in the manner prescribed in NAC 639.498.

2. Each practitioner or pharmacy shall physically separate each controlled substance which is outdated, damaged, deteriorated, misbranded or adulterated from the balance of its stock medications. ~~The controlled substances must be held for destruction by an agent of the Board. The agent shall provide the practitioner or pharmacy with a copy of the Controlled Substance Enforcement Administration form 41 ("Registrants Inventory of Controlled Substances Surrendered") acknowledging destruction of the controlled substances.~~ The Such controlled substances must be destroyed at least once each year. The practitioner or pharmacy must complete a Controlled Substance Enforcement Administration form 41 ("Registrants Inventory of Controlled Substances Surrendered") acknowledging destruction of the controlled substances.

3. This section does not apply to controlled substances packaged in manufacturer's unit-dose packages which are governed by the provisions of NRS 639.267.

(Added to NAC by Bd. of Pharmacy, eff. 12-3-84; A 7-1-92)

*** NAC 639.498 Included Here For Convenience Only ***

NAC 639.498 Destruction of certain controlled substances: Requirement; procedure.

1. Except as otherwise provided in subsection 2:

(a) At least once each month, the director or a licensed consulting pharmacist shall destroy, on the premises of the facility, the controlled substances described in subsection 1 of NAC 639.050.

(b) If the director destroys the controlled substances, the licensed consulting pharmacist shall witness the destruction of the controlled substances. If the licensed consulting pharmacist destroys the controlled substances, the director shall witness the destruction of the controlled substances.

2. The director may designate a nurse licensed pursuant to chapter 632 of NRS to carry out his or her duties pursuant to this section. The licensed consulting pharmacist may designate a pharmacist licensed pursuant to chapter 639 of NRS to carry out his or her duties pursuant to this section.

3. The controlled substances must be destroyed by:

(a) Flushing them down the toilet or hopper;

(b) If a container for waste disposal is used, placing the controlled substances in the water in the container for disposal; or

(c) If the controlled substance is stored in a vial, ampule or other glass container, breaking the container and placing its contents into a container for waste disposal.

(Added to NAC by Bd. of Pharmacy, eff. 7-1-92)

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**PROPOSED REGULATION OF THE
STATE BOARD OF PHARMACY**

LCB File No. R069-12

April 23, 2013

EXPLANATION – Matter in *italics* is new; matter in brackets [omitted material] is material to be omitted.

AUTHORITY: §1, NRS 639.070.

A REGULATION relating to pharmacists; revising provisions governing the authority of a pharmacist to decline to fill prescriptions; and providing other matters properly relating thereto.

Section 1. NAC 639.753 is hereby amended to read as follows:

639.753 1. A pharmacist may decline to fill a prescription that satisfies the requirements of this chapter and chapter 639 of NRS only if the pharmacist reasonably believes, in his or her professional judgment, that:

(a) The filling of the prescription would be unlawful;

(b) The filling of the prescription would be ~~potentially~~ *imminently* harmful to the medical health of the patient;

(c) The prescription is fraudulent; or

(d) The prescription is not for a legitimate medical purpose.

2. If a pharmacist declines to fill a prescription pursuant to this section, the pharmacist shall speak with the prescribing practitioner in a timely manner to discuss and resolve the concerns of

the pharmacist regarding the prescription. Before the pharmacist speaks with the prescribing practitioner, the pharmacist may, based on his or her professional judgment:

- (a) Retain the prescription and not return the prescription to the patient;
- (b) Return the prescription to the patient;
- (c) Make a photocopy of the prescription and return the prescription to the patient; and
- (d) Unless the prescription is for a controlled substance that is listed in schedule II, dispense a quantity of the drug prescribed, not to exceed a 3 days' supply, to allow a reasonable period for the pharmacist to speak with the prescribing practitioner about the concerns of the pharmacist regarding the prescription.

3. ~~If, after~~ *After* speaking with the prescribing practitioner, *the pharmacist may fill the prescription if* the pharmacist reasonably believes, in his or her professional judgment, that the prescription is:

- (a) Lawful;
- (b) Not ~~potentially~~ *imminently* harmful to the medical health of the patient;
- (c) Not fraudulent; and
- (d) For a legitimate medical purpose . ~~+~~

~~the pharmacist may fill the prescription.~~

4. If, after speaking with the prescribing practitioner, the pharmacist reasonably believes, in his or her professional judgment, that the prescription ~~is~~:

- ~~(a) Unlawful;~~
- ~~(b) Fraudulent; or~~
- ~~(c) Not for a legitimate medical purpose.~~

~~and~~ *does not meet one or more of the standards set forth in subsection 3*, the pharmacist shall retain the prescription and may not return the prescription to the patient.

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