

January 3, 2011

AGENDA

◆ PUBLIC NOTICE ◆

NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

at the

Las Vegas Chamber of Commerce
6671 Las Vegas Blvd South
Las Vegas

Tuesday, January 11, 2011 – 9:00 am

Wednesday, January 12, 2011 – 9:00 am

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.

Public comment is welcomed by the Board, but will be heard only when that item on the agenda is reached and will be limited to five minutes per person. The president may allow additional time to a given speaker as time allows and in his sole discretion.

◆ 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.

January 2011 Board Meeting Agenda

* 1. Approval of December 1-2, 2010, Minutes

http://bop.nv.gov/Agendas/2011/2011-01_SupportDocs/01-DecMinutes.pdf

* 2. Applications for Out-of-State MDEG – Non Appearance:

http://bop.nv.gov/Agendas/2011/2011-01_SupportDocs/02-ConsentAgenda.pdf

- A. Apria Healthcare, Inc. – Riverside, CA
- B. Diabetic Specialist Only Corp – Deerfield Beach, FL
- C. Direct Diabetic Source, Inc. – Sunrise, FL
- D. Innovative Neurotronics, Inc. – Austin, TX
- E. Foundation Care LLC – Earth City, MO
- F. Lincare Inc. – Clearwater, FL
- G. Med-Care Diabetic & Medical Supplies Inc. – Boca Raton, FL
- H. Patient's Choice LLC – Arlington Heights, IL
- I. Prairie Medical LLC – Boise, ID
- J. United Seating and Mobility, LLC – Phoenix, AZ
- K. WBC Group LLC – Dinsmore, FL

Applications for Out-of-State Pharmacy – Non Appearance:

- L. American Pharmacy Solutions – Pensacola, FL
- M. Catalyst Mail – Columbus, OH
- N. CDF Rx – Plano, TX
- O. Greater Sacramento Pharmacy – Sacramento, CA
- P. JAT Pharmacy, LLC – Sun Prairie, WI
- Q. Med-Care Diabetic & Medical Supplies Inc. – Boca Raton, FL
- R. Medication Review Inc. – Spokane, WA
- S. Orsini Pharmaceutical Services Inc. – Elk Grove Village, IL
- T. Revival Animal Health – Orange City, IA
- U. Watts Clinic Pharmacy – Brea, CA

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

- V. Alimera Sciences, Inc. – Alpharetta, GA
- W. DIK Drug Company Inc. – Burr Ridge, IL
- X. Exel Inc. – Mooresville, IN
- Y. Medicis Body Aesthetics, Inc. – Bothwell, WA
- Z. UPS Supply Chain Solutions, Inc. – Mira Loma, CA

Application for Nevada Pharmacy – Non Appearance

- AA. Advanced Care Rx Pharmacy 2 – Las Vegas

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◆ REGULAR AGENDA ◆

- * 3. Disciplinary 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.

http://bop.nv.gov/Agendas/2011/2011-01_SupportDocs/03-Discipline.pdf

- | | | |
|----|--------------------------|----------------|
| A. | Jennifer Chan, R.Ph | (09-102-RPH-S) |
| B. | Walgreens #04855 | (09-102-PH-S) |
| C. | Maryanne D. Phillips, MD | (10-086-CS-S) |
| D. | Mohamed O. Saleh, MD | (10-089-S) |
| E. | Sonya Campbell, PT | (10-085-PT-S) |
| F. | Jonathan Greenough, PT | (10-084-PT-S) |

- * 4. Application for Nevada Pharmacy – Appearance:

http://bop.nv.gov/Agendas/2011/2011-01_SupportDocs/04-NVPH_Appearance.pdf

Precision Specialty Pharmacy – Las Vegas

- * 5. Applications for Nevada MDEG – Appearance:

http://bop.nv.gov/Agendas/2011/2011-01_SupportDocs/05-NVMDEG_Appearance.pdf

- | | |
|----|---------------------------------------|
| A. | Access Orthopedic, LLC – Las Vegas |
| B. | Essentials Medical Supply – Las Vegas |
| C. | Key Medical – Reno |

- * 6. Applications for Out-of-State Pharmacy – Appearance:

http://bop.nv.gov/Agendas/2011/2011-01_SupportDocs/06-OOSPH_Appearance.pdf

- | | |
|----|---------------------------------------|
| A. | Cardinal Health 414, LLC – Denver, CO |
| B. | Park Pharmacy – Irvine, CA |

- * 7. Application for Out-of-State Wholesaler – Appearance:

http://bop.nv.gov/Agendas/2011/2011-01_SupportDocs/07-OOSWH_Appearance.pdf

PGxHealth, LLC – New Haven, CT

8. CVS Pharmacy Retail Settlements – Presentation:

Roger Morris

9. Methamphetamine Initiative – Appearance:

- | | |
|----|-----------------------------------|
| A. | Jerry Seevers, Nevada Coordinator |
|----|-----------------------------------|

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- B. Rural Law Enforcement Methamphetamine Initiative
- C. Neil Rombardo, District Attorney, Carson City

10. PRN-PRN Presentation:

Larry Espadero

*11. Request for Pharmacist License – Reciprocity – Appearance:

http://bop.nv.gov/Agendas/2011/2011-01_SupportDocs/11-ReqRPhRecip.pdf

Magdalene Ladas, R.Ph

*12. Requests for Pharmaceutical Technician in Training License – Appearance:

- A. Brian Fello
- B. Alexander G. Frankos
- C. Crystal A. Gebhart
- D. Neil G. Larrabee
- E. Chase P. Wilson

*13. Request for Dispensing Technician in Training License – Appearance:

http://bop.nv.gov/Agendas/2011/2011-01_SupportDocs/13-ReqDTT.pdf

Angie M. Cook

*14. Request for Reinstatement of Pharmacist License – Appearance:

http://bop.nv.gov/Agendas/2011/2011-01_SupportDocs/14-ReqReinsRPh.pdf

James Ammon

*15. Requests for Reinstatement of PT License – Appearance:

http://bop.nv.gov/Agendas/2011/2011-01_SupportDocs/15-ReqReinsPT.pdf

- A. Mayra Arreola
- B. Shamika Banks

*16. Board Staff Report – Non Appearance:

http://bop.nv.gov/Agendas/2011/2011-01_SupportDocs/16-BdStaffRpt.pdf

Jiansheng Li

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17. PT Advisory Board Report

http://bop.nv.gov/Agendas/2011/2011-01_SupportDocs/17-PT-AdvBdRpt.pdf

18. General Counsel Report:

http://bop.nv.gov/Agendas/2011/2011-01_SupportDocs/18-GenCounselRpt.pdf

Recent Regulatory Activities and Litigation

- A. Report on Governor's Working Group on Methamphetamine Use
- B. Klasch v. Walgreens – Supreme Court Case

*19. Discussion and Determination:

http://bop.nv.gov/Agendas/2011/2011-01_SupportDocs/19-DD.pdf

- A. Visual Security of a Mechanical Device
- B. Drug Distribution Agents

*20. Executive Secretary Report:

http://bop.nv.gov/Agendas/2011/2011-01_SupportDocs/20-ExecSecRpt.pdf

- A. Financial Report
- B. Temporary Licenses
- C. Staff Activities
 - 1. PT Advisory Board (12/7)
- D. Reports to Board
 - i. Refrigerator regulation
 - ii. Task Force Grant
 - iii. NABP
 - 1. PMP Hub
 - 2. Intern Hours
 - iv. Your Success Rx Report
 - 1. Don's Pharmacy
- E. Board Related News
 - i. Gallop Poll
 - ii. Peoria, AZ Ordinance
 - iii. USN Stats
- F. Activities Report

21. Next Board Meeting:

March 2-3, 2011 – Reno, Nevada

*22. Public Comments and Discussion of and Deliberation Upon Those Comments

Note: No vote may be taken upon a matter raised under this item of the agenda

January 2011 Board Meeting Agenda

until the matter itself has been specifically included on an agenda as an item upon which action will be taken. (NRS 241.020)

* Board action may be taken on these items.

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 Jeri Walter 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
Mineral County Courthouse – Hawthorne
Washoe County Courthouse – Reno
Nevada State Board of Pharmacy – Reno and Las Vegas



Nevada State Board of Pharmacy

431 W. PLUMB LANE • RENO, NEVADA 89509
(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
E-mail: pharmacy@pharmacy.nv.gov • Website: bop.nv.gov

BOARD MEETING

at the

Airport Plaza Hotel
1981 Terminal Way
Reno, Nevada

December 1st and 2nd, 2010

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

Board Members Present:

Keith Macdonald	Beth Foster	Kirk Wentworth
Russell Smith	Jody Lewis	Cheryl Blomstrom

Board Members Absent:

Kam Gandhi

Board Staff Present:

Larry Pinson	Jeri Walter	Carolyn Cramer	Keith Marcher
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CONSENT AGENDA

1. Approval of October 13-14, 2010, Minutes
2. Applications for Out-of-State MDEG – Non Appearance:
 - A. Air-Way Medical Inc. – Bishop, CA
 - B. A Natural Image, LLC – Manchester, CT
 - C. Cascade Prosthetics and Orthotics, Inc. – Ferndale, WA
 - D. Classic Sleepcare, LLC – Agoura Hills, CA
 - E. Foundation Care LLC – Earth City, MO
 - F. Lincare Inc. – Clearwater, FL
 - G. Medtronic USA, Inc. – Jacksonville, FL
 - H. Medtronic USA, Inc. – Mystic, CT
 - I. Physio-Control, Inc. – Redmond, WA
 - J. R&J Medical Sales, Inc. – Syosset, NY

Applications for Out-of-State Pharmacy – Non Appearance:

- K. Baxter Healthcare Corporation – Baxter, CA
- L. Baxter Healthcare Corporation – Ontario, CA
- M. Baxter Healthcare Corporation – Wilsonville, OR
- N. Braun Pharmacy – Chicago, IL
- O. California Pet Pharmacy – Hayward, CA
- P. Capital Rx, Inc. – Sacramento, CA
- Q. CHS Pharmacy – Vancouver, WA
- R. Global Medical Direct – Lenexa, KS
- S. Specialty Veterinary Pharmacy – Houston, TX

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

- T. Baxter Healthcare Corporation – Buffalo Grove, IL
- U. Camber Pharmaceuticals Inc. – Piscataway, NJ
- V. Centurion Medical Products Corporation – Kennesaw, GA
- W. Genzyme Corporation – Cambridge, MA
- X. Clean Harbors of Aragonite, LLC – Aragonite, UT
- Y. Darby Dental Supply, LLC – Guilderland Center, NY
- Z. Pernix Therapeutics, LLC – Magnolia, TX
- AA. Stericycle – Norcross, GA
- BB. Tri-anim Health Services Inc. – Denver, CO
- CC. Vidacare Corporation – Shavano Park, TX
- DD. Wockhardt USA LLC – Parsippany, NJ

Applications for Nevada Pharmacy – Non Appearance:

- EE. Advanced Care Rx Pharmacy 2 – Las Vegas
- FF. Assist Care Pharmacy Inc. – Las Vegas
- GG. Catalyst Mail – Las Vegas
- HH. MLK Pharmacy – Las Vegas
- II. Spectrum Pharmacy Services LLC – Las Vegas
- JJ. Spectrum Pharmacy Services LLC – Reno

Discussion:

The consent agenda applications and supporting documents were reviewed. Carolyn Cramer brought several issues to the Board's attention regarding Items B, E, F, U and EE.

Board Action:

Motion: Keith Macdonald found the consent agenda application information to be accurate and complete and moved for approval with the exception of

Items B, E, F, U and EE which are to be tabled until further information is received or applications have been corrected.

Second: Cheryl Blomstrom

Action: Passed Unanimously.

Motion: Keith Macdonald found the minutes accurate and complete and moved for approval.

Second: Kirk Wentworth

Action: Passed Unanimously.

REGULAR AGENDA

3. Disciplinary Actions:

A. William J. Mumbert, R.Ph (10-079-RPH-N)

William Mumbert and Larry Espadero appeared and were sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer advised the Board that she, Mr. Mumbert and Mr. Espadero had spoken prior to this matter being called. She indicated that Mr. Mumbert is not contesting the allegations in the Accusation. Ms. Cramer recommended revocation of Mr. Mumbert's pharmacist license.

Mr. Espadero testified that after Mr. Mumbert was terminated from employment he re-joined the PRN-PRN program. He also indicated that he did not feel Mr. Mumbert should practice pharmacy at this point.

Board Action:

Motion: Keith Macdonald moved to accept the agreement as pled.

Second: Russ Smith

Action: Passed Unanimously

Motion: Kirk Wentworth moved to revoke Mr. Mumbert's pharmacist license.

Second: Keith Macdonald

Action: Passed Unanimously

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| B. | Enrique A. Romero, R.Ph | (10-050A-RPH-N) |
| C. | Edwin Gonyou, R.Ph | (10-050B-RPH-N) |
| D. | Farideh Forouziannia, R.Ph | (10-050C-RPH-N) |

Enrique Romero, Edwin Gonyou and Farideh Forouziannia appeared and were sworn by President Foster prior to answering questions or offering testimony.

NOTE: Russ Smith recused from participation as he is an employee of Walgreens as are Mr. Romero, Mr. Gonyou and Ms. Forouziannia.

Rob Graham was present to represent the Respondents.

Carolyn Cramer gave opening statements and gave an overview of this case.

Mr. Graham contested the counseling issue in this matter regarding Ms. Forouziannia and asked that the Third Cause of Action be dismissed.

Kathy Grenert appeared and was sworn by President Foster prior to answering questions or offering testimony.

Sixteen Exhibits were presented by Carolyn Cramer and accepted into the record.

Ms. Grenert testified that she was prescribed estradiol for hormone replacement therapy. Her physician gave her a 30 day sample supply before he gave her a prescription to see if they would work to control her symptoms. Ms. Grenert took the supply of estradiol she was given for 30 days and contacted her physician and advised that the estradiol had worked well for her. Ms. Grenert was then given a prescription for estradiol and she took it to Walgreens #2662 to be filled. Ms. Grenert testified that when she brought the medication she was given at Walgreens #2662 home, she noticed that the estradiol looked different than what she had received from her physician. Ms. Grenert described the tablets she received from Walgreens #2662 as being larger and a different color blue than what she received from her physician. Ms. Grenert attributed the difference in appearance to a different manufacturer and began taking the larger tablets as directed. Soon after she began taking the medication she received from Walgreens #2662 she began to experience frequent hot flashes. Thinking that she may have received something other than estradiol she called Walgreens #2662 and spoke with Mr. Romero. When she questioned the difference in the appearance between the estradiol she was given by her physician and what she received from Walgreens #2662 she was assured by Mr. Romero that she had the correct medication and that the manufacturer was the same. Mr. Romero suggested that perhaps the size difference was with the formulation of the product. Ms. Grenert continued to take the medication until the severity of the hot flashes became increasingly worse. Ms. Grenert called Walgreens #2662 because she was concerned that she might be taking the wrong medication because the estradiol that her physician gave her worked well and this was not working at all. Again, Ms. Grenert spoke with Mr.

Romero and she testified that she felt he was talking down to her and that she did not know what she was talking about. He reiterated that Walgreens #2662 had dispensed the correct medication to her. Mr. Romero advised her to see her physician. Ms. Grenert telephoned her physician's office and spoke with medical assistant Kelly Gregory and explained her concerns regarding the medication that she was taking. Ms. Gregory then called the pharmacy and spoke with Mr. Romero. Again Mr. Romero was questioned regarding Ms. Grenert's prescription for estradiol. Mr. Romero, again, attested to Ms. Gregory that Ms. Grenert was given the correct medication. Ultimately, Mr. Romero told Ms. Gregory to have Ms. Grenert come to the pharmacy with the medication she was dispensed from Walgreens #2662 and they would identify it. Ms. Grenert testified that when she went to Walgreens #2662, Mr. Romero had already left for the day and she spoke with William Ruebusch, who confirmed that Ms. Grenert had been given the wrong medication. Ms. Grenert had been taking blood pressure medication, enalapril, for almost a month which is why her hormone replacement therapy was not being treated.

Mr. Graham cross examined Ms. Grenert and asked her to identify the pictures of estradiol and enalapril on one of the Exhibits. Mr. Graham questioned Ms. Grenert regarding the phone calls she had made when she spoke with Mr. Romero and what her recollection was regarding those conversations.

The Board questioned Ms. Grenert.

Kelly Gregory appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Gregory testified that she is a medical assistant in Ms. Grenert's physician's office, Dr. Shumacher. Ms. Gregory stated that Ms. Grenert telephoned their office and indicated that she was experiencing adverse side effects from the medication that she was taking. Ms. Grenert also stated that she was concerned that the medication did not appear to be the same as she was given by her physician. Ms. Gregory telephoned Walgreens #2662 and spoke with Mr. Romero. Ms. Gregory testified that Mr. Romero was adamant that Kathy Grenert and Ms. Gregory were both wrong and Kathy Grenert had received the correct medication. Ms. Gregory advised that Mr. Romero told her to have Ms. Grenert bring the medication into the pharmacy and they would identify it. Ms. Gregory then advised Ms. Grenert to take the medication to the pharmacy for identification.

Mr. Graham asked Ms. Gregory about the timeframe between calling the pharmacy and speaking with Mr. Romero and when he called her back. Ms. Gregory testified that she received a call from another pharmacist regarding the error the same day and a call from Mr. Romero the following day, with an apology.

The Board questioned Ms. Gregory.

Joe Depczynski appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Depczynski described his service with the Board and described the steps he takes when he conducts an investigation. Carolyn Cramer asked Mr. Depczynski to describe each of the 16 Exhibits for the Board. Mr. Depczynski described the Walgreens procedures and found they were in order and this matter appeared to be a staff issue.

Rob Graham cross examined Mr. Depczynski and asked him to look at Exhibit 13 and stated that he felt that the look alike bottles of medication was frightening and could see how errors occur. The bottle of enalapril and the bottle of estradiol were identical except for the name of the product. Mr. Graham asked Mr. Depczynski if Ms. Grenert and Ms. Gregory had embellished their testimony compared to his interviews with them. Mr. Depczynski indicated that their testimony was consistent with their interviews.

Keith Macdonald indicated how difficult it was to remember what happened in any given prescription fill transaction since they do so many. He also indicated how dependant they are on the medication barcode and the inability to scan more than one bottle for a single prescription was a handicap. If a second scan could have been made, this error would not have happened because the barcodes would not match.

Carolyn Cramer asked the Board to dismiss the Third Cause of Action regarding counseling against Ms. Forouziannia. Ms. Cramer also gave a statement regarding the affect this error had upon Ms. Grenert.

Mr. Graham advised the Board that Mr. Romero and Mr. Gonyou were long practicing pharmacists.

Mr. Graham asked Mr. Gonyou what he has done to ensure accuracy in his pharmacy practice since this incident. Mr. Gonyou indicated that he has slowed his process down to ensure he is more aware of each step he is taking rather than just filling from habit. Mr. Gonyou advised the Board that he has been practicing pharmacy since he had to use a typewriter for labels. He indicated that now the pharmacy staff is completely dependent on the computer.

Mr. Graham asked Mr. Romero to describe his communication practices. Mr. Romero indicated that he is not really rude, but perhaps he is perceived to be rude because of his Filipino culture. He indicated that he is very serious about his profession but he did not mean to demean either Ms. Grenert or Ms. Gregory. He was going completely from what he saw in the computer, however looking at the circumstances now, he can see how he should have handled this situation. He was given several opportunities to have Ms. Grenert bring the medication in for identification to be sure that a mistake had not been made and he did not take any of those opportunities. Mr. Romero indicated that he is looking into taking a communication course to improve his communication skills.

Carolyn Cramer gave closing statements and recommendations. Her recommendation for Mr. Gonyou was to work with Katie Johnson and the Your Success Rx program to help develop policies and procedures in conjunction with Walgreens with regard to filling a prescription from more than one stock bottle. For Mr. Romero, she suggested a choice of a \$5,000.00 fine plus fees and costs or a 30 day suspension, given the fact that Mr. Romero had so many opportunities to address Ms. Grenert's concerns about her prescription, and failed to do so.

Rob Graham gave closing statements and noted that Mr. Gonyou is fine with working with Ms. Johnson and the Your Success Rx program to implement policies and procedure for Walgreens to help improve pharmacy practices. Since Mr. Romero did not make the mistake, Mr. Gonyou did, Mr. Graham feels that a \$5,000.00 fine or a 30 day suspension is too severe since he did not make the mistake and thinks that training for Mr. Romero would be a more appropriate action. Mr. Graham advised the Board that Mr. Romero had not had an error in 16 years of practice and suggested that Your Success Rx or Interpersonal Communications which relates directly to listening to the patient would be a more appropriate discipline for Mr. Romero.

Board Action:

Motion: Kirk Wentworth moved to find Mr. Romero guilty of the First Cause of Action.

Second: Keith Macdonald

Action: Passed Unanimously

After several tries at a penalty motion, the following was ordered:

Motion: Jody Lewis moved to fine Mr. Romero \$1,000.00 plus fees and costs and enroll in the Your Success Rx program. After that program is completed, have Katie Johnson report back to Board staff if an interpersonal communication program is needed.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Motion: Keith Macdonald moved to find Mr. Gonyou guilty of the Second Cause of Action.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Motion: Keith Macdonald moved to fine Mr. Gonyou \$500.00 and work with Your Success Rx to ensure policies and procedures are put in place in his pharmacy with regard to filling a prescription from more than one stock bottle.

Second: Cheryl Blomstrom

Action: Passed Unanimously

4. Request to Amend Order – Appearance:

Jiansheng “Jason” Li

NOTE: Jody Lewis recused from participation as she is employed by CVS – the pharmacy chain that employed Mr. Li prior to his dismissal.

Jason Li appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Li appeared with his legal counsel, Hal Taylor.

Carolyn Cramer described the circumstances of this case for the new Board members and advised that Mr. Li is requesting an amendment to his Order to allow him to attend Board meetings in Texas rather than Nevada since he is now living there. Ms. Cramer also noted that Mr. Li was going to meet with Katie Johnson the next day to discuss the requirement of participating in the Your Success Rx program.

Mr. Li testified that he met with Katie Johnson the end of October and began the Your Success Rx program, even though he did not have a job in which she could observe his work habits. Mr. Li acknowledged that he was meeting with her again the following day. Mr. Li indicated that Ms. Johnson had given him a two week homework assignment to track his pharmacy practice in his current Texas pharmacy. He indicated that the final evaluation will be done with Ms. Johnson and Larry Pinson by conference call.

There was discussion about Texas Board meetings and whether they did their disciplinary matters in open or closed session. The consensus appeared to be that they did not do their discipline in open session and Mr. Li would not benefit from attending the Texas Board meetings.

Mr. Taylor apologized to the Board for not having checked with Texas prior to this appearance. He indicated that he would check with them about their practice of hearing disciplinary issues. Board staff also indicated that they would check with the Texas Board of Pharmacy.

President Foster indicated that she was not comfortable making a decision since she had no input from Katie Johnson regarding Mr. Li’s participation in the Your Success Rx

program and not knowing how the Texas Board handles their disciplinary matters. President Foster noted that the purpose of Mr. Li attending Board meetings on the day discipline was heard was so he could learn from the experience.

Board Action:

Motion: Keith Macdonald moved to allow Board staff to determine if the goal of the Board's Order could be met in Texas.

Second: Cheryl Blomstrom

Action: Passed Unanimously

5. Applications for Nevada Pharmacy – Appearance:

A. Live Better Rx – Las Vegas

Patrick Osan appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Osan testified that he is purchasing Remedy Rx, owned by Tim Lopez. He stated that he is purchasing the assets. Mr. Osan made it clear that he did not intend to follow Mr. Lopez's business model. The business is currently located in a medical office. He plans to prepare medications that are only patient specific. Mr. Osan was advised that Mr. Lopez was selling quantities of product that was not patient specific into states where he was not licensed to do so. Mr. Osan indicated that he is planning to license in all of the states he intends to ship to. Discussion incurred again advising that if he plans to sell in bulk to any doctor or facility he would need to be licensed as a manufacturer. Mr. Osan indicated that he understood and would not be selling in bulk.

Board Action:

Motion: Keith Macdonald moved to approve the application for Live Better Rx pharmacy.

Second: Kirk Wentworth

Action: Passed Unanimously

B. Partell Specialty Pharmacy – Las Vegas

Nicholas Gandio appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Gandio testified that this is going to be a compounding pharmacy, mostly for hormone replacement and erectile dysfunction products. Mr. Gandio gave an overview

of his pharmacy practice and that he will be running this Partell Specialty Pharmacy as he does his other pharmacy. Mr. Gandio understands that his compounded products need to be patient specific.

Board Action:

Motion: Russ Smith moved to approve the application for Partell Specialty Pharmacy.

Second: Jody Lewis

Action: Passed Unanimously

6. Applications for Nevada Wholesaler – Appearance

A. 21st Century Environmental Management of Nevada, LLC – Fernley

Christine Raber appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Raber testified that they are a reverse distributor, a facility that destroys drugs. Larry Pinson explained that the Board does not have a license type “reverse distributor” which is why Ms. Raber is applying as a wholesaler. Ms. Raber described their facility and how the operation works, including security methods. The Board questioned Ms. Raber and indicated that there is a need for such a facility in Nevada.

Board Action:

Motion: Kirk Wentworth moved to approve the application for 21st Century Environmental Management of Nevada.

Second: Cheryl Blomstrom

Action: Passed Unanimously

B. PCCA – Henderson

Fabian Zaccardo appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Zaccardo testified that they have been licensed in Nevada as a Texas out of state wholesaler for a long time. He explained that they want to base their western distribution out of Henderson, Nevada. Mr. Zaccardo gave an overview of their distribution processes and their shipping methods.

Board Action:

Motion: Kirk Wentworth moved to approve the application for PCCA as a Nevada wholesaler.

Second: Keith Macdonald

Action: Passed Unanimously

7. Applications for Nevada MDEG – Appearance:

A. Access Orthopedic, LLC – Las Vegas

Access Orthopedic will appear before the Board at it's January meeting.

B. B & B Medical Services, Inc. – Reno

William Long, Ardith Peper and William Espy appeared and were sworn by President Foster prior to answering questions or offering testimony.

Mr. Long advised the Board that they had a contract with the VA to provide home oxygen services to veterans. Mr. Espy indicated that they were a long-time provider and have eleven facilities throughout the United States. Their contract with Nevada had been held up for sometime and has ultimately been approved and he noted that they were anxious to get this facility approved so they can provide their services to Nevada's veterans.

Board Action:

Motion: Cheryl Blomstrom moved for approval of the application for B & B Medical Services.

Second: Kirk Wentworth

Action: Passed Unanimously

C. Tropicana Medical Supply, Inc. – Las Vegas

Queen Azeze, Marcie Alonge, Maya Azucina and Jimmy Thomas appeared and were sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer asked them to describe what they had done since they previously appeared to be prepared to open a MDEG facility. Since they had checked all of the types of products that will be sold at Tropicana Medical Supply, Ms. Cramer asked specific questions regarding each product and wanted to know who was responsible and what kind of training that person had in that specific product.

Each contributed to the discussion and it was determined that they had a respiratory therapist ready to work for them to handle the medical gases and respiratory equipment. It was determined that they have a billing company on the payroll and will use them for all of their billing needs. Jimmy Thomas, who worked for the previous owner Elijah Akpan, is the technician and the delivery person. Mr. Thomas is the person that will fix equipment if it's broken or needs to be attended to. Mr. Thomas attested to Ms. Azucina's qualifications and noted that she was very nervous before the Board.

Board Action:

Motion: Keith Macdonald moved to approve the application for Tropicana Medical Supply.

Second: Russ Smith

Discussion:

Cheryl Blomstrom indicated that she was not comfortable with the qualifications of the owner or her staff to be able to ensure public safety.

Ray Seidlinger, Board inspector, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Seidlinger testified that he had made many trips to Tropicana Medical Supply and they have addressed all of the previous issues. Mr. Seidlinger indicated that he had concerns about the lack of experience of the facility administrator.

Ms. Azeze testified that she had trained Ms. Azucina personally and that Tropicana Medical Supply had been accredited by the Compliance Team. It was determined that the Compliance Team is one of only a few accreditation agencies.

Mr. Seidlinger stated that he is only comfortable with her abilities to help patients with assistive equipment.

Amendment:

Keith Macdonald moved to amend his original motion to include a probationary period of six months with monthly inspections by Mr. Seidlinger and written documentation of the facility administrator capabilities to ensure Tropicana Medical Supply is compliant with Nevada's requirements.

The amendment was accepted by the Second.

Action: Passed Unanimously

D. WBC Group, LLC – Dinsmore, FL

WBC Group, LLC will appear before the Board at it's January meeting.

8. Request for Pharmaceutical Technician in Training License – Appearance:

Andrea K. Boucher

Carolyn Cramer advised the Board that Board staff had been notified that Wal-Mart had recinded its offer to employ Ms. Boucher as a pharmaceutical technician in training, however they failed to notify Ms. Boucher of that fact.

Board Action:

Motion: Russ Smith moved to table this application to the next Reno Board meeting to allow Ms. Boucher the opportunity to speak with Wal-Mart.

Second: Kirk Wentworth

Action: Passed Unanimously

9. Report on Annual Audit – Appearance:

Beth Kohn-Cole, CPA – Kohn Coloday, LLP

Beth Kohn-Cole presented the Board's annual audit and indicated that it was a clean audit. Ms. Kohn-Cole reviewed the highlights of the report to the Board's satisfaction.

Board Action:

Motion: Russ Smith moved to accept the Audit as presented.

Second: Cheryl Blomstrom

Action: Passed Unanimously

10. General Counsel Report:

Recent Regulatory Activities and Litigation

Ms. Cramer indicated that she had no report for this meeting.

11. Board Statement:

Sanchez v. Wal-Mart

Carolyn Cramer presented a Statement of Intent on the Sanchez v. Wal-Mart matter for the Board's determination. Ms. Cramer advised the Board that it would not be advisable to re-open this issues as it was diligently examined in 2006 and careful thought and deliberation created the language as it stands today.

Liz Macmenamin, director of government affairs for the Retail Association of Nevada (RAN) and Mark Amodei, legal counsel to RAN, appeared. Mr. Amodei asked that the Board take action to amend NAC 639.753 because he fears that as this regulation is written it would leave the pharmacies in Nevada open to law suits. In his opinion, even though the Supreme Court ruled in the pharmacy's favor in the Sanchez v. Wal-Mart matter, footnote 3 of the decision leaves the door open for a different ruling in future cases. Mr. Amodei advised the Board that a pro-active stance now would be advisable to ensure the Board held the reins in this issue rather than have it become a legislative mandate. Most states now have required PMP reporting and Mr. Amodei advised that because of potential third party liability it would be in the Board's best interest to be clear in NAC 639.753 that third parties are exempted from prosecution in such cases. Mr. Amodei suggested, at the least, Board staff go to the Legislative Counsel Bureau and discuss this issue.

After lengthy discussion, Keith Macdonald directed Board staff to work with interested parties by forming a committee and to meet with Brenda Erdos at the Legislative Counsel Bureau. Larry Pinson formed a committee of Liz Macmenamin, Mark Amodei, Cheryl Blomstrom, Fred Hillerby and Beth Foster. First and foremost, Carolyn Cramer and Mark Amodei will meet with Brenda Erdos and after that meeting a committee meeting will be called to discuss the findings.

12. Discussion and Determination:

Synthetic Cannabinoids

See Workshop Item 15 (2).

13. Committee Appointments:

A. CE Committee

Beth Foster accepted the appointment to the CE Committee.

B. PT Advisory Committee

Russ Smith accepted the appointment to the PT Committee.

C. MDEG Committee

Jody Lewis and Kirk Wentworth accepted appointments to the MDEG Committee.

14. Executive Secretary Report:

A. Financial Report

Larry Pinson gave the financial report to the Board's satisfaction.

B. Temporary Licenses

There were three temporary licenses granted since the last Board meeting.

C. Staff Activities

1. CE

Continuing education programs were conducted by staff throughout the state prior to the renewal deadline. President Foster thanked the staff for their unselfish availability for so many programs.

2. PT Advisory Board (12/7)

Mr. Pinson advised the Board that the PT Advisory Committee was meeting on December 7, 2010.

D. Reports to Board

1. MDEG Administrator Regulation

The MDEG administrator regulation that was rejected by the Legislative Commission on regulations was reconsidered by that body at the request of Board staff and passed.

2. Akpan

At the October Board meeting Mr. Akpan advised the Board that he was not on the OIG list prohibiting him from working for any business that billed Medicare and/or Medicaid. Apparently Mr. Akpan misunderstood the letter he received. Mr. Pinson produced evidence of Mr. Akpan's name being on that list as of September 23rd, 2010.

E. Board Related News

Mr. Pinson reported on the ASPL meeting held in November where Nevada's "Inspecting for Safety" program was highlighted in one of the presentations, bringing once again national attention to our efforts to better patient's safety.

F. Activities Report

WORKSHOP

***15. Proposed Regulation Amendment Workshop**

1. Amendment of Nevada Administrative Code NAC 639.7105 This language ensures compatibility with federal regulations regarding e-prescribing.

This language was written to parallel the CFR regarding e-prescribing controlled substance prescriptions. Larry Pinson indicated that the federal regulations will require e-prescribing software to become DEA certified prior to use. At this time, that process is not in place, however it is coming soon. Both Sure Scripts and Dr First look to be almost ready to certify for the DEA. When the certification process is finally in place, the pharmacy will simply need to obtain a copy of the software's certification to accept e-prescriptions transmitted on that system. The validity of the prescription is guaranteed and therefore will not be a burden on the pharmacist. Mr. Pinson urged the

Board to pass this regulation to ensure that Nevada is ready when the time comes. E-prescriptions of controlled substances will be allowed in Nevada for CIII through CV prescriptions and not CII prescriptions at this time.

Dan Luce, representing Walgreens, advised that it will probably be mid-year 2011 before companies will be certified by the DEA.

There was discussion regarding faxing those electronic prescriptions. If these prescriptions are faxed, the physician still must physically sign the prescription. An electronic signature is only good if e-prescribed. Board staff indicated they would educate physicians, APN's and PA's by working with the Medical Board, the Nursing Board and the Medical Association to put information regarding these requirements in their newsletters.

Board Action:

Motion: Keith Macdonald moved to bring this regulation to Public Hearing.

Second: Russ Smith

Action: Passed Unanimously

- 2. Amendment of Nevada Administrative Code NAC 453.510 Schedule I**
Added JWH-018 and JWH-073 to Schedule I and miscellaneous spelling corrections per the request of the Las Vegas Metropolitan Police Department.

Diane Machen, from the Reno crime lab appeared and brought a number of popular products sold in head shops that she purchased as over the counter. She has been testing the products that she purchased and is in the process of developing the ability to identify the contents. Besides the addition of JWH-018 and JWH-073, she asked that we also schedule JWH-200, CP-47,497 5 and cannabicyclohexanol 5.

Board Action:

Motion: Cheryl Blomstrom moved to bring this regulation to Public Hearing with the suggested changes.

Second: Kirk Wentworth

Action: Passed Unanimously

- 3. Amendment of Nevada Administrative Code NAC 453.520 Schedule II**
Added Lisdexamfetamine and Tapentadol to Schedule II per the request of the Las Vegas Metropolitan Police Department.

This language will add the referenced drugs to Schedule II.

Board Action:

Motion: Russ Smith moved to bring this regulation to Public Hearing.

Second: Cheryl Blomstrom

Action: Passed Unanimously

- 4. Amendment of Nevada Administrative Code NAC 453.540 Schedule IV**
Corrected the spelling of Sibutramine per the request of the Las Vegas Metropolitan Police Department.

This is a spelling correction.

Board Action:

Motion: Keith Macdonald moved to bring this regulation to Public Hearing.

Second: Cheryl Blomstrom

Action: Passed Unanimously

- 5. Amendment of Nevada Administrative Code NAC 453.550 Schedule V**
Added Lacosamide to Schedule V and removed language in Subsection 2 per the request of the Las Vegas Metropolitan Police Department.

This language parallels the federal regulations.

Board Action:

Motion: Cheryl Blomstrom moved to bring this regulation to Public Hearing.

Second: Russ Smith

Action: Passed Unanimously

PUBLIC HEARING

***16. Notice of Intent to Act Upon a Regulation:**

Amendment of Nevada Administrative Code 639.NEW, 639.469, 639.525 and 639.528 – Refrigerator and freezer temperature monitoring. This language will ensure that the temperature is stable for drugs that are stored in the refrigerator or freezer of a pharmacy by requiring the temperature to be monitored. If the temperature is found to be out of range, a pharmacist will document that event, take corrective action, and document that action. Further,

the pharmacist will determine the damage to the contents of the refrigerator or freezer.

Larry Pinson advised the Board that this was before them again because when he went to the Legislative Committee after the October Board meeting to be present for the Telepharmacy regulations, some of the legislator's wanted to know why he had pulled this regulation. Mr. Pinson advised that the industry was not supporting the regulation and the Board moved not to go forward with it. They advised Mr. Pinson that they felt it was a good regulation to ensure that medications were safe for the public. He promised to take the regulation before the Board again for reconsideration.

President Foster opened the Public Hearing.

Ray Seidlinger, Board inspector, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Seidlinger testified on behalf of passing these regulations. He indicated that during an inspection he had seen an injectable product that is extremely temperature sensitive and needed to be stored in a freezer at 5 degrees or lower, however when he was inspecting the temperature was 18 degrees. Mr. Seidlinger stated that there are inexpensive thermometers on the market that are programmable temperature monitors with alarms that alert the pharmacy if the temperature rises or falls outside the acceptable temperature range.

Rich Polombo appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Polombo asked if the findings could be stored electronically rather than a paper/pencil log and he was advised that the information could be stored electronically.

President Foster closed the Public Hearing.

Board Action:

Motion: Keith Macdonald moved to adopt the regulations as presented.

Second: Russ Smith

Action: Passed Unanimously

17. Next Board Meeting:

January 11-12, 2011 – Las Vegas, Nevada

18. Public Comments and Discussion of and Deliberation Upon Those Comments
There was no public comment.

NEVADA STATE BOARD OF PHARMACY

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

**APPLICATION FOR OUT-OF-STATE MDEG PROVIDER
CORPORATION**

FEE: **\$500.00** (non-refundable and not transferable) - Application must be printed legibly

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 X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: Apria Healthcare, Inc.

Physical Address: 1080 Mount Vernon Ave, Suite 103, Riverside, CA 92507

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

Mailing Address: 26220 Enterprise Court, Attn: Clinical Services - Licensing

City: Lake Forest State: CA Zip Code: 92630

Telephone Number: 949 639-2145 Fax Number: 949 639-6376

E-mail: ruth_bindrup@apria.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7am to 5pm Tue: 7am to 5pm Wed: 7am to 5pm Thu: 7am to 5pm

Fri: 7am to 5pm Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

FACILITY ADMINISTRATOR INFORMATION (Person who is on site on a daily basis.)

Name: Douglas Sanchez

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: _____

** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes ☒ No ☐ If yes please provide name and telephone number of a Nevada contact.

Name: Marc Abbott Telephone: 702 730-6345

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

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New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: Diabetic Specialist Only Corp

Physical Address: 600 Fairway Dr Ste #101
(This must be a business address, we can not issue a license to a home address)

Mailing Address: S/A

City: Deerfield Beach State: FL Zip Code: 33441

Telephone Number: (954) 481-8440 Fax Number: (954) 570-3496

E-mail: jthaw@diabeticspecialist.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 12:00pm to 6:00pm Tue: 12:00pm to 6:00pm Wed: 12:00pm to 6:00pm Thu: 12:00pm to 6:00pm

Fri: 12:00pm to 6:00pm Sat: Closed Sun: Closed Holidays: Closed

FACILITY ADMINISTRATOR INFORMATION (Person who is on site on a daily basis.)

Name: John W. Thau

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: HEATING PAD

** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes ☐ No ☒ If yes please provide name and telephone number of a Nevada contact. NA

Name: Diabetic Specialist Only Corp Telephone: 954-481-8440 Page 1-2010

55630
1206

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

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New MDEG Y Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: Direct Diabetic Source, Inc

Physical Address: 4576 N Hiatus Rd
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME

City: SUNRISE State: FL Zip Code: 33351

Telephone Number: (954) 903-9288 Fax Number: (954) 903-9287

E-mail: Dorit.fraund@directdiabeticsource.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5

Fri: 9 to 5 Sat: Closed Sun: Closed Holidays: Closed

FACILITY ADMINISTRATOR INFORMATION (Person who is on site on a daily basis.)

Name: Dorit Fraund

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: VED Pumps - HEATING Pad - Urological

** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes ☐ No ☒ If yes please provide name and telephone number of a Nevada contact.

Name: _____ Telephone: _____

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1210

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

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New MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: Innovative Neurotronics, Inc.

Physical Address: 3600 N Capital of Texas Highway, Bldg. B, Ste. 150

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

Mailing Address: same

City: Austin State: TX Zip Code: 78746

Telephone Number: 512-721-1900 Fax Number: 512-329-5097

E-Mail: aflores@ininc.us Website: www.walkaide.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00 to 5:00 Tue: 8:00 to 5:00 Wed: 8:00 to 5:00 Thu: 8:00 to 5:00
Fri: 8:00 to 5:00 Sat: Closed Sun: Closed Holidays: Closed

FACILITY ADMINISTRATOR INFORMATION (Person who is on site on a daily basis.)

Name: Aaron Flores, Vice President and General Manager

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>Drop foot simulator (WalkAide)</u> |

**If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes ☒ No ☐ If yes please provide name and telephone number of a Nevada contact. (Note: out-of-state provider)

Name: Sharon Holmes

Telephone: 775-323-8118 Page 1-2010

(Reno, Nevada)

775

775-323-8118

55703
1215

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG PROVIDER CORPORATION

FEE: **\$500.00** (non-refundable and not transferable) - Application must be printed legibly

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New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: Foundation Care LLC

Physical Address: 4010 Wedgeway Court, Earth City, MO 63045
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4010 Wedgeway Court, .

City: Earth City State: MO Zip Code: 63045

Telephone Number: 314-291-1122 Fax Number: 314-291-1133

E-mail: Lindsay.Wessels@foundcare.com Website: www.foundcare.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 6 Tue: 8 to 6 Wed: 8 to 6 Thu: 8 to 6
Fri: 8 to 6 Sat: closed to Sun: closed to Holidays: closed to

FACILITY ADMINISTRATOR INFORMATION (Person who is on site on a daily basis.)

Name: Charlene Ayudo

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: eye reb

** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes ☐ No ☒ If yes please provide name and telephone number of a Nevada contact.

Name: _____ Telephone: _____ Page 1-2010

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1196

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG PROVIDER CORPORATION

FEE: \$500.00 (non-refundable and not transferable) - Application must be printed legibly

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New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: Lincare Inc.

Physical Address: 4825 140th Ave N. Ste D Clearwater, FL
(This must be a business address, we can not issue a license to a home address) 33762

Mailing Address: P O Box 9004

City: Clearwater State: FL Zip Code: 33758

Telephone Number: (888) 544-2715 Fax Number: (727) 431-5343

E-mail: ghowdeshe@lincare.com Website:

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING - Always on call 24/7

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: on call Sun: on call Holidays: on call

FACILITY ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)

Name: Donna MacPharlan

Address: 4825 140th Ave N. Ste D

City: Clearwater State: FL Zip Code: 33762

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 | |

** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes ☒ No ☐ If yes please provide name and telephone number of a Nevada contact.

Name: Lincare Manager Telephone: 775-359-6262

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

FEE: \$500.00 (non-refundable and not transferable) - Application must be printed legibly

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New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: Med-Care Diabetic & Medical Supplies Inc

Physical Address: 933 Clint Moore Rd.
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 933 CLINT MOORE RD

City: Boca Raton State: FL Zip Code: 33487

Telephone Number: 800-407-0109 Fax Number: 561-997-8205

E-mail: ellenw@medcareinc.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5
Fri: 9 to 5 Sat: to Sun: to Holidays: to

FACILITY ADMINISTRATOR INFORMATION (Person who is on site on a daily basis.)

Name: Ellen Weill

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: Vacuum Pump, not / add beat

** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes ☒ No ☐ If yes please provide name and telephone number of a Nevada contact.

Name: NATIONAL REGISTERED Telephone: 1000 E. William St
AGENTS INC CARSON CITY NV Page 1-2010
89701

775-883-0853
55705
1213

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

FEE: \$500.00 (non-refundable and not transferable) - Application must be printed legibly

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New MDEG X Ownership Change Name Change Location Change

FACILITY INFORMATION

Facility Name: Patient's Choice, LLC

Physical Address: 625 W. University Drive, Suite A, Arlington Heights, IL 60004
(This must be a business address, we can not issue a license to a home address)

Mailing Address: (Same as above)

City: State: Zip Code:

Telephone Number: (847) 818-0988 Fax Number: (847) 250-1871

E-mail: contact@patientschoicemedical.com Website: www.patientschoicemedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5
Fri: 9 to 5 Sat: to Sun: to Holidays: to

FACILITY ADMINISTRATOR INFORMATION) (Person who is on site on a daily basis.)

Name: Del Rinquest

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> TENS and Cervical Traction Devices </u> |

** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes ☐ No ☒ If yes please provide name and telephone number of a Nevada contact.

Name: Telephone:

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1217

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG PROVIDER CORPORATION

FEE: **\$500.00** (non-refundable and not transferable) - Application must be printed legibly

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 ☐

FACILITY INFORMATION

Facility Name: Prairie Medical LLC

Physical Address: 13901 W. Wainwright Dr.
(This must be a business address, we can not issue a license to a home address)

Mailing Address: _____

City: Boise State: ID Zip Code: 83713

Telephone Number: 800-627-0617 Fax Number: 800-483-1654

E-mail: info@prairie-med.com Website: prairie-med.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5
Fri: 9 to 5 Sat: _____ to _____ Sun: _____ to _____ Holidays: _____ to _____

FACILITY ADMINISTRATOR INFORMATION (Person who is on site on a daily basis.)

Name: Travis Prairie

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: parenteral pump

** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes ☐ No ☒ If yes please provide name and telephone number of a Nevada contact.

Name: _____ Telephone: _____ Page 1-2010

55673
1208

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR 005 MDEG PROVIDER
NON PUBLICLY TRADED CORPORATION

MP00752

FEE: \$500.00 (non-refundable and not transferable) - Application must be printed legibly

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: _____

FACILITY INFORMATION

Facility Name: United Seating and Mobility, LLC
Physical Address: 760 E. McDowell Road, Phoenix, AZ 85006
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 975 Hornet Dr., Suite 250
City: Hazelwood State: MO Zip Code: 63042-2309
Telephone Number: (314)447-7515 Fax Number: (314)447-7615
E-mail: mhawkins@unitedseating.com Website: www.unitedseating.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: Closed Sun: Closed Holidays: Closed

FACILITY ADMINISTRATOR INFORMATION

Name: Margherita Besignano
Address: 760 E. McDowell Road, Phoenix, AZ 85006
City: Phoenix State: AZ Zip Code: 85006

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

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases | <input checked="" 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: _____ |

Board Use Only

Received IAN 03 2011 Check Number 422 Amount 500.00

55707
1211

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

FEE: \$500.00 (non-refundable and not transferable) - Application must be printed legibly

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 ☐

FACILITY INFORMATION

Facility Name: WBC Group, LLC
Physical Address: 8510 Westside Industrial Drive, Dinsmore, Florida 32219
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 1810 Summit Commerce Park
City: Twinsburg State: OH Zip Code: 44087
Telephone Number: 330-963-8650 Fax Number: 330-405-7305
E-mail: mdclicensure@meyerdist.com Website: www.meydist.com; www.millikenmedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30AM-4:30PM to 8:30AM-4:30PM Tue: 8:30AM-4:30PM to 8:30AM-4:30PM Wed: 8:30AM-4:30PM to 8:30AM-4:30PM Thu: 8:30AM-4:30PM to 8:30AM-4:30PM
Fri: 8:30AM-4:30PM to 8:30AM-4:30PM Sat: to Sun: to Holidays: to

FACILITY ADMINISTRATOR INFORMATION

Name: Timothy Senn
Address: 8510 Westside Industrial Drive
City: Dinsmore State: FL Zip Code: 32219

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

- | | |
|---|---|
| <input type="checkbox"/> Medical Gases | <input checked="" 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 checked="" type="checkbox"/> Diabetic Supplies | Other: <u> </u> |

Board Use Only

Received NOV 09 2010 Check Number 277 Amount 500.00

55339
1180

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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 X Ownership Change Name Change Location Change
(Please provide current license number if making changes: PH)

GENERAL INFORMATION

Pharmacy Name: Burklow Development, Inc. dba American Pharmacy Solutions

Physical Address: 5001 Commerce Park Circle, Pensacola FL 32505-1870

Mailing Address: State License Servicing, 321 Route 94 South

City: Warwick State: NY Zip Code: 10990

Telephone Number: (850) 266-2333 Facility Fax Number: (850) 266-2332 Facility
(845) 544-2482 Licensing (845) 544-2481 Licensing

Toll Free Number: (877) 729-1015

E-mail: info@americanpharmacyrx.com Website: americanpharmacysolutions.com

Managing Pharmacist: Lee Wayne Waits License Number: PS36095

Hours of Operation:

Monday thru Friday 8:30 am 5:00 pm Saturday Closed am pm

Sunday Closed 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

Board Use Only

Received: IAN 03 2011 Check Number: 5060 Amount: 500.00

55709
3244

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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 X Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Catalyst Mail
Physical Address: 255 Phillipi Rd., Suite 400
Mailing Address: same as above
City: Columbus State: OH Zip Code: 43228
Telephone Number: 614-278-5548 Fax Number: N/A
Toll Free Number: 800-225-9178
E-mail: paul-schad@medco.com Website: N/A
Managing Pharmacist: PAUL Schad License Number: 03-1-18852

Hours of Operation:

Monday thru Friday 8 am 5:30 pm Saturday — am — pm
Sunday — am — pm 24 Hours toll free

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

Board Use Only

Received: DEC 08 2010 Check Number: 411 Amount: 500

55622
3226

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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

GENERAL INFORMATION

Pharmacy Name: CDF Rx
Physical Address: 6900 N Dallas Parkway Suite 125 Plano TX 75024
Mailing Address: 6900 N Dallas Parkway Suite 125 Plano TX 75024
City: Plano State: TX Zip Code: 75024
Telephone Number: 972 608 7156 Fax Number: 214 570 3659
Toll Free Number: 877 369 6083
E-mail: info@cdfund.org Website: cdfund.org
Managing Pharmacist: Jon Kwiatkowski License Number: TX 34811

Hours of Operation:

Monday thru Friday 8 am 5 pm Saturday 8 am 12 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

Board Use Only

Received: DEC 1 2010 Check Number: 405 Amount: 500.00

55683
3236

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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 ☒ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Greater Sacramento Pharmacy
Physical Address: 2288 Auburn Blvd. #102 Sacramento, CA 95
Mailing Address: 23620 W. 20th Dr. Ste. 12
City: Phoenix State: AZ Zip Code: 85085
Telephone Number: 916-564-9888 Fax Number: 916-564-9988
Toll Free Number: 888-792-3888
E-mail: trobinson@theapothecaryshop.com Website: theapothecaryshop.com
Managing Pharmacist: John Paul Guzman Alacon License Number: 59914

Hours of Operation:

Monday thru Friday 8:00 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"/> 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 checked="" type="checkbox"/> Mail Service |
| <input type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Long Term Care |

Board Use Only

Received: JAN 03 2011 Check Number: 429 Amount: 500.00

55711
3242

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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 <u> X </u>	Ownership Change <u> </u>	Name Change <u> </u>	Location Change <u> </u>
(Please provide current license number if making changes: PH <u> </u>)			

GENERAL INFORMATION

Pharmacy Name: JAT Pharmacy, LLC
Physical Address: 5374 Maly Rd.
Mailing Address: 5374 Maly Rd.
City: Sun Prairie State: WI Zip Code: 53590
Telephone Number: 608-834-2815 Fax Number: 608-834-2019
Toll Free Number: 1-877-490-3577
E-mail: brad.shaw@midwestvet.net Website: www.humanemeds.com (not active yet)
Managing Pharmacist: Bradley A. Shaw License Number: 15194-40

Hours of Operation:

Monday thru Friday	<u>8</u> am	<u>5</u> pm	Saturday	<u>8</u> am	<u>12</u> pm
Sunday	<u>Closed</u> am	<u> </u> pm	24 Hours	<u>No</u>	

TYPE OF PHARMACY

SERVICES PROVIDED

<input type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds <u> </u>)	<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
<input type="checkbox"/> Ambulatory Surgery Center	<input type="checkbox"/> Long Term Care

Board Use Only

Received: IAN 03 2011 Check Number: 5075 Amount: 500.00

55714
3239

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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 ☐ Name Change ☐ Location Change ☐
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Med-Care Diabetic + Medical Supplies Inc

Physical Address: 933 CLINT MOORE Rd

Mailing Address: 933 CLINT MOORE Rd

City: Boca RATON State: FL Zip Code: 33487

Telephone Number: 800-407-0109 Fax Number: 561-997-8205

Toll Free Number: 800-407-0109

E-mail: ellou@medcareinc.com Website: —

Managing Pharmacist: ALLEN McSHERRY License Number: PS35537

Hours of Operation:

Monday thru Friday 9 am 5 pm Saturday N/A am N/A pm
Sunday N/A am N/A pm 24 Hours N/A

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

Board Use Only

Received: JAN 03 2011 Check Number: 212 Amount: 500.00

55713
3240

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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

GENERAL INFORMATION

Pharmacy Name: Medication Review Inc.

Physical Address: 104 South Freya, Suite 119, White Flag Bldg, Spokane, WA 99202

Mailing Address: Same as above

City: Spokane State: WA Zip Code: 99202

Telephone Number: 509-536-1900 Fax Number: 509-536-1999

Toll Free Number: 800-236-1900

E-mail: jbidondo@medicationreviewinc.com Website: www.medicationreviewinc.com

Managing Pharmacist: K. Douglas Crafton License Number: PH00010516

Hours of Operation: * 24 hours/day, 7 days/week, 365 days/year

Monday thru Friday _____ am _____ pm Saturday _____ am _____ pm

Sunday _____ am _____ pm 24 Hours ☒ 7 days per week

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

Board Use Only

Received: NOV 24 2010 Check Number: 266 Amount: 500 -

55559
3206

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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

GENERAL INFORMATION

Pharmacy Name: ORSINI PHARMACEUTICAL SERVICES INC
Physical Address: 1107 NICHOLAS BLVD
Mailing Address: 1107 NICHOLAS BLVD
City: ELK GROVE VILLAGE State: ILLINOIS Zip Code: 60007
Telephone Number: 847-879-9550 Fax Number: 847-879-9551
Toll Free Number: 800-410-8575
E-mail: ORSINI@ORSINIHC.COM Website: _____
Managing Pharmacist: BHAVESH PATEL License Number: 051-286786

Hours of Operation:

Monday thru Friday 9 am 530 pm Saturday 9 am 3 pm
Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

- | | |
|--|--|
| <input checked="" 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 |
| <input type="checkbox"/> Ambulatory Surgery Center | <input type="checkbox"/> Long Term Care |

Board Use Only

Received: DEC 1 - 2010 Check Number: 774 Amount: 500.00

55684
3237

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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 X Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH _____)

GENERAL INFORMATION

Pharmacy Name: Revival Animal Health

Physical Address: 1700 Albany Place SE

Mailing Address: PO Box 200

City: Orange City State: IA Zip Code: 51041

Telephone Number: 712-737-5555 Fax Number: 712-707-3198

Toll Free Number: 800-786-4751

E-mail: rx@revivalanimal.com Website: www.revivalanimal.com

Managing Pharmacist: Dwayne Plender License Number: 13561

Hours of Operation:

Monday thru Friday 8 am 5 pm Saturday 8 am 4 pm
Sunday N/A am N/A pm 24 Hours N/A

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

Board Use Only

Received: NOV 24 2010 Check Number: 198 Amount: 500

55549
3204

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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 X Ownership Change Name Change Location Change
(Please provide current license number if making changes: PH .)

GENERAL INFORMATION

Pharmacy Name: Watts Clinic Pharmacy
Physical Address: 471 W. Lambert Road, STE 111 Brea, CA 92821
Mailing Address: PO BOX 9236
City: Brea State: CA Zip Code: 92822
Telephone Number: 714-364-4008 Fax Number: 714-364-4666
Toll Free Number: N/A
E-mail: Chris@pharmedquest.com Website: www.PharMedQuest.com
Managing Pharmacist: Chris Nee License Number: RPh 41168

Hours of Operation:

Monday thru Friday 9 am 5 pm Saturday N/A am N/A pm
Sunday N/A am N/A pm 24 Hours N/A

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

Board Use Only

Received: DEC 10 2010 Check Number: 481 Amount: 500.00

55651
3230

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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 _____)

GENERAL INFORMATION

Facility Name: Alimera Sciences, Inc.

Physical Address: 6120 Windward Parkway, Suite 290

Mailing Address: 6120 Windward Parkway, Suite 290

City: Alpharetta State: GA Zip Code: 30005

Telephone Number: 678-990-5740 Fax Number: 678-990-5744

Toll Free Number: n/a

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

Facility Manager: Richard S. Eiswirth

Professional qualifications and experience of facility manager: more than 15 years of financial management experience including accounting management, mergers and acquisitions and initial public offerings as well as entrepreneurial and startup operational activities, prior CFO experience, CPA, B.S. Accounting (Wake Forest Univ.)

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: _____

Board Use Only

Received: NOV 2 2010 Check Number: 827 Amount: 500 -

10-K

55541
2021

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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 _____)

GENERAL INFORMATION

Facility Name: DIK DRUG COMPANY INC.

Physical Address: 160 TOWER DRIVE

Mailing Address: 160 TOWER DRIVE

City: BURR RIDGE State: IL Zip Code: 60527

Telephone Number: 630-655-4000 Fax Number: 630-655-4031

Toll Free Number: N/A

E-mail: HREDWEIK@DIKDRUG.COM Website: WWW.DIKDRUG.COM

Facility Manager: HARRY REDWEIK

Professional qualifications and experience of facility manager: SEE ATTACHED RESUME

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers

Type of Products to be handled or wholesaled:

☒ Legend Pharmaceuticals, Supplies or Devices ☒ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☒ Controlled Substances (include copy of DEA) ☐ Parenterals
☒ Other: HUMAN OTC, OXYGEN, PROPHYLACTIC PRODUCTS, OPHTHALMIC, MEDICAL EQUIPMENT

Licensed as a Manufacturer by the FDA? ☐ Yes ☒ No, If yes include a copy of the FDA registration.

Board Use Only

Received: NOV 2 2010 Check Number: 786 Amount: 500

VAWD

55540
1077

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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

GENERAL INFORMATION

Facility Name: Exel Inc

Physical Address: 9440 South State Rd 39

Mailing Address: same

City: mooreville State: IN Zip Code: 46158

Telephone Number: 909-350-6959 Fax Number: 909-574-7465

Toll Free Number: n/a

E-mail: Thomas.Clark@exel.com Website: www.exel.com

Facility Manager: Thomas Clark

Professional qualifications and experience of facility manager: facility manager oversees all day to day operations at the facility and has been with Exel for 6 yr

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers

Type of Products to be handled or wholesaled:

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

☐ Hypodermic Devices
☐ Veterinary Legend Drugs
☐ Parenterals

Licensed as a Manufacturer by the FDA? ☐ Yes ☒ No, If yes include a copy of the FDA registration.

Board Use Only

Received: 12-9-10 Check Number: 762 Amount: 500-

55641
2029

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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 X Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Medicis Body Aesthetics, Inc., a wholly-owned subsidiary of Medicis Pharmaceutical Corp.

Physical Address: 11818 North Creek Parkway North, Bothell, WA 98011

Mailing Address: 7720 N Dobson Road

City: Scottsdale State: AZ Zip Code: 85256

Telephone Number: 602-808-8800 Fax Number: 602-808-0822

Toll Free Number: N/A

E-mail: kweiss@medicis.com Website: www.medicis.com

Facility Manager: Karen Weiss

Professional qualifications and experience of facility manager: Karen Weiss has been employed as an NPI Manager and Supply Chain Manager since January 2006. Her area of responsibilities include order management, material procurement, material handling and shipping.

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: _____

Board Use Only

Received: DEC 14 2010 Check Number: 819 Amount: 500.00

10-K

55674
2032

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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 _____)

GENERAL INFORMATION

Facility Name: UPS Supply Chain Solutions, Inc.
Physical Address: 11811 Landon Drive Suite 200 Mira Loma CA 91752
Mailing Address: 220 Lake Drive Newark DE 19702
City: Mira Loma State: CA Zip Code: 91752
Telephone Number: (951) 749-3196 Fax Number: (951) 749-3331
Toll Free Number: N/A
E-mail: _____ Website: N/A
Facility Manager: Jesus Anguiano
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: Devices

Board Use Only

Received: Jan 08 2011 Check Number: 518 Amount: 500.00

557108
2036

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE
NON PUBLICLY TRADED CORPORATION - 50% Pharmacist Owner

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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

GENERAL INFORMATION

Pharmacy Name: Advanced Care Rx Pharmacy 2
Physical Address: 4161 S Eastern ave Unit A-3 Las Vegas NV
Mailing Address: Same Above
City: Las Vegas State: NV Zip Code: 89119
Telephone Number: (702) 595-6265 Fax Number: (702) 599-1934
Toll Free Number: 877-797-8771
E-mail: JerryeStaffingnv.com Website: www.ACRxPharmacy.com
Managing Pharmacist: Daniel A. Shalala License Number: 15615

Hours of Operation:

Monday thru Friday 9 am 7 pm
Sunday — am — pm

Saturday 10 am 4 pm
24 Hours —

TYPE OF PHARMACY

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

SERVICES PROVIDED

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

Board Use Only

Received: NOV 15 2010

Check Number: 640

Amount: 500

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,
v.

NOTICE OF INTENDED ACTION AND ACCUSATION

**JENNIFER CHAN, RPH.,
Certificate of Registration #14660,**

Case No. 09-102-RPH-S

**WALGREENS #04855,
Certificate of Registration #PH01307,**

Case No. 09-102-PH-S

Respondents.

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and 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.

1.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Jennifer Chan is a pharmacist licensed by the Board and Walgreens #04855 is a pharmacy licensed by the Board, located at 6001 West Cheyenne Avenue, Las Vegas, Nevada.

FIRST CAUSE OF ACTION

11.

On or about August 28, 2009 Leilani Chang was prescribed 10 dosage units of medroxyprogesterone acetate 10 mg. tablets with directions to take one tablet daily as directed by Dr. Karen Navarro of Southwest Medical Associates. Ms. Chang was trying to get pregnant and Dr. Navarro prescribed the medroxyprogesterone acetate then instructed Ms. Chang to get some blood work after her menstrual cycle. Dr. Navarro faxed the prescription to Walgreens #04855 to be filled.

III.

Ms. Chang picked up her prescription from Walgreens #04855 and began taking her medication immediately. Ms. Chang took all of the medication that she obtained from Walgreens #04855, however she did not have a menstrual cycle. Ms. Chang indicated that she was having dizziness, headaches, a spinning sensation and a general feeling of being unbalanced. Ms. Chang went back to the pharmacy to discuss the problem with the pharmacist and showed the pharmacist what she had taken for 21 days and asked if that was the generic for Provera. The pharmacist that she was speaking with told her that the medication that she had been taking was the generic for prednisone, not Provera.

IV.

During the investigation of this matter it was learned that Jennifer Chan was the pharmacist responsible for this error. Ms. Chan admitted that she had selected the wrong medication and indicated that they had similar spellings, started with the same letter, they sounded similar and had similar directions. Ms. Chan has changed her pharmacy practice since this incident to triple check each step of the filling process for all similar sounding medications.

FIRST CAUSE OF ACTION

V.

In failing to strictly follow the instructions of Ms. Chang's physician by filling her prescription for #10 medroxyprogesterone acetate 10 mg. tablets with #21 methylprednisolone 4 mg. tablets, Ms. Chan violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i).

SECOND CAUSE OF ACTION


VII.

In owning and operating the pharmacy in which Ms. Chan failed to notice that she filled Ms. Chang's prescription with the wrong medication, namely

methylprednisolone 4 mg. rather than the prescribed medroxyprogesterone acetate 10 mg., and failed to notice that the dosage was also incorrect, namely dispensing 21 dosage units of methylprednisolone rather than the prescribed 10 dosage units of medroxyprogesterone acetate, Walgreens #04855 violated NRS 639.210(4) and or NAC 639.945(1)(d) and/or (i) and (2).

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

Signed this 7th day of September, 2010.



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**

**JENNIFER CHAN, R.Ph.,
Certificate of Registration #14660,**

Case No. 09-102-RPH-S

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.

III.

The Board has reserved Tuesday, January 11, 2011 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, 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 7th day of September, 2010.


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

1 ROBERT C. GRAHAM
Attorneys for Respondents
2 JENNIFER CHAN and WALGREENS
Nevada Bar # 4618
3 7375 W. Peak Dr., #220
Las Vegas, Nevada 89128
4 (702) 255-6161
Fax (702) 255-6161
5 Email: rgraham@lawyerswest.net

6
7 **BEFORE THE NEVADA STATE BOARD OF PHARMACY**

8 **NEVADA STATE BOARD OF
PHARMACY,**

9 Petitioner,

10 v.

11 **JENNIFER CHAN, R.Ph.,** Certificate of
Registration #14660

12 **WALGREENS #04855,** Certificate of
Registration # PH01307

13 Respondents.
14

**ANSWER AND NOTICE OF
DEFENSE ON ACTION
AND ACCUSATION**

Case No. 09-102-RPH-S

Case No. 09-102-PH-S

15 COME NOW JENNIFER CHAN, Certificate of Registration #14660 and WALGREENS #04
16 Certificate of Registration #PH01307 and hereby declare by way of their counsel as follows:

- 17 1. That a hearing on the Notice of Intended Action and Accusation is requested.
18 2. That as to the First Cause of Action, Respondent CHAN does not deny that she misfilled the
19 prescription in question, but asks that the Board consider mitigating circumstances in the penalty
20 phase of the hearing.
21 3. That as to the Second Cause of Action, Walgreens denies that it failed to own and operate a
22 pharmacy wherein a pharmacist misfilled a prescription and as a result violated NRS 639.210(4)
23 and NAC 639.945 (1)(d) and (I) and (2). Walgreens has policies and procedures, as well as
24 supervisory routines against this type of incident and if these systems are followed, the result is
25 the safe dispensing of prescriptions. In the review of these policies and procedures, Walgreens
26 was not in error in providing an environment within which a pharmacist can safely and properly
27 dispense prescriptions.
28

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SEP 27 2009

1 4. Walgreens does not deny owning the facility in which the error took place or havin
2 responsibility for training and providing reasonable supervision for the pharmacist who mad
3 the error. Walgreens asserts that it was not negligent in these responsibilities.

4 DATED THIS 23rd day of September, 2010.

5
6 ROB GRAHAM & ASSOCIATES

7 

8 ROBERT C. GRAHAM
9 Attorneys for Respondents
10 JENNIFER CHAN and WALGREENS
11 Nevada Bar # 4618
12 7375 W. Peak Dr., #220
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III.

Ms. Chang picked up her prescription from Walgreens #04855 and began taking her medication immediately. Ms. Chang took all of the medication that she obtained from Walgreens #04855, however she did not have a menstrual cycle. Ms. Chang indicated that she was having dizziness, headaches, a spinning sensation and a general feeling of being unbalanced. Ms. Chang went back to the pharmacy to discuss the problem with the pharmacist and showed the pharmacist what she had taken for 21 days and asked if that was the generic for Provera. The pharmacist that she was speaking with told her that the medication that she had been taking was the generic for prednisone, not Provera.

IV.

During the investigation of this matter it was learned that Jennifer Chan was the pharmacist responsible for this error. Ms. Chan admitted that she had selected the wrong medication and indicated that they had similar spellings, started with the same letter, they sounded similar and had similar directions. Ms. Chan has changed her pharmacy practice since this incident to triple check each step of the filling process for all similar sounding medications.

FIRST CAUSE OF ACTION

V.

In failing to strictly follow the instructions of Ms. Chang's physician by filling her prescription for #10 medroxyprogesterone acetate 10 mg. tablets with #21 methylprednisolone 4 mg. tablets, Ms. Chan violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i).

SECOND CAUSE OF ACTION

VII.

In owning and operating the pharmacy in which Ms. Chan failed to notice that she filled Ms. Chang's prescription with the wrong medication, namely

methylprednisolone 4 mg. rather than the prescribed medroxyprogesterone acetate 10 mg., and failed to notice that the dosage was also incorrect, namely dispensing 21 dosage units of methylprednisolone rather than the prescribed 10 dosage units of medroxyprogesterone acetate, Walgreens #04855 violated NRS 639.210(4) and or NAC 639.945(1)(d) and/or (i) and (2).

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

Signed this 7th day of September, 2010.


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**

**WALGREENS #04855,
Certificate of Registration #PH01307,**

Case No. 09-102-PH-S

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 Tuesday, January 11, 2011 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, 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 7th day of September, 2010.


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

1 ROBERT C. GRAHAM
Attorneys for Respondents
2 JENNIFER CHAN and WALGREENS
Nevada Bar # 4618
3 7375 W. Peak Dr., #220
Las Vegas, Nevada 89128
4 (702) 255-6161
Fax (702) 255-6161
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6 **BEFORE THE NEVADA STATE BOARD OF PHARMACY**

7
8 **NEVADA STATE BOARD OF
PHARMACY,**

9 Petitioner,

10 v.

11 **JENNIFER CHAN, R.Ph.,** Certificate of
Registration #14660

12 **WALGREENS #04855,** Certificate of
Registration # PH01307

13 Respondents.
14

**ANSWER AND NOTICE OF
DEFENSE ON ACTION
AND ACCUSATION**

Case No. 09-102-RPH-S

Case No. 09-102-PH-S

15 COME NOW JENNIFER CHAN, Certificate of Registration #14660 and WALGREENS #04855
16 Certificate of Registration #PH01307 and hereby declare by way of their counsel as follows:

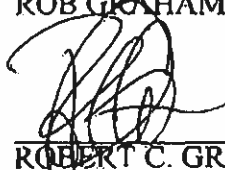
- 17 1. That a hearing on the Notice of Intended Action and Accusation is requested.
- 18 2. That as to the First Cause of Action, Respondent CHAN does not deny that she misfilled the
19 prescription in question, but asks that the Board consider mitigating circumstances in the penalty
20 phase of the hearing.
- 21 3. That as to the Second Cause of Action, Walgreens denies that it failed to own and operate a
22 pharmacy wherein a pharmacist misfilled a prescription and as a result violated NRS 639.210(4)
23 and NAC 639.945 (1)(d) and (I) and (2). Walgreens has policies and procedures, as well as
24 supervisory routines against this type of incident and if these systems are followed, the result is
25 the safe dispensing of prescriptions. In the review of these policies and procedures, Walgreens
26 was not in error in providing an environment within which a pharmacist can safely and properly
27 dispense prescriptions.

28 ///

1 4. Walgreens does not deny owning the facility in which the error took place or having
2 responsibility for training and providing reasonable supervision for the pharmacist who made
3 the error. Walgreens asserts that it was not negligent in these responsibilities.

4 DATED THIS 23rd day of September, 2010.

5 ROB GRAHAM & ASSOCIATES

6 
7
8 ROBERT C. GRAHAM
9 Attorneys for Respondents
10 JENNIFER CHAN and WALGREENS
11 Nevada Bar # 4618
12 7375 W. Peak Dr., #220
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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**NOTICE OF INTENDED ACTION
ACCUSATION AND REFUSAL
TO RENEW CONTROLLED
SUBSTANCE REGISTRATION**

**MARYANNE D. PHILLIPS, M.D.,
Controlled Substance Registration
No: CS08110**

Case No. 10-086-CS-S

Respondent.

_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and make 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, and as a notice of intent to deny under NRS 453.241(2).

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Maryanne D. Phillips has a controlled substance registration issued by the Board.

II.

On October 31, 2010, Respondent's controlled substance registration expired. On November 16, 2010, Board Staff discovered that Respondent Phillips had not renewed her controlled substance registration and placed a telephone call alerting her to the fact. On November 17, 2010, Respondent Phillips sent her renewal application and money order in the amount of \$120.00 to the Board's Reno office. On the renewal notice there are three questions that Respondent had to answer:
Since your last renewal or recent licensure have you:

1. Been charged, arrested or convicted of a felony or misdemeanor in any state?
2. Been the subject of an administrative action whether completed or pending in any state?
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?

To the first question Respondent Phillips answered, "no." To the second question Respondent Phillips answered "yes" and "no" and then wrote, "Not since last renewal." To the third question Respondent Phillips answered "no." In the administrative action section of the renewal application Respondent Phillips wrote, "CA" and in the criminal action section she wrote "none". Respondent Phillips signed section 4 attestation which reads as follows:

It is a violation of Nevada Statutes to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

III.

On April 6, 2009, Respondent Phillips entered into a Stipulated Settlement and Disciplinary Order, File No. 09-2004-161866, with the Medical Board of California. On December 21, 2009, Respondent Phillips entered into an Agreed Order with the New Mexico Medical Board. On December 23, 2009, the Nevada Board of Medical Examiners filed a formal complaint against Respondent Phillips that is still pending. None of these administrative actions were disclosed by Respondent Phillips as is required by the renewal application.

IV.

On November 18, 2010, Board Staff visited Respondent's practice location and reviewed three prescriptions for controlled substances issued by Respondent Phillips. One of the prescriptions in question was prescribed to Patient J and was written for

Xanax 2 mg. tablets, Norco 10 mg. tablets, and Tagamet 400 mg. tablets. A written statement was obtained from Respondent's Medical Assistant, Gissell Muro, who indicated that she had written Patient J's name and date on the prescription in question on November 4, 2010, for the Xanax 2 mg. tablet entry that was positioned at the top of the prescription form and left the Respondent, Patient J and the prescription in the examination room. Respondent Phillips gave Board staff a written statement that she wrote the Tagamet 400 mg. tablet entry at the bottom of the prescription form and left space in the middle of the prescription, authorizing Patient J to add the Norco entry to her own prescription. On November 23, 2010, Respondent Phillips and MA Muro recanted or corrected their written statements of November 18, 2010 and now believe that it was MA Muro who wrote in the Xanax 2 mg and Norco 10 mg. on November 4, 2010.

FIRST CAUSE OF ACTION

V.

In failing to disclose the administrative actions taken against her medical licenses in California, New Mexico and Nevada Respondent Phillips violated Nevada Revised Statutes (NRS) 453.236(1)(a) and/or (d); 453.231(1)(f) and/or (h), and/or 639.210(4), and/or (9) and/or (10) and Nevada Administrative Code (NAC) 639.945(1)(h).

SECOND CAUSE OF ACTION

In authorizing Patient "J" to prescribe their own controlled substances, namely Norco 10 mg. tablets, Respondent Phillips violated Nevada Revised Statutes 453.381(1) and/or 639.210(4) and Nevada Administrative Code (NAC) 639.945(1)(g).

THIRD CAUSE OF ACTION

In giving two different statements to Board Staff with two different explanations of events, Respondent Phillips violated Nevada Revised Statutes (NRS) 639.210(9).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action and/or refuse to renew with respect to the controlled substance registration of the Respondent.

Signed this 8th day of December, 2010.


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 (10) 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 AND REFUSAL
TO RENEW CONTROLLED
SUBSTANCE REGISTRATION
RIGHT TO HEARING

MARYANNE D. PHILLIPS, M.D.,
Controlled Substance Registration
No: CS08110

Case No. 10-086-CS-S

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.


III.

The Board has reserved Tuesday, January 11, 2011 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, 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 8th day of December 2010.


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

ALVERSON, TAYLOR,
MORTENSEN & SANDERS
KURT R. BONDS, ESQ.
Nevada Bar #6228
ALAN V. MULLINER, ESQ.
Nevada Bar #10409
7401 W. Charleston Boulevard
Las Vegas, NV 89117
(702) 384-7000
Attorney for
MARYANNE PHILLIPS, M.D.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

-*-

NEVADA STATE BOARD OF PHARMACY,)	
)	CASE NO. 10-086-CS-S
Petitioner,)	
)	
v.)	
)	
MARYANNE PHILLIPS, M.D.,)	
Controlled Substance Registration)	
No: CS08110)	
)	
Respondent.)	

**RESPONDENT MARYANNE PHILLIPS, M.D.'S ANSWER AND NOTICE OF
DEFENSE TO THE NEVADA STATE BOARD OF PHARMACY'S NOTICE OF
INTENDED ACTION ACCUSATION AND REFUSAL TO RENEW CONTROLLED
SUBSTANCE REGISTRATION**

COMES NOW, Respondent, MARYANNE PHILLIPS, M.D. (hereinafter "Respondent"
or "Dr. Phillips"), by and through her attorneys of record, ALVERSON TAYLOR
MORTENSEN & SANDERS, and hereby answers and responds to the Notice of Intended
Action as follows:

1. Answering Paragraph 1 of the Notice of Intended Action on file herein,
Respondent admits that the Nevada State Board of Pharmacy has jurisdiction over this matter.

///

KRB/19061

2. Answering Paragraph 2 of the Notice of Intended Action on file herein, as the Paragraph contains numerous allegations of fact and law, some of which, if not all of which are false, and other of which Respondent is without sufficient knowledge or information upon which to form a belief as to the truth or falsity of the allegations contained therein, Respondent hereby denies each and every allegation contained in Paragraph 2 of the Notice of Intended Action.

3. Answering Paragraph 3 of the Notice of Intended Action on file herein, as the Paragraph contains numerous allegations of fact and law, some of which, if not all of which are false, and other of which Respondent is without sufficient knowledge or information upon which to form a belief as to the truth or falsity of the allegations contained therein, Respondent hereby denies each and every allegation contained in Paragraph 3 of the Notice of Intended Action.

4. Answering Paragraph 4 of the Notice of Intended Action on file herein, as the Paragraph contains numerous allegations of fact and law, some of which, if not all of which are false, and other of which Respondent is without sufficient knowledge or information upon which to form a belief as to the truth or falsity of the allegations contained therein, Respondent hereby denies each and every allegation contained in Paragraph 4 of the Notice of Intended Action.

5. Answering Paragraph 5 of the Notice of Intended Action on file herein, as the Paragraph contains numerous allegations of fact and law, some of which, if not all of which are false, and other of which Respondent is without sufficient knowledge or information upon which to form a belief as to the truth or falsity of the allegations contained therein, Respondent hereby denies each and every allegation contained in Paragraph 5 of the Notice of Intended Action.

AFFIRMATIVE DEFENSES

FIRST AFFIRMATIVE DEFENSE

As a separate and distinct affirmative defense to the Notice of Intended Action, Respondent alleges that the Notice of Intended Action and the purported claim for relief of the

1 Notice of Intended Action therein fails to state facts sufficient to constitute a cause of action, or
2 any action, against Respondent.

3 **SECOND AFFIRMATIVE DEFENSE**

4 As a second separate and distinct affirmative defense to the Notice of Intended Action,
5 Respondent alleges that the Notice of Intended Action and the purported claim for relief of the
6 Notice of Intended Action therein are barred in whole or in part by the applicable statute of
7 limitations.
8

9 **THIRD AFFIRMATIVE DEFENSE**

10 As a third separate and distinct affirmative defense to the Notice of Intended Action,
11 Respondent alleges that at all relevant times hereto, Respondent's license or certification in
12 California has been and continues to be intact.
13

14 **FOURTH AFFIRMATIVE DEFENSE**

15 As a fourth separate and distinct affirmative defense to the Notice of Intended Action,
16 Respondent alleges that the allegations contained in the California Accusation were the result of
17 acts of third persons who were not the agents, servants or employees of Respondent; and who
18 were not acting on behalf of Respondent in any manner or form, and as such, Respondent should
19 not be subject to discipline by the Nevada State Board of Pharmacy.
20

21 **FIFTH AFFIRMATIVE DEFENSE**

22 As a fifth separate and distinct affirmative defense to the Notice of Intended Action,
23 Respondent alleges that Respondent is not legally responsible in any fashion for the allegations
24 contained in the California Accusation; however, if this Respondent were found to be legally
25 responsible, then she provisionally alleges that her legal responsibility is not the sole cause of
26 damages, if any; and that the responsibility, if any, should be apportioned according to the
27 respective fault and legal responsibility of all parties, persons and entities, or their agents,
28

servants and employees who contributed to and/or caused the subject incident, according to proof presented at the time of hearing. As Respondent was not legally responsible she should not be subject to sanction or disciplinary action by the Nevada State Board of Pharmacy.

SIXTH AFFIRMATIVE DEFENSE

As a sixth separate and distinct affirmative defense to the Notice of Intended Action, Respondent alleges that at all relevant times hereto, Respondent's license or certification in Nevada has been and continues to be intact.

SEVENTH AFFIRMATIVE DEFENSE

As a seventh separate and distinct affirmative defense to the Notice of Intended Action, Respondent alleges that the allegations contained in the Nevada Complaint were the result of acts of third persons who were not the agents, servants or employees of Respondent; and who were not acting on behalf of Respondent in any manner or form, and as such, Respondent should not be subject to discipline by the Nevada State Board of Pharmacy.

EIGHTH AFFIRMATIVE DEFENSE

As an eighth separate and distinct affirmative defense to the Notice of Intended Action, Respondent alleges that Respondent is not legally responsible in any fashion for the allegations contained in the Nevada Complaint; however, if this Respondent were found to be legally responsible, then she provisionally alleges that her legal responsibility is not the sole cause of damages, if any; and that the responsibility, if any, should be apportioned according to the respective fault and legal responsibility of all parties, persons and entities, or their agents, servants and employees who contributed to and/or caused the subject incident, according to proof presented at the time of hearing. As Respondent was not legally responsible she should not be subject to sanction or disciplinary action by the Nevada State Board of Pharmacy.

///

NINTH AFFIRMATIVE DEFENSE

As a ninth separate and distinct affirmative defense to the Notice of Intended Action, Respondent alleges that at all relevant times hereto, Respondent's license or certification in New Mexico, if any, has been and continues to be intact.

TENTH AFFIRMATIVE DEFENSE

As a tenth separate and distinct affirmative defense to the Notice of Intended Action, Respondent alleges that the allegations contained in the New Mexico Order, if any, were the result of acts of third persons who were not the agents, servants or employees of Respondent; and who were not acting on behalf of Respondent in any manner or form, and as such, Respondent should not be subject to discipline by the Nevada State Board of Pharmacy.

ELEVENTH AFFIRMATIVE DEFENSE

As an eleventh separate and distinct affirmative defense to the Notice of Intended Action, Respondent alleges that Respondent is not legally responsible in any fashion for the allegations contained in the New Mexico Order, if any; however, if this Respondent were found to be legally responsible, then she provisionally alleges that her legal responsibility is not the sole cause of damages, if any; and that the responsibility, if any, should be apportioned according to the respective fault and legal responsibility of all parties, persons and entities, or their agents, servants and employees who contributed to and/or caused the subject incident, according to proof presented at the time of hearing. As Respondent was not legally responsible she should not be subject to sanction or disciplinary action by the Nevada State Board of Pharmacy.

TWELFTH AFFIRMATIVE DEFENSE

As a twelfth separate and distinct affirmative defense to the Notice of Intended Action, Respondent alleges that the Investigative Committee failed to bring this action within a reasonable amount of time, all to the prejudice of Respondent and as such, the Nevada State

Board of Pharmacy is estopped by the doctrine of laches from now bringing these claims and pursuing sanction and/or disciplinary action against Respondent.

THIRTEENTH AFFIRMATIVE DEFENSE

As a thirteenth separate and distinct affirmative defense to the Notice of Intended Action, Respondent alleges that any allegations contained in the Notice of Intended Action, even if true, were not the result of willful, malicious or deliberate conduct on the part of Respondent.

FOURTEENTH AFFIRMATIVE DEFENSE

As a fourteenth separate and distinct affirmative defense to the Notice of Intended Action, Respondent alleges that the Nevada State Board of Pharmacy is barred from recovering any special damages for failure to specifically plead items of special damages claimed pursuant to NRCP 9(g).

FIFTEENTH AFFIRMATIVE DEFENSE

As a fifteenth separate and distinct affirmative defense to the Notice of Intended Action, Respondent alleges that pursuant to NRCP 11, Respondent reserves her right to amend this Answer to add additional affirmative defenses as discovery progresses in this case.

SIXTEENTH AFFIRMATIVE DEFENSE

As a sixteenth separate and distinct affirmative defense to the Notice of Intended Action, Respondent alleges that Respondent incorporates by reference all affirmative defenses contained in NRCP 8.

ATTORNEYS' FEES

It has been necessary to retain the services of legal counsel and Respondent is entitled to reasonable attorneys' fees and costs of suit.


WHEREFORE, this answering Respondent prays as follows:

1. No sanctions or discipline be taken by way of this action;

2. That the Notice of Intended Action be dismissed with prejudice as against Respondent;
3. That Respondent recover costs and reasonable attorneys' fees incurred herein; and
4. For such other and further relief as may be deemed just and proper under the circumstances.

DATED this 28th day of December, 2010.

ALVERSON, TAYLOR,
MORTENSEN & SANDERS


KURT R. BONDS, ESQ.
Nevada Bar #6228
ALAN V. MULLINER, ESQ.
Nevada Bar #10409
7401 W. Charleston Boulevard
Las Vegas, NV 89117
Attorney for
MARYANNE PHILLIPS, M.D.

CERTIFICATE OF SERVICE BY FACSIMILE TRANSMISSION

I hereby certify that on the 28th day of December, 2010, service of the forgoing **RESPONDENT MARYANNE PHILLIPS, M.D.'S ANSWER AND NOTICE OF DEFENSE TO THE NEVADA STATE BOARD OF PHARMACY'S NOTICE OF INTENDED ACTION ACCUSATION AND REFUSAL TO RENEW CONTROLLED SUBSTANCE REGISTRATION** was made by facsimile transmission only, pursuant to the amendment to the Eighth Judicial District Court Rule 7.26, this date by faxing a true and correct copy of the same to each party addressed as follows:

Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509
Fax: 775-850-1448


///

///

///

///

Carolyn Cramer, Esq.
General Counsel
Nevada State Board of Pharmacy
431 W. Plumb Lane
Reno, NV 89509
Fax: 775-850-1444



An employee of ALVERSON, TAYLOR,
MORTENSEN & SANDERS

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ALVERSON, TAYLOR, MORTENSEN & SANDERS
LAWYERS
7401 WEST CHARLESTON BOULEVARD
LAS VEGAS, NEVADA 89117-1401
(702) 384-7000

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

NOTICE OF INTENDED ACTION
ACCUSATION AND REFUSAL
TO ISSUE CONTROLLED
SUBSTANCE REGISTRATION

MOHAMED O. SALEH, M.D.,
Applicant

Case No. 10-089-S

Respondent.

_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and make 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, and as another of intent to deny under NRS 453.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Mohamed O. Saleh, M.D. has applied for a controlled substance registration with the Board.

II.

On November 4, 2010, Board Staff became aware that Respondent was practicing medicine in Nevada and prescribing controlled substances to patients in Nevada for primarily Suboxone, Buprenorphine and Clonazepam. Respondent was licensed to practice medicine by the Nevada State Board of Medical Examiners on March 17, 2006. Respondent applied for a controlled substance registration with the Board on July 13, 2006 but failed to complete the process because he did not complete the process for obtaining a DEA controlled substance registration. A Prescriber Rx History Report was obtained from the Nevada Controlled Substances Abuse Prevention

Task Force for the period from November 9, 2009 through November 9, 2010 showing that Respondent had written 717 controlled substances prescriptions in the past year without a controlled substance registration issued by the Board. Respondent maintains a website that states:

"In 2005 I started an outpatient detox practice in Las Vegas, Nevada, that is currently thriving by focusing on the treatment of performers, celebrities and the like."

Respondent has never held a valid controlled substance registration during that time.

III.

On the Nevada State Board of Medical Examiners website Respondent indicates that his address is P.O. Box 10339, Jacksonville, Florida. The State of Florida Department of Health website indicates that his primary practice address is 1408 San Marco Blvd., Jacksonville, FL. 32207-8536. The website also indicates that Respondent has a pending Administrative Complaint before the Florida Department of Health. Respondent's prescriptions indicate his practice address is 2801 Valley View Blvd. South, Ste. 1, Las Vegas, 89102. Board Staff went to this address and found it was vacant. The prescription indicated that there were two telephone numbers for Respondent (702) 781-1004 and 1-888-4-LORTAB. Board Staff called the telephone number which was a call center in Houston, Texas, and left a message for Respondent to return the call. Respondent never returned the call. Board Staff located a second address for Respondent's practice in Las Vegas, Nevada, but there was no one at that location. That address was 4503 Dean Martin Drive, Ste. 100, Las Vegas, Nevada.

IV.

On November 10, 2010, Respondent was sent a letter informing him that he may not prescribe controlled substances in Nevada without having a valid controlled substance registration by certified mail to his Florida address and the two addresses in Nevada. On November 29, 2010, Respondent sent his controlled substances

application, money and transfer for his DEA registration from Florida to Nevada. On the controlled substances registration there are three questions that Respondent had to answer and if answered in the affirmative supply an explanation for questions:

2. Been charged, arrested or convicted of a felony or misdemeanor.
3. Been the subject of an administrative action whether completed or pending.
4. Had a license suspended, revoked, surrendered or otherwise disciplined, including any action against license that was not made public.

Respondent answered "no" to all three questions and provided no information regarding any Board Administrative Action. Respondent signed the attestation which reads as follows:

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.

V.

On September 10, 2010, the State of Florida Department of Health filed an administrative complaint against Respondent that is still pending. This administrative action was not disclosed by Respondent as is required by the application.

FIRST CAUSE OF ACTION

VI.

In failing to disclose the administrative action pending against his medical licenses in Florida, Respondent violated Nevada Revised Statutes (NRS) 453.236(1) (a) and/or (d); 453.231(1) (f) and/or (h), and/or 639.210(4), and/or (9) and/or (10) and Nevada Administrative Code (NAC) 639.945(1) (h).

SECOND CAUSE OF ACTION

In prescribing controlled substances without a controlled substance registration Respondent violated Nevada Revised Statutes 453.226(1) and/or 639.210(4) and

Nevada Administrative Code (NAC) 639.945(1)(k).

WHEREFORE, it is requested that the Nevada State Board of Pharmacy take appropriate disciplinary action and/or refusal to issue the controlled substance registration of the Respondent.

Signed this 9th day of December, 2010.


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 (10) 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 AND REFUSAL
TO ISSUE CONTROLLED
SUBSTANCE REGISTRATION
RIGHT TO HEARING

MOHAMED O. SALEH, M.D.,
Applicant

Case No. 10-089-S

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.

III.

The Board has reserved Tuesday, January 11, 2011 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, 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 9th day of December 2010.



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**

**MOHAMED O. SALEH, M.D.,
Applicant**

Case No. 10-089-S

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 _____, 2010.

Mohamed O. Saleh, M.D.,

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

v.

**SONYA CAMPBELL, PT
Certificate of Registration No. PT10252,**

Case No. 10-085-PT-S

Respondent.

_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and 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 has jurisdiction over this matter because Respondent Campbell is a registered pharmaceutical technician with the Board.

II.

On or about August 18, 2010, Board staff was notified that Ms. Campbell had been terminated from employment as a pharmaceutical technician at CVS/pharmacy # 5286 located at 21 West Horizon Ridge Parkway in Henderson. Along with the notice of termination, CVS also provided a DEA-106 Report of Theft or Loss of Controlled Substances form. An internal investigation was initiated and it was concluded that Ms. Campbell was responsible for the loss of approximately 3,900 2 mg. Alprazolam tablets and approximately 1,900 10/325 hydrocodone/APAP tablets. CVS loss prevention personnel provided a copy of Ms. Campbell's written statement where she confessed to the theft of 36 to 38 bottles of controlled substances. Ms. Campbell sold the drugs she stole from CVS #5286 for \$1.00 per tablet to a friend of her brothers. Ms. Campbell estimates that she profited from the sale of the tablets approximately \$3,800.00.

FIRST CAUSE OF ACTION

III.

In removing controlled substances, namely Alprazolam and hydrocodone/APAP 10/325 tablets, without a prescription therefore, Ms. Campbell violated (NRS) 453.331(1)(d), 453.336(1) and/or 639.210(1), (4), and/or (12) and/or Nevada Administrative Code (NAC) 639.945(1)(h) and/or (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 8th day of December, 2010.


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**

**SONYA CAMPBELL, PT
Certificate of Registration No. PT10252,**

Case No. 10-085-PT-S

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.

III.

The Board has reserved Tuesday, January 11, 2011 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, 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 8th day of December, 2010.



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**

**SONYA CAMPBELL, PT
Certificate of Registration No. PT10252,**

Case No. 10-085-PT-S

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 _____, 2010.

Sonya Campbell, PT

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

v.

**JONATHAN GREENOUGH, PT
Certificate of Registration No. PT11285,**

Case No. 10-084-PT-S

Respondent.

_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and 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 has jurisdiction over this matter because Respondent Greenough is a registered pharmaceutical technician with the Board.

II.

On or about November 15, 2010, Board staff was notified that Mr. Greenough had been terminated from employment as a pharmaceutical technician at Wellcare Pharmacy located at 542 Decatur Boulevard in Las Vegas. An internal investigation was initiated after a pharmaceutical technician reported that she thought Mr. Greenough was stealing medication from the pharmacy. Wellcare Pharmacy personnel reviewed the pharmacy surveillance tapes which clearly show Mr. Greenough at the beginning of his shift with empty pockets and then later in his shift with bulging pockets after removing a vial of Lortab from the stock shelf. After removing the Lortab from the stock shelf he left the pharmacy for approximately ten minutes to go to the restroom and then made a trip to his car. Pharmacy staff showed the tapes to the managing pharmacist and they determined it was time to confront Mr. Greenough.

III.

Mr. Greenough admitted in a written statement that he had taken Lortab from Wellcare Pharmacy for his personal use due to his addiction and mental health issues. Mr. Greenough forfeited his last paycheck as restitution for having stolen Lortab from Wellcare Pharmacy.

FIRST CAUSE OF ACTION

IV.

In removing controlled substances, namely Lortab tablets, without a prescription therefore, Mr. Greenough violated (NRS) 453.331(1)(d), 453.336(1) and/or 639.210(1), (4), and/or (12) and/or Nevada Administrative Code (NAC) 639.945(1)(h) and/or (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 8th day of December, 2010.


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**

**JONATHAN GREENOUGH, PT
Certificate of Registration No. PT11285,**

Case No. 10-084-PT-S

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.

III.

The Board has reserved Tuesday, January 11, 2011 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, 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 8th day of December, 2010.


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**

**JONATHAN GREENOUGH, PT
Certificate of Registration No. PT11285,**

Case No. 10-084-PT-S

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 _____, 2010.

Jonathan Greenough, PT

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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

GENERAL INFORMATION

Pharmacy Name: Precision Specialty Pharmacy
Physical Address: 2775 South Jones, Ste 100A, Las Vegas, NV 89146
Mailing Address: 2775 South Jones, Ste 100A, Las Vegas, NV 89146
City: Las Vegas State: Nevada Zip Code: 89146
Telephone Number: 702-404-9835 Fax Number: 702-586-3333
Toll Free Number: pending
E-mail: _____ Website: none
Managing Pharmacist: Mary Grear License Number: 10687

Hours of Operation:

Monday thru Friday 9 am 5 pm Saturday _____ am _____ pm
Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

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

SERVICES PROVIDED

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

Board Use Only

Received: Jan 03 2011 Check Number: 254 Amount: 500.00

55712
3241

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada
Parent Company if any: _____
Corporation Name: Precision Specialty Pharmacy Corporation
Mailing Address: 2775 So. Jones St 100 A
City: Las Vegas State: NV Zip: 89146
Telephone: 702-401-9835 (temporary) Fax: 702-586-3333
License Contact Person: Mary Grear
Professional Compliance Contact Person: Mary Grear

Name and title of each officer and director (Use separate sheet if necessary)

Officer or director name

Officer or director title

Igor Tsybouski

Manager, Resident Agent

Eugene Rosenman

Director-Trustee

For any corporation non publicly traded, disclose the following:

- 1) List any persons to whom the shares were issued by the corporation?

a) Igor Tsybouski, 1402 Santa Margarita St, Unit F, Las Vegas, NV 89146
Name Address

b) Eugene Rosenman, 109 S. Ring Dove Dr., Las Vegas, NV 89144
Name Address

c) Michael Rosenman, 2857 S. Paradise #2702, Las Vegas, NV 89109
Name Address

d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form.

- 2) Provide the number of shares issued by the corporation. 100
- 3) What was the price paid per share? No par value
- 4) What date did the corporation actually receive the cash assets? December 27, 2010
- 5) Provide a copy of the corporations stock register evidencing the above information

PRECISION SPECIALTY PHARMACY CORPORATION

2775 S. Jones, Suite 100A

Las Vegas, NV 89046

January 3, 2011

The original division of no par shares is hereby revised to be divided as follows:

100 no par shares

Igor Tsyboulski, Manager and Resident Agent	90 Shares
---	-----------

Eugene Rosenman, Director-Trustee	5 Shares
-----------------------------------	----------

Michael Rosenman, Shareholder	5 Shares
-------------------------------	----------

Agreed by signature:

Igor Tsyboulski

Eugene Rosenman

Michael Rosenman

The image shows three handwritten signatures in black ink, each written over a horizontal line. The first signature is for Igor Tsyboulski, the second for Eugene Rosenman, and the third for Michael Rosenman. The signatures are stylized and cursive.

If the non publicly traded corporation is a subsidiary, list name and state of incorporation of the parent corporation and include a list of its officers.

N/A

- 6) Has the firm or any owner(s), shareholder(s) 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 ☐ If yes, list the persons, their address and their business names.

a) Eugene Rosenman, MD 2775 S. Jones 101, Las Vegas, NV 89146

Name

Address

Eugene Rosenman, MD,

Business

b) Michael Rosenman MD, 3201 S. Maryland Pkwy #608, Las Vegas, NV 8910

Name

Address

Patel Nevada Pediatric Specialists

Business

c)

Name

Address

Business

d)

Name

Address

Business

- 7) Has the firm or any owner(s), shareholder(s) in the last 10 years been associated with any person, business or health care entity in which pharmaceutical products were sold, dispensed or distributed?

Yes ☐ No ☒ If yes, list the persons, their address and their business names.

a)

Name

Address

Business

b)

Name

Address

Business

Within the last five (5) years:

- 8) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

- 9) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration?

Yes ☐ No ☒

- 10) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 11) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 ☒
- 12) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 any question 8 through 12 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.



Signature of corporation officer

12.27.2010

Date

Eugene Rosenman

Print or Type name and title

PERSONAL HISTORY RECORD

Date 12.27.10

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, attach 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

Pharmacy
Precision Specialty Pharmacy 2775 S. Jones A 100
Las Vegas NV
 Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Tsyboulski Igor
 Last Name First Name Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
1402 Santa Margarita #F Las Vegas NV 89146
 Present Residence Address-Street or RFD City State/Zip

2775 S. Jones Blvd #100 A Las Vegas NV 89146
 Present Business Address City State/Zip

Manager Oct 2010 - present
 Occupation Dates

1 Minsk, Belarus M
 Date of Birth Place of Birth (City, County, State) Residence Business Fax

53 BLN BLN Fair 200 Slim 5'6
 Age Social Security Number Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics none

Are you a citizen of the United States? Yes ☐ No ☒ If alien, registration No. 1

If naturalized, certificate No. 616109

Place See attached (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐
 Applicant's initial I.T.

A. **Current Marriage** 7.22.1981 Minsk, Belarus
 Spouse's full name (Maiden) Alena Tsybul'skaya Date City, Count S.S. No.
 Date of Birth _____ Place of Birth _____
 Resident address 1402 Santa Margarite #Flas Vegas NV 89146
Street City State Zip
 Telephone: Residence _____ Business () W/A
 Spouse's employer Housewife Occupation _____
 Address of employer _____
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

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

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 LT

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name W/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
Father <u>Petr Tsyboulski</u>		<u>Deceased</u>	<u>Deceased</u>
Mother <u>Nina Tsyboulski</u>		<u>Minsk Belarus</u>	<u>Retired</u>
Father-in-Law <u>Valentin Smirnov</u>		<u>Deceased</u>	<u>Deceased</u>
Mother-in-Law <u>Galina Smirnov</u>		<u>Deceased</u>	<u>Deceased</u>

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>W/a</u>			
Spouse			
Spouse			
Spouse			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	<u>City School #1</u>	<u>Minsk Belarus</u>	<u>9.1.1965-6.30.1976</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	<u>Above</u>			Yes <input type="checkbox"/> No <input type="checkbox"/>
College University	<u>Minsk State Pedagogical Institute</u>	<u>Minsk, Belarus</u>	<u>9.1.1983-6.30.1989</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any BA

College or university where obtained Minsk State Pedagogical Institute

Applicant's initial ht

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☒ No ☐

Branch Russian Army Date of entry-active service 1976

Date of separation 1994 Type of discharge Honorable

Rating at separation officer Serial number _____

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 separate sheet. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☐ No ☒

County _____ State _____ Date registered _____

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 and provide a written explanation. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
	<u>u/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 ☒

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, please provide a written explanation.

Name	Relationship	Charge	Location	Date

Applicant's initial IT

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 and provide a written explanation. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
	n/a			

- 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 and provide a written explanation.

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
n/a		

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
6/2010 - Present	1402 Santa Margarita #7	Las Vegas	NV 89146
10/2009 - 6/2010	8401 W. Charleston #2035	Las Vegas	NV 89147
6/2009 - 10/2009	109 S. Ring Ave Dr	Las Vegas	NV 89146
prior -	Minsk	Belarus	

Applicant's initial 1.7

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.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10.2009 - Present	Desert Behavioral Health	Current
Title	Description of Duties	Name of Supervisor
Supervisor	Supervision	Eileen Rosenman
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
prior	Minsk Belarus	Emigration to US
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
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, please provide an attachment.

Applicant's initial LT Page

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>Rogues Smith</u>	Home					
Employer <u>Desert Behavioral Health</u>	Business					
Name <u>Kenia Lucero</u>	Home					
Employer <u>Desert Behavioral Health</u>	Business					
Name <u>Romana Turner</u>	Home					
Employer <u>Desert Behavioral Health</u>	Business					
Name <u>Marilyn LaMasters</u>	Home					
Employer <u>Desert Behavioral Health</u>	Business					
Name <u>Andrea Scott</u>	Home					
Employer <u>Desert Behavioral Health</u>	Business					

10. 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

11. 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.

Applicant's initial L.T.

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada, for any reason whatsoever? Yes ☒ No ☐ If yes, please provide details and a written explanation.

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒ If yes, please provide details and a written explanation

If yes to the above, state where, when and for what reason:

14. 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 ☒ If yes, please provide details and a written explanation

15. 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 ☒ If yes, please provide details and a written explanation

16. 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 ☒ If yes, please provide details and a written explanation.

17. 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 closure)? Yes ☐ No ☒ If yes, please provide details and written explanation.....

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒ If yes, please provide details and written explanation



Date of photograph 12/27/2010

Applicant's initial J.J.


STATE OF Nevada

SS.

COUNTY OF Clark

I, Igor Tsyboulski, 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 cause for denial or revocation of a 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 current Nevada Revised Statutes and Nevada Administrative Code 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 license in the State of Nevada.



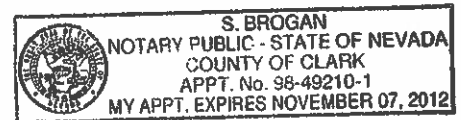
Signature of Applicant

Subscribed and Sworn to before me this 28th day of

December 2010



Notary Public



(seal)

Applicant's initial I.T.

PERSONAL HISTORY RECORD

Date 12/27/2010

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, attach 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 Pharmacy
Precision Specialty Pharmacy Nature of License
Name and Address of Establishment for Which License Is Requested 2775 Stones, Ste 100A, LV, NV 89144

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

ROSENMAN EUGENE
Last Name First Name Middle Name

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

109 S. Ring Dove Dr Las Vegas NV 89144
Present Residence Address-Street or RFD City State/Zip
2775 S. Jones Blvd #101 Las Vegas NV 89146
Present Business Address City State/Zip

MD Oct, 2010 - Present
Occupation Dates Phone:

39 MIANSK, Belarus Residence Business Fax
Date of Birth Place of Birth (City, County, State)

39 MALE
Age Sex
Green brown fair 225 heavy 6'0
Color of Eyes Color of Hair Complexion Weight Build Height

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 9/20/2002

Place Des Moines, IA (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐ ER
Applicant's initial

MARITAL INFORMATION-Continued

A. Current Marriage 2.28.2004 Los Vegas, Clara, NV
 Spouse's full name (Maiden) Alexandra Grigorieva 0
 Date of Birth Sverdlovsk Place of Birth Russia
 Resident address 109 S Rint Dove Dr Los Vegas NV 89144
 Telephone: Residence 1 Business 0
 Spouse's employer Desert Behavioral Health Occupation CPA
 Address of employer 2775 S. Jones Blvd #62 Los Vegas 89146

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>Tamara Chechenet</u>	<u>1993</u>	<u>Minsk, Belarus</u>	<u>Divorce</u>	<u>Orange County, N</u>

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
<u>Tamara Chechenet</u>	<u>UNKNOWN</u>				

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

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 ER

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name W/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
---------------	------------	---------	------------

Father Boris Rosenman	2-5-28	deceased	MD
--------------------------	--------	----------	----

Mother Yekaterina Chuvykina	11-3-28	27 Lake Rd #307 Irvine CA 92609	retired
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Father-in-Law Oleg Grigoriev	7.18.1945	Moscow, Russia	retired
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Mother-in-Law Ludmila Grigorieva	1.4.1950	Moscow, Russia	retired
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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
---------------	------------	---------	------------

Spouse Michael Rosenman	5-24-61	2857 Paradise Rd #2072 Los Angeles CA 90049	MD
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Spouse

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	School #130	Minsk Belarus	9.1.1987 - 6.30.1987	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	above			Yes <input type="checkbox"/> No <input type="checkbox"/>
College	Minsk State	Minsk, Belarus	9.1.1987 -	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
University	Medical Institute		6.30.1993	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any MD

College or university where obtained Minsk State Medical University

Applicant's initial ER

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

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 separate sheet. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☐ No ☒

County _____ State _____ Date registered _____

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 and provide a written explanation. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
9/1998	27	DUI	Newport Beach, CA	Closed 2/99	NB police Dep
				Fine paid	

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 ☒

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, please provide a written explanation.

Name	Relationship	Charge	Location	Date

Applicant's initial

ER

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 and provide a written explanation. 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 and provide a written explanation.

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
----------------	----------------	--

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
10.2004-Present	109 S. River Drive	Las Vegas	NV 89144
7.1.2004-10.1.2004	1245 Kin Henry Ave	Las Vegas	NV 89114
7.1.2000-6.30.2004	Coralville IA	Iowa	52241
12.1.1998-6.20.2000	Bronx	NY	
1996-1998	Tustin	CA	
1994-1996	Irvine	CA	
until 1994	Minsk	Belarus	

Applicant's Initial

ER

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.

Month and Year 7.1.2004	Name/Mailing Address of Employer/Business Eubae Roseman MD 2775 S. Jones #101	Reason for Leaving Current
Title MD	Description of Duties Physician	Name of Supervisor Self
Month and Year 9.1.2009	Name/Mailing Address of Employer/Business Desert Behavioral Health 2775 S. Jones #101	Reason for Leaving Current
Title Medical Director	Description of Duties Medical Supervision	Name of Supervisor Self
Month and Year 7.1.2004	Name/Mailing Address of Employer/Business SWAHS, State of NV 6161 W. Charleston Las Vegas NV 89146	Reason for Leaving Current
Title MD	Description of Duties Senior Psychiatrist	Name of Supervisor Alistar Barron, MD
Month and Year 7.1.2000	Name/Mailing Address of Employer/Business University of Iowa 200 Hawkins Dr Iowa City, IA	Reason for Leaving Finished residence
Title MD resident	Description of Duties resident physician	Name of Supervisor Dr Woodman
Month and Year 12.1.1998	Name/Mailing Address of Employer/Business South Bronx Medical, Bronx NY	Reason for Leaving Moved to IA
Title Office Manager	Description of Duties office manager	Name of Supervisor Mike Reame
Month and Year 10.1994	Name/Mailing Address of Employer/Business Guard System, Inc Santa Ana CA	Reason for Leaving Moved to NY
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, please provide an attachment.

Applicant's initial

ER

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>Jordan Williams</u>	Home	<u>Ladera Ranch, CA</u>				
Employer <u>Self</u>		Business	<u>Impact LLC</u>			
Name <u>Trena Williams</u>	Home	<u>Ladera Ranch, CA</u>				
Employer <u>Self</u>		Business	<u>Impact LLC</u>			
Name <u>Alex Kletselman</u>	Home	<u>Irvin CA</u>				
Employer <u>Self</u>		Business	<u>Air condition</u>			
Name <u>Leon Pava</u>	Home	<u>Las Vegas NV</u>				
Employer <u>SN AMHS</u>		Business	<u>MD</u>			
Name <u>Amitabh Singh</u>	Home	<u>Las Vegas NV</u>				
Employer <u>Self</u>		Business	<u>MD</u>			

10. 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

2004- Present MD Nevada

2000-2004 MD Iowa

11. 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.

business license for Estate Rosenwald MD, LTD ERROR
never applied for license outside of State of M

Applicant's initial

ER

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada, for any reason whatsoever? Yes ☒ No ☒ If yes, please provide details and a written explanation.

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒ If yes, please provide details and a written explanation

If yes to the above, state where, when and for what reason:

14. 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 ☒ If yes, please provide details and a written explanation

15. 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 ☒ If yes, please provide details and a written explanation

16. 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 ☒ If yes, please provide details and a written explanation.

17. 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 closure)? Yes ☐ No ☒ If yes, please provide details and written explanation

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒ If yes, please provide details and written explanation



Date of photograph 12/27/2010

Applicant's initial ER

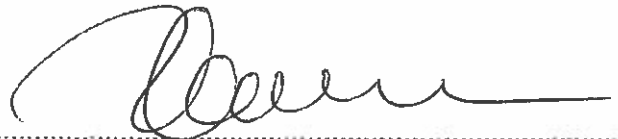
STATE OF Nevada

SS.

COUNTY OF Clark

I, EUGENE ROSENMAN, 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 cause for denial or revocation of 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 current Nevada Revised Statutes and Nevada Administrative Code 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 license in the State of Nevada.



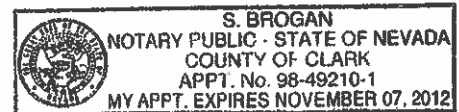
Signature of Applicant

Subscribed and Sworn to before me this 28th day of

December 2010



Notary Public



(seal)

Applicant's initial ER

PERSONAL HISTORY RECORD

Date 12/27/2010

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, attach 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 Pharmacy
Nature of License
Precision Specialty Pharmacy, 2775 S. Jones, Ste. 100A, Las Vegas, NV 89146
Name and Address of Establishment for Which License Is Requested
NIA
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name ROSENMAN First Name MICHAEL Middle Name
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
Present Residence Address-Street or RFD 2857 S. Paradise #2702 LAS VEGAS NV 89109
City State/Zip
Present Business Address 3201 S. MARYLAND #608 LAS VEGAS NV 89109
City State/Zip
Occupation Physician, pediatric Dates 01/01/2010 to Now Phone:
Residence Business Fax
MINSK, BELARUS
Place of Birth (City, County, State)
Date of Birth 49 years old Age
Sex male
Color of Eyes blue Color of Hair brown Complexion fair Weight 180 Build medium Height 5'-10"

Scars, tattoos or distinguishing marks and/or characteristics NO

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No.

If naturalized, certificate No. See attached Date 1995

Place Houston, Texas (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☒ Widowed ☐ Engaged ☐
Applicant's initial MR

MARITAL INFORMATION-Continued

A. **Current Marriage** n/a Date _____ City, County and State _____
 Spouse's full name (Maiden) _____ S.S. No. _____
 Date of Birth _____ Place of Birth _____
 Resident address _____
 Street _____ City _____ State _____ Zip _____
 Telephone: Residence (_____) _____ Business (_____) _____
 Spouse's employer _____ Occupation _____
 Address of employer _____
 Street _____ City _____ State _____ Zip _____

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Miroslava Mogler	1/30/2004	Minsk Belarus 9/11/1980	divorced	Las Vegas, Nevada Clark

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
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

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 MR

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name _____

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
Father Boris Rosenman		27 Lake Road Irvine, CA 92604	Retired deceased
Mother Ekaterina Chuvykin		27 Lake Road Irvine, CA 92604	Retired
Father-in-Law n/a			
Mother-in-Law n/a			

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
Eugene Rosenman		101 South Ring Dove Dr. LR NV 89144	MD
Spouse Alexandra Grigoriera		F 101 South Ring Dove Dr. LR NV 89144	house-wife, CPA
Spouse			
Spouse			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	MINSK School #79	MINSK Belarus	1968-1978	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	MINS School #79	MINSK Belarus		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	MINSK State MEDICAL Institute		1978-1984	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any M.D.

College or university where obtained MINSK State MEDICAL Institute

Applicant's initial m

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch.....Date of entry-active service.....

Date of separation.....Type of discharge.....

Rating at separation.....Serial number.....

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 separate sheet. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☐ No ☒

County.....State.....Date registered.....

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 and provide a written explanation. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
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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 ☒

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, please provide a written explanation.

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

Several medical malpractice proceedings				

Applicant's initial

WR

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 and provide a written explanation. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
medical malpractice proceeding			Las Vegas, NV	nothing outstanding one pending

- 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 and provide a written explanation.

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
Foothills Pediatrics	Partnership	pending I am a plaintiff

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
5/2004 - Current	2857 S Papadise #2702 LV, r	Las Vegas, NV	89109
2/1997 - 5/2004	7440 Eldora St	LV	NV 89117
10/1996 - 2/1997	apartment	NV LV	NV 89128
4/1995 - 10/1996		San Antonio, TX	
6/1992 - 4/1995		Irvine, CA	
11/1989 - 6/1992		Los Angeles, CA	
5/24/1961 - 9/1989		Minsk, Belarus	
Doesn't know apt street addresses			

Applicant's initial nr

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.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
01/2010 - now	Nevada Pediatric Specialists 3201 S. MARKLAND #608 LV NV 89109	u/c
MD	Pediatric Services	
06/2006 - 12/2009	Toothills Pediatric	partnership dispute
MD, Partner	Pediatric Services	u/c
11/1996 - 06/2006	MICHAEL ROSSMAN, MD LTD	merging of company
MD, President	Pediatric Services	u/c
04/1995 - 01/1996	University of Texas, San Antonio TX	finished reside
MD, resident	pediatric Services	Robert Novan MD
07/1992 - 12/1993	Children's Hospital of Orange County	finished inter
MD Resident	Pediatric Services	Robert Long, MD
12/1990 - 06/1992	UCLA, Dept of Medicine	start internship
Staff, research associate, MD, Research		Bob Lehrer, MD
7/1984 - 8/1989	MINNA Pediatric Hospital #1	leaving the County
MD, intern, resident, staff physician		
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, please provide an attachment.

Applicant's initial

MR

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 Laurie Larsen	Home 3857 S. Paradise	Las Vegas	NV	89109		2 years
Employer Self						
Name Slavis, Scott MD	Home Lr NV					7 years
Employer Self						
Name Sheldon Freedman	Home MD					
Employer Self						
Name Bob Dickerson	Home					
Employer Self						
Name Trevor Hall	Home					
Employer Self						

10. 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

MD, California not active anymore
Nevada 7991 currently active

11. 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.

Applicant's initial

ML

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada, for any reason whatsoever? Yes ☒ No ☐ If yes, please provide details and a written explanation.
13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒ If yes, please provide details and a written explanation

If yes to the above, state where, when and for what reason:

14. 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 ☒ If yes, please provide details and a written explanation
15. 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 ☒ If yes, please provide details and a written explanation
16. 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 ☒ If yes, please provide details and a written explanation.
17. 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 closure)? Yes ☐ No ☒ If yes, please provide details and written explanation
18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒ If yes, please provide details and written explanation



Date of photograph 12/27/2010

Applicant's initial

WR

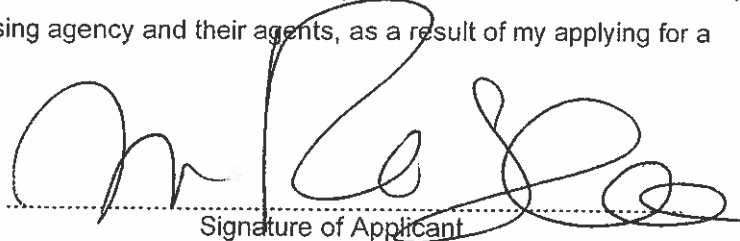
STATE OF Nevada

SS.


COUNTY OF Clark

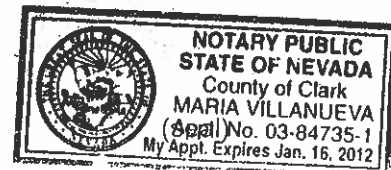
I, Michael Rosenman, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a 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 current Nevada Revised Statutes and Nevada Administrative Code 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 license in the State of Nevada.


Signature of Applicant

Subscribed and Sworn to before me this 28th day of
December 2010


Notary Public



Applicant's initial MR

APPLICATION TO BE THE DESIGNATED REPRESENTATIVE

Date 12/27/2010

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, attach 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 Retail Pharmacy
Nature of License
Precision Specialty Pharmacy, 2775 S Jones, Ste 100A Las Vegas, NV 89141
Name and Address of Establishment for Which License is Requested
N/A
If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

Greer Mary Roberta
Last Name First Name Middle Name
Rickelman (maiden name)
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

1644 Shootout Place Henderson NV 89002
Present Residence Address-Street or RFD City State/Zip

1644 Shootout Place Henderson, NV 89002
Present Business Address Dates December 29, 2009 - present

702-435-2177
Fax
Date of Birth _____ Place of Birth (City, County, State)

Charleston, Coles, Illinois
Age _____ Social Security Number _____ Sex Female

1: 61 Blue Brown Fair 250 Heavy 5'9"
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics knee replacement scars

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 AB

MARITAL INFORMATION-Continued

A. Current Marriage

N/A

Date _____ City, County and State _____
 Spouse's full name (Maiden) _____ S.S. No. _____
 Date of Birth _____ Place of Birth _____
 Resident address _____
 Street _____ City _____ State _____ Zip _____
 Telephone: Residence (_____) _____ Business (_____) _____
 Spouse's employer _____ Occupation _____
 Address of employer _____
 Street _____ City _____ State _____ Zip _____

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Samuel Grear	June, 2000	St Louis, MO	Divorce	Las Vegas, Clark Nevada

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Samuel Grear	390 W. Cedar Hills Dr	Millersville	MD	21766	573-243-1957

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

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 MG

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
Father Alvin Rickelman	Sept 20, 1909 Deceased 1979		Plumber
Mother Ruth Shellabarger	May 24, 1914 Deceased 1995		Housewife
Father-in-Law Samuel Grear	unknown Deceased 1998		Carpenter
Mother-in-Law Connie Grabow	unknown Deceased 2001		Housewife

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
Anthony Ray Rickelman Spouse None		312 N. Twelfth St, Charleston, IL 61920	Retired Truck Driver
Joseph Robert Rickelman Spouse Marcia Rickelman		8 Vermont Circle Bolingbrook, IL 60440	Retired Psychologist
Sammy Ruth Rickelman Spouse None		8 Vermont Circle Bolingbrook, IL 60440	Retired Grocery Manager
		1723 Nixon Nampa, ID 83686	TV Traffic Coordinator

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Jefferson Grade School	Charleston, IL	1955 - 1963	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Charleston High School	Charleston, IL	1963 - 1967	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College St Louis College of Pharmacy	St Louis, MO	1967 - 1972	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any B.S. Pharmacy

College or university where obtained St. Louis College of Pharmacy

Applicant's initial AR

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch N/A Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

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 separate sheet. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☐ No ☒

County _____ State _____ Date registered _____

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 and provide a written explanation. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
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--	--	--	--	--	--

--	--	--	--	--	--

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 ☒

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☒ No ☐ Metro Police in Endoscopy Center Hepatitis C Cases

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 ☐ Subpoenaed in Endoscopy Center Hepatitis C cases

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, please provide a written explanation.

Questioned by Metro Police in investigation of Endoscopy Center Hepatitis C case

Name	Relationship	Charge	Location	Date
------	--------------	--------	----------	------

N/A				
-----	--	--	--	--

Applicant's initial MD

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 and provide a written explanation. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
Defendant	2009	43 cases in Endoscopy Center	Las Vegas, Clark, NV	No admission of Gu
Bankruptcy	April 2002	Hepatitis C Cases	Las Vegas, Clark, NV	Settled by Insurance Corp Discharged Bankruptcy 7/1

- 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 and provide a written explanation.

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
GA Medical Personnel, Inc	Pharmacy + Medical Personnel Businesses	Sept. 2001

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
Dec 29, 2009 - Present	1644 Shootout Place	Henderson, NV	89002 Clark
August, 2004 - Dec, 2009	3462 Shamrock Ave,	Las Vegas, NV	89120 Clark
June, 1988 - August, 2004	329 Fuente Drive,	Henderson, NV	89014 Clark
Sept 1983 - June, 1988	1209 N. Miller Drive,	Charmore, OK	74017 Rogers

Applicant's initial

RC

8. EMPLOYMENT:

A designated representative must document that he or she has been employed for at least 6,000 hours in pharmacies or wholesalers in a capacity related to the dispensing and distribution of and record keeping related to prescription drugs. Please provide the following information to document your hours of employment.

See attached

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
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Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
Title	Description of Duties	Name of Supervisor

If additional space is needed, please provide an attachment.

Applicant's initial *AV* Page 6

Mary Gear, RPh, Pharmacist Employment History- More than 6,000 hours of pharmacy services to clients (since 2001)

Owner/Managing Pharmacist/Consultant Pharmacist for Pharmacy Consulting Services Group, 1644 Shootout Place, Henderson, NV 89002, responsible for drug use in the surgery centers including formulary management, implementation of medication management plan, nurse education, quality assurance and infection control for the following Class B Pharmacy clients:

5/04 AltaRose Surgery Center 501 S Rose St, Las Vegas, NV 89106,
Stephanie Broecker, RN, Admin

3/06 Ambulatory Surgical Ctr SO NV, 3820 S Hualapai Way, Ste 200 LV, NV 89147,
Joyce Perich, RN, Admin

10/08 Box Canyon Surgery Center, 2555 Box Canyon Drive, LV, NV 89128,
Cheryl Kittelson, RN, Admin

12/05 Centennial Surgery Center, 4454 N Decatur Blvd, LV, NV 89130
Debbie Ebert, RN, Admin

12/05 Digestive Disease-Desert Inn, 2136 E Desert Inn Rd, Ste B, LV, NV 89109
6/06 Digestive Disease-Tenaya, 2700 Crimson Canyon, Ste 120, LV, NV 89128
9/09 Digestive Disease-Windmill, 1647 E Windmill Ln, Ste B, Henderson 89123
Suzette Clark, RN Admin

10/08 Durango Outpatient Surgery Center, 8530 Sunset Rd, Ste 100, LV NV 89113
Tom Meagher, RN Admin

11/06 Elite Endoscopy- 7150 Smoke Ranch Rd, Ste 110, LV, NV 89128
Dr. Pasha, MD, Admin

1/05 Flamingo Surgery Center, 2565 E Flamingo, LV, NV 89121
Darla Macaluso, RN, Director of Nursing

7/07 Henderson Surgery Center, 1110 Wigwam Parkway, Henderson, NV 89074
Nancy Nowak, RN, Admin

11/09 Horizon Surgical Center, 10561 Jeffries St, Henderson, NV 89052
Susan Marzec, RN, Director of Nursing

1/05 Institute of Orthopaedic Surgery, 2800 E Desert Inn Rd, Ste 150, LV NV 89121
Robert Haze, Administrator

7/07 Las Vegas Regional Surgery Center, 3560 E Flamingo, LV, NV 89121
Glenda Lasta, RN, Director of Nursing

3/05 Medical District Surgery Center, 2020 Goldring, Ste 300, LV, NV 89106
Fay DelaCruz, RN, Chief Nursing Officer

12/08 Outpatient Surgical Center of Flamingo, 1569 E Flamingo Rd, LV, NV 89119
Cathy Braman, RN, Director of Nursing

6/07 Parkway Surgery Ctr, 100 N Green Valley Pkwy, #125, Henderson NV 89074
Pam Finley, RN, Administrator

1/05 Red Rock Surgery Center, 7135 W Sahara, LV, NV 89117
Janell Khamvongsa, RN, Director of Nursing

1/05 Seven Hills Surgery Center, 876 Seven Hills Dr, Suite 203, Henderson, NV 89052
Chris Crippen, RN, Administrator

2/08 Stonecreek Surgery Center, 5915 S Rainbow, Ste #108, LV, NV 89118
Jeanine Drury, RN, Director of Nursing

3/09 Summit Surgery Center, 18653 Wedge Parkway, Reno, NV 89511
Lori Martin, Administrator

2/06 Surgery Center of Reno, 343 Elm St, Ste 100, Reno, NV 89503
Anne Roberts, RN, Administrator

1/05-10/10 Surgery Center of SO NV, 2110 E Flamingo Rd, Ste 109, LV, NV 89119
Robert Barnes, Administrator

1/10 Surgery Center of Southern Nevada II, 4275 S. Burnham, Ste 101, LV, NV 89121
Kelly Marcum, RN, Director of Nursing

1/05 Tenaya Surgical Center, 2800 N Tenaya Way, Ste 101, LV, NV 89128
Mary Curtin, RN, Director of Nursing

5/09 The Center for Surgical Intervention, 5950 S Durango, LV, NV 89113
Alice Kelly, RN, Director of Nursing

8/06 The Weiland Group, 3860 S Hualapai, Way, Las Vegas, NV 89147
Stephen Weiland, MD (Physician Office based center)

Additional Contracts:

Provide Clinical Consultation and interface with Nevada clients

5/05 Clinical Consultant, JCB Laboratories, 3510 N Ridge Road, Ste 910, Wichita, KS
67205 (NV licensed out of state pharmacy)

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>Rachelle Spiro</u>	Home <u>3208 Harbor Vista</u>	<u>Las Vegas, NV</u>	<u>89117</u>			<u>22 yrs</u>
Employer <u>Spiro Consulting</u>	Business <u>3208 Harbor Vista, LV NV 89117</u>					<u>19 yrs</u>
Name <u>Gazala Khan</u>	Home <u>2747 Paradise Rd #2106, LV, NV 89109</u>					<u>16 yrs</u>
Employer <u>Sunrise Hosp. Pharmacy</u>	Business <u>3186 Maryland Pkwy LV</u>					
Name <u>Wendy Kazel</u>	Home <u>6039 Dawn View Lane</u>	<u>N. Las Vegas, NV</u>	<u>89031</u>	<u>LV NV 89106</u>		<u>5 yrs</u>
Employer <u>Kazel Law</u>	Business <u>501 S. Rancho Dr #162</u>					
Name <u>Cheryl Whitings</u>	Home <u>9985 N 81st Dr</u>	<u>Arvada CO</u>	<u>80005</u>	<u>(303)</u>		<u>43 yrs</u>
Employer <u>VA Medical Center</u>	Business <u>1055 Clermont, Denver CO</u>					<u>24/24</u>
Name <u>Elizabeth Ackerman</u>	Home <u>2877 Paradise Rd Penthouse 2703</u>	<u>LV, NV</u>	<u>89109</u>	<u>80220</u>		<u>5 yrs</u>
Employer <u>Retired Investor</u>	Business					

10. 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

Illinois Pharmacist License - 1972 to about 1988

Missouri Pharmacist License - 1972 to current

Oklahoma Pharmacist License - 1983 - 1988

Nevada Pharmacist License - 1991 - current

11. 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.

Applicant's initial

(M)

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada, for any reason whatsoever? Yes ☒ No ☐ If yes, please provide details and a written explanation.

Testimony before Board of Pharmacy on numerous occasions and disciplinary action 2002.

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒ If yes, please provide details and a written explanation

If yes to the above, state where, when and for what reason:

14. 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 ☒ If yes, please provide details and a written explanation

15. 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 ☐ If yes, please provide details and a written explanation

2002 - Failed to provide timely information to board of pharmacy. Notice sent to wrong address and missed board appearance.

16. 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 ☒ If yes, please provide details and a written explanation.

17. 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 closure)? Yes ☒ No ☐ If yes, please provide details and written explanation

Illinois license and Oklahoma license surrendered due to move Nevada - Surrendered pharmacy licenses due to store closures in bank

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☒ No ☐ If yes, please provide details and written explanation

Nephew, Jesse Rickelman, is a pharmacist licensed in and employed in Indiana



Date of photograph *12/20/2010*

Applicant's initial *AW*

STATE OF Nevada SS.

COUNTY OF Clark

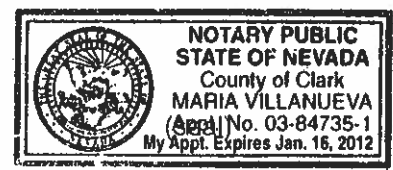
I, Mary Grear, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a 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 current Nevada Revised Statutes and Nevada Administrative Code 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 license in the State of Nevada.

Mary Grear
Signature of Applicant

Subscribed and Sworn to before me this 28th day of December 2010

[Signature]
Notary Public



Applicant's initial MD

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Mary Grear

License #: 10687

Pharmacy Name: Precision Specialty Pharmacy

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

	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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: NV Date: 8/27/2002 Case #: 02-036-RP1-
And/or Criminal Action: State: _____ Date: _____ Case #: _____
County: _____ Court: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA MDEG PROVIDER

NON PUBLICLY TRADED CORPORATION

FEE: **\$500.00** (non-refundable and not transferable) - Application must be printed legibly

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: _____

FACILITY INFORMATION

Facility Name: Access Orthopedic, LLC

Physical Address: 8905 W. Post Rd. Suite 110 Las Vegas, NV 89148
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 8905 W. Post Rd. Suite 110 Las Vegas NV 89148

City: Las Vegas State: Nevada Zip Code: 89148

Telephone Number: 702.202.4482 Fax Number: 702.818.5644

E-mail: _____ Website: _____

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: ✓ to ✓ Sun: ✓ to ✓ Holidays: ✓ to ✓

MDEG ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)

Name: Amanda Fain

**Please complete the attached form. Must be included with the application.

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 Prosthetics |
| <input type="checkbox"/> Diabetic Supplies | <input checked="" type="checkbox"/> Other: <u>Medical implants</u> |

Board Use Only

Received

NOV 15 2010

Check Number

1035

Amount

500 -

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any: N/A

Corporation Name: Access Orthopedic, LLC

Mailing Address: 8905 W. Post Rd Suite 110

City, State and Zip: Las Vegas Nevada 89148

Telephone Number: 702.202.4482

Fax Number: 702.818.5644

License Contact Person: Amanda Fain

Professional Compliance Contact Person: Amanda Fain

NAME AND TITLE OF EACH OFFICER AND DIRECTOR (Use separate sheet if necessary)

Officer or director name

Officer or director title

Alan John Goodin

Owner / operator

Amanda Fain

Administrative Assistance

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

a) Alan J. Goodin 4346 Jerdon Ct. Las Vegas, NV
Name Address

b) N/A
Name Address

c) N/A
Name Address

d) N/A
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form.

- 2) Provide the number of shares issued by the corporation. 100
- 3) What was the price paid per share? \$1
- 4) What date did the corporation actually receive the cash assets? 5/93
- 5) Provide a copy of the corporations stock register evidencing the above information.

If the non publicly traded corporation is a subsidiary, list name and state of incorporation of the parent corporation, and include a list of its officers.

N/A

List all Medicare and Medicaid provider numbers registered to the business or its owner:

N/A we bill directly to the hospitals

- 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 ☒ If yes, list the persons, their address and their business names

a) _____
Name Address

Business

b) _____
Name Address

Business

c) _____
Name Address

Business

d) _____
Name Address

Business

- 2) Are you or have you in the last 10 years been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☒ No ☐ If yes, list the persons, their address and their business names.

a) Orthopedic Motion, Inc 2800 E. Desert Inn Ste. 250
Name Address

Orthopedic Motion, Inc Las Vegas, NV 89121
Business

b) _____
Name Address

Business

c) _____
Name Address

Business

3) Are any of the owners health professionals? If yes, please list name.

___ Practitioner	Name: <u>N/A</u>
___ Advanced Practitioner of Nursing	Name: <u>N/A</u>
___ Physician's Assistant	Name: <u>N/A</u>
___ Physical Therapist	Name: <u>N/A</u>
___ Occupational Therapist	Name: <u>N/A</u>
___ Registered Nurse	Name: <u>N/A</u>
___ Respiratory Therapist	Name: <u>N/A</u>

Within the last five (5) years:

- 4) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 5) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 6) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 7) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 ☒
- 8) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 any question 4 through 8 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 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.

Alan J. Goodin
Signature of corporation officer

11/10/2010
Date

Alan John Goodin Owner/Operator
Type name and title

APPLICATION TO BE THE MDEG ADMINISTRATOR
Person who runs the facility on a daily basis

Date 11/10/2010

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 medical implants

Nature of MDEG

Access Orthopedic, LLC 8905 W. Post Rd. Suite 110 Las Vegas, NV 89148

Name and Address of Business for Which MDEG Administrator Is Requested

Access Orthopedic, LLC

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Fain
Last Name

Amanda
First Name

K
Middle Name

N/A
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

7640 Cowboy trail las Vegas nevada 89131
Present Residence Address-Street or RFD City State/Zip

3905 W. Post Rd Suite 110 4/10 - current las Vegas NV 89148
Present Business Address City State/Zip

in the process of
obtaining certification Dates new MDEG 10/28/2010
Present Position with the MDEG

Phone: _____ Fax: _____

Email address: afaincell@yahoo.com

Jt. Walten Beach, Florida
Date of Birth Place of Birth (City, County, State)

23 Female
Age Sex

Blue Blonde 120 5'5
Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics two tattoos, one
on each hip: left iron cross - right is an 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.

February 2011	Access Orthopedic, LLC	1511
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
	8905 W. Post Rd Ste. 110, Las Vegas, NV 89148	
Administrative Assistant	order & distribute medical implants to Reps for the Hospitals	Alan Goodin
Title	Description of Duties	Name of Supervisor

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

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
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
-------	-----------------------	--------------------

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:
b)

State: _____

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

.....

.....

.....

.....


.....



Date of photograph 11/19/2010

I, Amanda Fain, 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 cause 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.


.....
Signature of Applicant

PERSONAL HISTORY RECORD

Date 11/10/2010

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, attach 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 - Medical implant wholesale
Access Orthopedic, LLC 8905 W. Post Rd. Ste. 110 LV, NV 891
N/A
Name and Address of Establishment for Which License Is Requested
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Fain Amanda K
Last Name First Name Middle Name

Alias(es), Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

7640 Cowboy trail Las Vegas Nevada 89131
Present Residence Address-Street or RFD City State/Zip

8905 W. Post Rd Ste 4/10 to current Las Vegas, NV 89148
Present Business Address Dates City State/Zip

Administrative Assistant 2/10 - current
Occupation Dates Phone:
Medical implant wholesale

Ft. Walton Beach, Florida
Place of Birth (City, County, State)

23 Female
Age Social Security Number Sex

Blue Blonde Caucasian 120 Petite 5'5"
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics left hip: iron cross
right hip: 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.)

2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☒
Applicant's initial AF

MARITAL INFORMATION-Continued

A. Current Marriage

Spouse's full name (Maiden) _____ Date _____ City, County and State _____
 S.S. No. _____
 Date of Birth _____ Place of Birth _____
 Resident address _____
 Street _____ City _____ State _____ Zip _____
 Telephone: Residence (_____) _____ Business (_____) _____
 Spouse's employer _____ Occupation _____
 Address of employer _____
 Street _____ City _____ State _____ Zip _____

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
Josh Himmelrick	Jan 4-2010	Sept 29, 2008 Genoa, NV	Divorced	Clark County,

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
Joshua Himmelrick	1093 Turtlewood Pl	Henderson	NV		702.4109.622

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
------	------------	-------------	-------------------

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 AF

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name _____

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
Father <u>Michael Fain</u>	<u>5833 lazy days ct</u>	<u>IV NV 89141</u>	<u>- Civilian working w/</u>
Mother <u>Karla Bostis</u>	<u>5833 lazy days ct</u>	<u>At home</u>	<u>Bids military</u>
Father-in-Law	<u>I.V., NV 89141</u>	<u>wife</u>	<u>(Homemaker)</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
Spouse <u>Nicole Baykin</u>		<u>947 W. Cimmaron St,</u>	<u>Post Falls ID 83854</u>
<u>Joshua Baykin</u>		<u>Same address</u>	<u>Homemaker</u>
<u>Ryan Fain</u>		<u>Well Brentwood Dr</u>	<u>Mil-tech</u>
Spouse		<u>Irving, TX</u>	<u>Auto Mechanic</u>

Spouse _____

Spouse _____

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>Rosemary Middle</u>	<u>Pahrump, NV</u>	<u>1999-2001</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School <u>Pahrump Valley High</u>	<u>Pahrump, NV</u>	<u>2001-2005</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College <u>DeVry University</u>	<u>Henderson, NV</u>	<u>2005-2009</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other <u>Alphatec Product training</u>		<u>2010</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any Bachelors of Science in Business AdministrationCollege or university where obtained DeVry University, Henderson NVApplicant's initial AF

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

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 separate sheet. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?

Yes ☐ No ☒

County _____ State _____ Date registered _____

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 and provide a written explanation. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency

- 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 ☒
- 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, please provide a written explanation.**

Name	Relationship	Charge	Location	Date

Applicant's initial AF

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 and provide a written explanation. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
---	------------	--------------------------	------------------------	------------------

N/A

- 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 and provide a written explanation.

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
----------------	----------------	--

N/A

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
-----------------------------	-------------------	------	-----------------

3/2010	7640 Cowboy trail	Las Vegas	NV
2/2007-2010	5833 lazy days ct	Las Vegas	NV
1/1999-2007	3600 Vineyard Dr. W	Pahrump	NV
4/1993-1999		Tucson	AZ
2/1991-1993		Bitburg,	Germany
5/1989-1991		Las Vegas,	NV
1/1987-1989		Ft. Walton Beach,	FL

- My Father was active duty Air Force until 1999. Every few years we had to move.

Applicant's initial AC

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.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
2/10 - current	Access orthopedic, LLC 8905 W. Post Rd Ste. 110 IV. NV 89148	N/A
Title	Description of Duties	Name of Supervisor
Admin Assistant	Order - distribute medical implants to reps for hospitals	Alan Goodin
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9/09 - 2/10	Nevada State Corporate Network 777 N. Rainbow Blvd, I.V. N.V. 89147	Moved to Access
Title	Description of Duties	Name of Supervisor
Receptionist/Bookkeeper	- answered phones - moved to check banking fax prep	Jennifer N.
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/2005 - 2/2008	AT&T - retail (cellular world) pahrump, NV	Had a child / finished
Title	Description of Duties	Name of Supervisor
Manager/Sales Rep	Managed employees & sold cell phones	Summer N.
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, please provide an attachment.

Applicant's initial AC

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	Tele	Known
Name <u>Kadee Wilkerson</u>	Home <u>693 Blodhorn</u>	<u>LV.</u>	<u>NV</u>	<u>89108</u>		<u>11 yrs.</u>
Employer <u>Fox 5</u>	Business <u>Fox 5</u>					
Name <u>Jordan Yost</u>	Home <u>LV.</u>	<u>NV</u>	<u>89141</u>			<u>5 yrs.</u>
Employer <u>Self Employed</u>	Business <u>AVIS car rental</u>					
Name <u>Samantha Rodriguez</u>	Home <u>San Diego</u>	<u>CA</u>				
Employer <u>Darrel Rodriguez</u>	Business <u>Outback Steakhouse</u>					
Name <u>Julie Perry</u>	Home <u>Pahrump</u>	<u>NV</u>				
Employer <u>New South Fed</u>	Business <u>New South Fed</u>					<u>905</u>
Name <u>Tony Antonio</u>	Home <u>Las Vegas</u>	<u>NV</u>				
Employer <u>Candlewood Suites</u>	Business <u>Supervisor</u>					

10. 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

11. Have you ever applied for a city, county of 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.

Applicant's initial AF

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada, for any reason whatsoever? Yes ☐ No ☒ If yes, please provide details and a written explanation.

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒ If yes, please provide details and a written explanation

If yes to the above, state where, when and for what reason:

14. 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 ☒ If yes, please provide details and a written explanation

15. 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 ☒ If yes, please provide details and a written explanation

16. 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 ☒ If yes, please provide details and a written explanation.

17. 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 closure)? Yes ☐ No ☒ If yes, please provide details and written explanation.....

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒ If yes, please provide details and written explanation



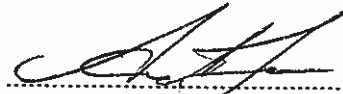
Date of photograph

Applicant's initial *AF*

COUNTY OF Clark

I, Amanda Fain, 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 cause for denial or revocation of a 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 current Nevada Revised Statutes and Nevada Administrative Code promulgated thereunder and agree, if licensed, to abide thereby,

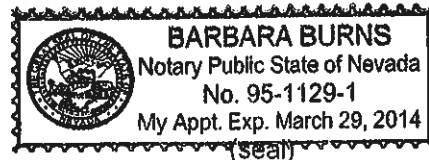
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a license in the State of Nevada.



Signature of Applicant

Subscribed and Sworn to before me this 10th day of November, 2010

Barbara Burns
Notary Public

Applicant's initial AF

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA MDEG PROVIDER NON PUBLICLY TRADED CORPORATION

FEE: **\$500.00** (non-refundable and not transferable) - Application must be printed legibly

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: _____

FACILITY INFORMATION

Facility Name: ESSENTIALS MEDICAL SUPPLY

Physical Address: 5025 S. Eastern Avenue #4 LV, NV 89119
(This must be a business address, we can not issue a license to a home address)

Mailing Address: AS ABOVE

City: Las Vegas State: NV Zip Code: 89119

Telephone Number: (702) 245-1966 Fax Number: (702) 947 2248

E-mail: essentialsmedicalsupply@yahoo.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:30am to 5:30pm Tue: 9:30am to 5:30pm Wed: 9:30am to 5:30pm Thu: 9:30am to 5:30pm

Fri: 9:30am to 5:30pm Sat: 10:00am to 4:00pm Sun: CLOSED to _____ Holidays: CLOSED to _____

MDEG ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)

Name: BOLA N. Lee

**Please complete the attached form. Must be included with the application.

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

☐ Medical Gases

☐ Respiratory Equipment

☐ Life-sustaining equipment

☒ Diabetic Supplies Stockings, lancets

☒ Assistive Equipment

☐ Parenteral and Enteral Equipment

☐ Orthotics and Prosthesis

Other: DILIES, Ostomy, prefabricated orthotic

Board Use Only

Received

JAN 08 2011

Check Number

1012

Amount

500.00

55704
1214

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada
Parent Company if any: N/A
Corporation Name: ESSENTIALS MEDICAL SUPPLY
Mailing Address: 5025 S. Eastern Avenue #4
City, State and Zip: Las Vegas, Nevada 89119
Telephone Number: (702) 245-1966 Fax Number: (702) 947 2248
License Contact Person: BOWA N. Lee
Professional Compliance Contact Person: N/A

NAME AND TITLE OF EACH OFFICER AND DIRECTOR (Use separate sheet if necessary)

<u>Officer or director name</u>	<u>Officer or director title</u>
<u>BOWA N. Lee</u>	<u>DIRECTOR</u>
<u>OLAWALE T. AROWORA</u>	<u>PRESIDENT</u>

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

a)	<u></u>	<u></u>
	Name	Address
b)	<u></u>	<u></u>
	Name	Address
c)	<u></u>	<u></u>
	Name	Address
d)	<u></u>	<u></u>
	Name	Address

N/A

NOTE: All persons who are stockholders must accurately complete a personal history record form.

- 2) Provide the number of shares issued by the corporation.
- 3) What was the price paid per share?
- 4) What date did the corporation actually receive the cash assets?
- 5) Provide a copy of the corporations stock register evidencing the above information.

If the non publicly traded corporation is a subsidiary, list name and state of incorporation of the parent corporation, and include a list of its officers.

N/A

List all Medicare and Medicaid provider numbers registered to the business or its owner:

N/A

- 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 ☒ If yes, list the persons, their address and their business names.

a)	_____	_____
	Name	Address
	_____	_____
	Business	
b)	_____	_____
	Name	Address
	_____	_____
	Business	
c)	_____	_____
	Name	Address
	_____	_____
	Business	
d)	_____	_____
	Name	Address
	_____	_____
	Business	

N/A

- 2) Are you or have you in the last 10 years been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒ If yes, list the persons, their address and their business names.

a)	_____	_____
	Name	Address
	_____	_____
	Business	
b)	_____	_____
	Name	Address
	_____	_____
	Business	
c)	_____	_____
	Name	Address
	_____	_____
	Business	

N/A

3) Are any of the owners health professionals? If yes, please list name.

___ Practitioner
___ Advanced Practitioner of Nursing
___ Physician's Assistant
___ Physical Therapist
___ Occupational Therapist
___ Registered Nurse
___ Respiratory Therapist

Name: _____
Name: _____
Name: _____
Name: _____
Name: _____
Name: _____
N/A

Within the last five (5) years:

- 4) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 5) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 6) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 7) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 ☒
- 8) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 any question 4 through 8 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 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.

Bahar
Signature of corporation officer

12/20/2010
Date

BORA N. Lee
Type name and title

DIRECTOR

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 12/20/10

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 DMES LICENSE

Nature of MDEG

ESSENTIALS MEDICAL SUPPLY, 5025 S. Eastern Ave #4 LV W

Name and Address of Business for Which MDEG Administrator Is Requested

N/A

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

LEE BOLA N
Last Name First Name Middle Name

OSHIPITAN
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

2903 SARINA AVENUE HENDERSON NV 89074
Present Residence Address-Street or RFD City State/Zip

5025 S. EASTERN AVENUE #4 12/01/2010 LV NV 89119
Present Business Address Dates City State/Zip

DIRECTOR 08/2010
Present Position with the MDEG Dates

Phone: (702) 245-1966 Fax: (702) 947 2248

Email address: essentialsmedicalsupply@yahoo.com

LAGOS - NIGERIA
Place of Birth (City, County, State)

50 Female
Age Sex

BROWN BLK 175# 5'4
Color of Eyes Color of Hair Weight Height

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 N/A 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.

05/2006 - 08/2010	SRING MOUNTAIN Treatment Ctr 7000 West Spring Mountain Rd LV, NV 89117	8800+
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
LPN	• Skilled Nursing Care for pts with behavioral/mental disabilities • Passing out medications/Assist c ADLs	Chris Monter (702) 873 2400 (ex)
Title	Description of Duties	Name of Supervisor
08/2006 - 10/2007	Colonial Home Health Agency 3530 E. Flamingo Rd. LV, NV 89121	Dexter Cornelius (702) 205 7105
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
LPN	Home health visits to pts c Neurological deficits Assist c Walking, ADLs, Dr's Appointment	2000+
Title	Description of Duties	Name of Supervisor
10/2005 - 03/2006	JASON A. Nault (Private Duty) 8720 Schuster Avenue Las Vegas, NV	800
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
LPN	Complete Total Care c Pt Brown Damage c Neurological deficits	Wendy Nau (702) 523 03
Title	Description of Duties	Name of Supervisor
01/2005 - 06/2005	AC Home Health Agency 5140 Crenshaw Blvd #207 Los Angeles, CA	900+
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
LPN	Home Health Nurse to pts with Mental Disabilities & Cerebral Palsy	Jessie (323) 294
Title	Description of Duties	Name of Supervisor
06/2003 - 12/2004	Maxim HealthCare Agency 1455 Wilshire Blvd Los Angeles CA	3000+
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
CNA	Home health visits to people with Medical needs Assist c ADLs, Dr visits	Lelania (21) 280
Title	Description of Duties	Name of Supervisor
10/1999 - Jan 2003	John Moran (Deceased) 2781 Burness Ct Henderson NV 89014	6200+
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Caregiver/ Live-in CNA	Total pt. care for a client c Neurological deficit	John Moran (Son) (702) 722-791
Title	Description of Duties	Name of Supervisor

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:
b)

State: _____

Date: _____

Case Number: _____

c) Criminal Action:

State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

N/A

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 write

.....
.....
.....
.....
.....



Date of photograph 12/26/2010

I, BOLA N. Lee, 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 cause 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.

B. Lee

Signature of Applicant

PERSONAL HISTORY RECORD

Date 12/20/2010

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, attach a separate sheet and precede each answer with the appropriate title. Do not misstate or omit a material fact(s) as each statement made herein 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 DMEs LICENSE
Nature of License
ESSENTIALS MEDICAL SUPPLY 5025 S. Eastern Ave #44
Name and Address of Establishment for Which License is Requested
N/A
If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

Lee BOLA N
Last Name First Name Middle Name
OSHIPITAN
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
2903 Savina Avenue HD NV 89074
Present Residence Address-Street or RFD City State/Zip
5025 S. Eastern Ave #4 12/01/2010 LV W 89119
Present Business Address Dates City State/Zip
LPN 01/2005
Occupation Dates
Phone: Residence Business Fax
Lagos-Nigeria
Date of Birth Place of Birth (City, Country, State)
50
Age Sex
BRW BLK BLK 175# AV 5'4
Color of Eyes Color of Hair Complexion Weight Build Height

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 N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐
Applicant's initial BMM
Page

MARITAL INFORMATION-Continued

A. **Current Marriage** 03/24/2006 LV, CLARK NV
Date City, County and S.S. No.
 Spouse's full name (Maiden) OLAWALE T. ARONWURA
 Date of Birth _____ Place of Birth LAGOS- NIGERIA
 Resident address 2903 Savina Avenue HD, NV 89074
Street City State Zip
 Telephone: Residence (_____) _____
 Spouse's employer DDS (ON DEMAND SECURITY) Occupation CHAUFFER
 Address of employer 4675 Wynn Road LV NV 89103
Street City State Zip

B. **Previous Marriages:** If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>Ernest M. Lee</u>	<u>12/2005</u>	<u>02/26/2000</u>	<u>DIVORCE</u>	<u>LV, CLARK NV</u>

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
<u>DON'T KNOW HIS WHEREABOUT</u>					<u>N/A</u>

3. FAMILY INFORMATION:

A. Children and Dependents:

List all children, including step-children and adopted children and give the following information:

Residence Address

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 Buh

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name _____

Address _____

Contact person _____

N/A

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
Father MUSA OSHIPITAN (Deceased)		Jakande Estate Isolo Lagos Nigeria Plot 307 # 3	Building Contractor
Mother OYINDAMOLA OSHIPITAN		Jakande Estate Isolo Lagos Nigeria Plot 307 # 3	Business Woman (Retired)
Father-in-Law Ahmed Toriola Arowra Deceased		4, Adewusi Street Fadaya - Lagos, Nigeria	Investor
Mother-in-Law Adebisi Toriola Arowra (Deceased)		4, Adewusi Street Fadaya - Lagos, Nigeria	Home maker

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
TOYIN OSHIPITAN	1-1-1974	Jakande Estate Isolo - Lagos, Nigeria	Accountant
Spouse Kemi OSHIPITAN		Jakande Estate Isolo - Lagos Nigeria	Teacher
Spouse			
Spouse			
Spouse			

N/A

4. EDUCATION:

Middle

	Name of School	Location	Dates Attended	Graduate
Grammar School	St James United	Ogun state Nigeria	1967-1973	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Jibril Martins High Sch.	Lagos State Nigeria	1974-1979	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	Yaba College of Tech	Lagos	05/1984-06/1987	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
University	University of Lagos	Lagos	04/1987-09/1991	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	Marion College	Los Angeles, CA	04/2003-09/2004	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any B.A. Business Administration

College or university where obtained University of Lagos

Applicant's initial BMM

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

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 separate sheet. (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 and provide a written explanation. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
----------------	-----	--------	-------------------------	-----------------	------------------

N/A					
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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 ☒

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, please provide a written explanation.

Name	Relationship	Charge	Location	Date
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N/A				
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Applicant's initial Bm

Page 7

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 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 and provide a written explanation. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
				N/A

- 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 and provide a written explanation.

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
		N/A

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
09/2005 - date	2903 Sarina Avenue	HD (89074)	NW (Henderson) 8
04/2003 - 2005	3230 E. Flamingo Rd #245	LV	NW 89121
10/1999 - 2002	2781 Durness Ct	HD	NW 89014
04/1998 - 10/1999	1279 James Welby Ct	Colton	CA 92324
02/1990 - 04/1998	24 Ibadan Street	Ilupeju	Lagos Nigeria
4/1980 - 03/1990	Jakande Estate Plot 307 #3	Isolo	Lagos Nigeria

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.

05/2006-08/2010	SPRING MTN CTR 7000 W. Spring Mountain Rd LV, NV 89119	LAID OFF (COMPANY)
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
LPN	Skilled Nursing Care for pts with behavioral issues/mental disabilities	Chris Montero ext. (702) 873 2400 (1926)
Title	Description of Duties	Name of Supervisor
08/2006-10/2007	Colonial Home Health Agency 3530 E. Flamingo Rd LV, NV 89121	Career Advancement
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
LPN	Nursing Care in a home health settings for pts w/ Neurological deficits	Dexter Cornelius (702) 205 7105
Title	Description of Duties	Name of Supervisor
10/2005-03/2006	Jason A Nault (Private Duty) 8720 Schuster Avenue Las Vegas	Career growth
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
LPN	Complete Total Nursing Care for a pt. c a Brain Damage	Wendy Nault (702) 523-0369
Title	Description of Duties	Name of Supervisor
01/2005-06/2005	AL Home Health Agency 5140 Crenshaw Blvd # 207 Los Angeles, CA	Relocation to the State of NV
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
LPN	Complete Total Care for pts w/ cerebral Palsy/Neurological deficits	Jessie (323) 294 3149
Title	Description of Duties	Name of Supervisor
06/2003-12/2004	Maxim Healthcare Agency 1455 Wilshire Blvd Los Angeles, CA	Started LPN Programs (Full Time)
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
CNA	Home health visits to pts w/ various medical needs, Assist w/ ADLs, Dr. Visits etc	Lelania (213) 250-4004
Title	Description of Duties	Name of Supervisor
10/1999-Jan 2003	John Moran (Deceased) 2781 Dunes Ct HO, NV 89074	Pt. Passed away
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
CAREGIVER LIVEN/ CNA	Complete total care for a client w/ Neurological deficits	Contact Son John Moran (702) 722-7900
Title	Description of Duties	Name of Supervisor
04/1996-02/1998	LOIS & Peat 24 Bariga Street Shomolu Lagos-Nigeria	Migrated to U.S
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
CEO	Business Ventures BUYING/SELLING	N/A
Title	Description of Duties	Name of Supervisor
07/1988-03/1996	Rank Xerox Nigeria 4 Fatai Atere Maitori-Lagos-Nigeria	Started my own Business
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Executive Secretary	Customer/Service/Relations Business planning, Meetings, Customer	Segun Omi (011) 234 80 7575 9105
Title	Description of Duties	Name of Supervisor
	Complaints/Resolution & Training	

If additional space is needed, please provide an attachment.

Applicant's initial BUN

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 DR. TOLU AKINDE Home	6551 Amine Oakley Drive	Las Vegas	NV	89014		7 5YRS
Employer Clark County School	2832 E. Flamingo Rd	Las Vegas	NV	89121		
Name Ms. Labake Ademita Home	572 Greene Ave	Brooklyn	NY	11216		22 YRS
Employer SELF EMPLOYED	N/A					
Name MRS Funke Dairo Home	4840 Crystal-Field Stre	N. Las Vegas	NV	89031		54 YRS
Employer Fundamike Fashions	3920 W. Charleston Blvd	Las Vegas	NV	89107		
Name DR. Tunde Akinremi Home	1279 James Wehr Ct	Calton	CA	92324		11 YRS
Employer San Bernadino County	San Bernadino Sch District					
Name Musi Akindipe Home	3663 S. Valley View Blvd	Las Vegas	NV	89119		10 YRS
Employer Optimum Medical Supply	4161 S. Eastern Avenue	Las Vegas	NV	89119		

10. 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

N/A

11. 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.

Applicant's initial

BWW

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada, for any reason whatsoever? Yes ☐ No ☒ If yes, please provide details and a written explanation.

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒ If yes, please provide details and a written explanation

If yes to the above, state where, when and for what reason:

N/A

14. 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 ☒ If yes, please provide details and a written explanation

15. 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 ☒ If yes, please provide details and a written explanation

16. 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 ☒ If yes, please provide details and a written explanation.

17. 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 closure)? Yes ☐ No ☒ If yes, please provide details and written explanation.....

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒ If yes, please provide details and written explanation

N/A



Date of photograph 12/26/2010

Applicant's initial BMU

STATE OF NEVADA

SS.

COUNTY OF CLARK

I, BOLA N. Lee, 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 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 current Nevada Revised Statutes and Nevada Administrative Code promulgated thereunder and agree, if licensed, to abide thereby,

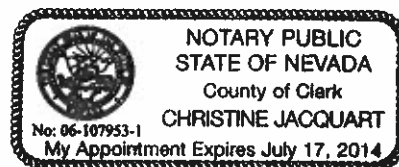
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a license in the State of Nevada.

Bola N. Lee
Signature of Applicant

Subscribed and Sworn to before me this 27 day of

December 2010

[Signature]
Notary Public



(seal)

Applicant's initial Bola

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA MDEG PROVIDER

NON PUBLICLY TRADED CORPORATION

FEE: **\$500.00** (non-refundable and not transferable) - Application must be printed legibly

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: _____

FACILITY INFORMATION

Facility Name: Key Medical

Physical Address: 5442 Longley Lane Ste. A, Reno, NV, 89511
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5442 Longley Lane Ste. A

City: Reno State: NV Zip Code: 89511

Telephone Number: (775) 750-3860 Fax Number: 775-852-1441

E-mail: shane@keydme.com Website: www.keydme.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 1 to 4 Tue: 1 to 4 Wed: 1 to 4 Thu: 1 to 4

Fri: 1 to 4 Sat: - to - Sun: - to - Holidays: - to -

MDEG ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)

Name: Robert M. Freeman

****Please complete the attached form. Must be included with the application.**

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: _____ |

Board Use Only

Received IAN 03 2011 Check Number 1200 Amount 500.00

55706
1212

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada
Parent Company if any: N/A
Corporation Name: Key Medical
Mailing Address: 5442 Longley Lane Ste. A
City, State and Zip: Reno, Nevada, 89511
Telephone Number: (775) 750-3860 Fax Number: 775-852-1441
License Contact Person: Robert Freeman
Professional Compliance Contact Person: Robert Freeman

NAME AND TITLE OF EACH OFFICER AND DIRECTOR (Use separate sheet if necessary)

<u>Officer or director name</u>	<u>Officer or director title</u>
<u>Robert M. Freeman</u>	<u>President</u>
<u>Doug Freeman</u>	<u>Treasurer</u>
<u>Shane K. Dyer</u>	<u>Secretary</u>

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?

a) <u>Robert M. Freeman</u>	<u>10563 Thistle Berry Ct, Reno, NV, 89521</u>
<u>Name</u>	<u>Address</u>
b) <u>Doug Freeman</u>	<u>9250 Hummer Drive Reno, NV, 89521</u>
<u>Name</u>	<u>Address</u>
c) <u>Shane K. Dyer</u>	<u>1001 South Meadows Pkwy, Apt 811, Reno, NV, 89521</u>
<u>Name</u>	<u>Address</u>
d) _____	_____
<u>Name</u>	<u>Address</u>

NOTE: All persons who are stockholders must accurately complete a personal history record form.

- 2) Provide the number of shares issued by the corporation. 150 Shares
- 3) What was the price paid per share? \$0.01
- 4) What date did the corporation actually receive the cash assets? 11/10/2010
- 5) Provide a copy of the corporations stock register evidencing the above information.

If the non publicly traded corporation is a subsidiary, list name and state of incorporation of the parent corporation, and include a list of its officers.

N/A

List all Medicare and Medicaid provider numbers registered to the business or its owner:

N/A

- 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 ☐ If yes, list the persons, their address and their business names.

a) Robert M. Freeman 10563 Thistle Berry Ct. Reno, NV, 89521

Name Address
Epic Sleep Specialists, LLC

Business

b) Shane Dyer 1001 South Meadows Pky Apt 811, Reno, NV, 89521

Name Address
Dyer Sierra, LLC. (A Software Company)

Business

c)

Name Address

Business

d)

Name Address

Business

- 2) Are you or have you in the last 10 years been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒ If yes, list the persons, their address and their business names.

a)

Name Address

Business

b)

Name Address

Business

c)

Name Address

Business

3) Are any of the owners health professionals? If yes, please list name.

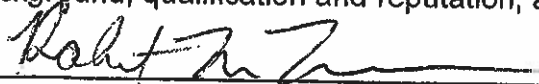
___ Practitioner	Name: _____
___ Advanced Practitioner of Nursing	Name: _____
___ Physician's Assistant	Name: _____
___ Physical Therapist	Name: _____
___ Occupational Therapist	Name: _____
___ Registered Nurse	Name: _____
___ Respiratory Therapist	Name: _____

Within the last five (5) years:

- 4) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 5) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 6) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 7) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 ☒
- 8) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, 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 any question 4 through 8 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 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.



Signature of corporation officer

12-26-10

Date

Robert M. Freeman - President

Type name and title

APPLICATION TO BE THE MDEG ADMINISTRATOR
Person who runs the facility on a daily basis

Date 11/10/2010

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 Durable Medical Equipment Company

Nature of MDEG

Key Medical - 5442 Longley Lane Reno NV Suite A

Name and Address of Business for Which MDEG Administrator Is Requested

N/A

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Freeman Robert Mathew
Last Name First Name Middle Name

Matt

Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

March 2003-

10563 Thistle Berry Ct. present Reno NV 89521
Present Residence Address-Street or RFD City State/Zip

5442 Longley Lane Ste. A 11/10/2010- Reno NV 89511
Present Business Address Dates present City State/Zip

President/Administrator 11/10/2010- Reno NV 89511
Present Position with the MDEG Dates present City State/Zip

Phone: 775-750-3860

Fax: 775-852-1441

Email address: matt@keydme.com

32 Reno, Wahoe County, Nevada
Date of Birth Place of Birth (City, County, State)

32 Male
Age Social Security Number Sex

Blue Blonde 162 5'10"
Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics Mole on left side of neck

Are you a citizen of the United States? Yes ☒ No ☐

If alien, registration No N/A

If naturalized, certificate No N/A Date N/A

Place N/A (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.

9/2002-Present	Pulmonary Medicine Associates 601 S. Arlington Reno, NV 89509	10,000 +
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Sleep Technician	Perform and score overnight sleep disorder studies	Donna Knapp
Title	Description of Duties	Name of Supervisor
2/2006-Present	Sleep Medecine Associates 2225 Green Vista Dr. Sparks NV 89431	5,000 +
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Sleep Technician	Score sleep studies	John Freeman
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Title	Description of Duties	Name of Supervisor

I, ROBERT M. FREEMAN, 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 cause 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.


.....
Signature of Applicant

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: N/A
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.

The MDEG will not be open full time
In addition there will be alot of
Time spent out of the office doing
Deliveries, Setups, and Providing
Service

ATTACH PHOTO
TAKEN WITHIN
30 DAYS HERE

Date of photograph

12-28-10



PERSONAL HISTORY RECORD

Date 11/10/2010

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, attach 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 Durable Medical Equipment Company

Nature of License

Key Medical, 5442 Longley Lane Ste. A, Reno, NV, 89511

Name and Address of Establishment for Which License is Requested

If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

Last Name	<u>Dyer</u>	First Name	<u>Shane</u>	Middle Name	<u>Kelly</u>
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)					
<u>1001 South Meadows PKY Apt 811</u>		<u>Reno</u>	<u>Nevada</u>		
Present Residence Address-Street or RFD		<u>7-15-2010</u>	City	State/Zip	
<u>5442 Longley Lane Ste. A</u>		<u>Present</u>	<u>Reno</u>	<u>Nevada</u>	
Present Business Address		<u>7-15-2010</u>	City	State/Zip	
<u>Manager / Engineer</u>		<u>Present</u>			
Occupation		Phone:		Residence Business Fax	
<u>30</u>		<u>Billings, Yellowstone, MT</u>		<u>Male</u>	
Age		Social Security Number		Sex	
<u>Blue</u>	<u>Brown</u>	<u>White</u>	<u>205</u>	<u>Athletic</u>	<u>6'2"</u>
Color of Eyes	Color of Hair	Complexion	Weight	Build	Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No N/A

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial SD

MARITAL INFORMATION-Continued

A. **Current Marriage** March 10, 2007 Kensington, Montgomery, Maryland
Date City, County and State
 Spouse's full name (Maiden) Lauren Elizabeth Barlow S.S. No. -
 Date of Birth... .. Place of Birth Salt Lake City, Utah
 Resident address 1001 South Meadows PKY Apt 811 Reno Nevada 89511
Street City State Zip
 Telephone: Residence (.....) Business
 Spouse's employer William-Sonoma Occupation Sales
 Address of employer 13945 S Virginia Street #600, Reno, NV, 89511
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
N/A				

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone
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

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 SEP

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
Father	Dan L. Dyer		13530 Evening Song Ln. Reno, NV, 89511	Engineer
Mother	Christy B. Dyer		13530 Evening Song Ln. Reno, NV, 89511	Mother
Father-in-Law	Haven J. Barlow Jr		11111 Piney Meetinghouse RD. Potomac, MD, 20854	Surgeon
Mother-in-Law	Amy Barlow		11111 Piney Meetinghouse RD. Potomac, MD, 20854	Mother

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
	Jeromy D. Dyer		170 Allaire Cir	Physicians Assistant
Spouse	Carrie Wonnecott		Sacramento, Ca 95835	Mother
	Dan C. Dyer		67-41 Burns Street #314	Communications
Spouse	Miriam Lovell		Forest Hills, NY 11375	Mother/ Photo
	Sharalee Dyer		438 N. 580 W.	Mother
Spouse	Ben Welch		American Fork, UT 84003	Attorney
	Kerianne Dyer		313e 200n Provo UT 84606	Therapist
Spouse				

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Hidden Valley Elementary	Reno, NV	1989-1991	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Galena High School	Reno, NV	1994-1998	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	Utah State University,	Logan UT	2001-2005	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	Brigham Young University,	Provo UT	2005-2006	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any BS-Civil Engineering , MS-Civil Engr/Business MgmtCollege or university where obtained BS - Utah State, MS - Brigham YoungApplicant's Initial SKD

5 MILITARY INFORMATION:

- A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch N/A Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

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 separate sheet. (List all incidents regardless of where they occurred-foreign or domestic.)

- B. Have you registered for the draft? Yes ☒ No ☐

County Washoe State Nevada Date registered Nov. 1997

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 and provide a written explanation. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
N/A					

- 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 ☒
- 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, please provide a written explanation.

Name	Relationship	Charge	Location	Date
N/A				

Applicant's initial SKD

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 and provide a written explanation. List all cases without exception, including bankruptcies:

Plaintiff/Defendant or Claimant/Respondent	Date Filed	Court and Case Number	City, County and State	Disposition/Date
--	------------	-----------------------	------------------------	------------------

N/A

- 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 and provide a written explanation.

Name of Entity	Type of Entity	Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy
----------------	----------------	---

N/A

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
7/2010 - Present	1001 South Meadows pky Apt 811	Reno	NV
7/2007 - 7/2010	391 N. 500 E.	Provo	UT
8/2006 - 7/2010	197 N. 500 E.	Provo	UT
8/2003 - 8/2006	893 N. 800 E.	Logan	UT
7/2001 - 8/2003	429 N. 500 E.	Logan	UT
6/1999 - 7/2001	215 Tamavua,	Suva,	Fiji
4/1992 - 6/1999	13530 Evening Song Lane,	Reno	NV 89511
1/1989 - 4/1992	7255 Lingfield Dr.	Reno	NV 89502
11/1979 - 1/1989	1818 Natalie St,	Billings	MT 59105

Applicant's initial SKD

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.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1998-Present	Dyer Engineering Consultants, Inc. 5442 Longley Lane Ste 100	
Title	Description of Duties	Name of Supervisor
Engineer	Design, Manage	Dan Dyer
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
1/2007-6/2010	Franson Civil 1276 South 820 East, Suite 100, American Fork, UT 84003	Better Opportunities
Title	Description of Duties	Name of Supervisor
Engineer	Design, Project Engineer	Eric Franson
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
4/2009-Present	Dyer Sierra, LLC. 13530 Evening Song Ln Reno NV 89511	
Title	Description of Duties	Name of Supervisor
President	Software Design	N/A
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, please provide an attachment.

Applicant's initial SD Page 6

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 Grant McCaleb	Home	5494 Northstar Dr.	Highland	UT 84003		18
T.D. Williamson,	Business	4393 South Riverboat Rd Suite 300	SLC	UT 84123		
Name Lee Lisonbee	Home	353 W. 370 S.	American Fork	UT 84003		7
Employer XANGO	Business	2889 Ashton Blvd.	Lehi, U			
Name Brain Williams	Home	56 S. 600 E.	Provo Ut			7
Employer City Deals	Business	4431 W 8200 S	West Jordan, UT	84088		
Name Blake Altom	Home	242 Rosewood Circle	Logan, UT	84321		16
Employer Youthtrack-Utah	Business	1755 North 200 East	Logan, UT	84341		
Name Sheldon Sadler	Home	3677 W. 9220 N.	Cedar hi			14
Employer Man Expo	Business	223W. Bulldog Blvd #211	Provo Ut	84604		

10. 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

N/A

11. 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.

N/A

Applicant's initial SKD Page 7

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada, for any reason whatsoever? Yes ☒ No ☐ If yes, please provide details and a written explanation.
Professional Engineering Licence - UT and NV

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒ If yes, please provide details and a written explanation

If yes to the above, state where, when and for what reason:

N/A

14. 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 ☒ If yes, please provide details and a written explanation

N/A

15. 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 ☒ If yes, please provide details and a written explanation

N/A

16. 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 ☒ If yes, please provide details and a written explanation.

N/A

17. 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 closure)? Yes ☐ No ☒ If yes, please provide details and written explanation.

N/A

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒ If yes, please provide details and written explanation

N/A



Date of photograph 11 - Nov - 2010

Applicant's initial S.F.

STATE OF Nevada

SS.

COUNTY OF Washoe

I, Shane K. Dyer, 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 cause for denial or revocation of a 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 current Nevada Revised Statutes and Nevada Administrative Code 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 license in the State of Nevada.

[Signature]
Signature of Applicant

Subscribed and Sworn to before me this 11th day of

November, 2010
Patricia E. Trevino
Notary Public



PERSONAL HISTORY RECORD

Date January 3, 2008

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 Durable Medical Equipment

Key Medical 5442 Longley Ln. Reno, NV 89521 Suite A
 Nature of License
 Name and Address of Establishment for Which License Is Requested
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Freeman		First Name John		Middle Name Douglas	
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)					
Present Residence Address-Street or RFD 9250 Hummer Dr.		Nov 2009 to present Dates		City Reno	
				State/Zip NV 89521	
Present Business Address 5442 Longley Ln.		Jan. 7, 2008 to present Dates		City Reno	
				State/Zip NV 89521	
Occupation Sleep Technologist, Durable Medical Equipment Tech				Phone: Residence Business Fax	
Date of Birth		Place of Birth (City, County, State) Reno, Washoe County, Nevada			
Age 33		Social Security Number		Sex Male	
Color of Eyes Blue	Color of Hair Blonde	Complexion Light	Weight 155	Build Thin	Height 5' 10"

Scars, tattoos or distinguishing marks and/or characteristics Mole on left cheek

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No N/A

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial JAF

MARITAL INFORMATION-Continued

A. Current Marriage February 14, 1998 Reno, Washoe County, NV
Date City, County and State
 Spouse's full name (Maiden) Katherine Ann Kelley S.S. No.
 Date of Birth Place of Birth Reno, NV Washoe County
 Resident address 9250 Hummer Drive Reno NV 89521
Street City State Zip
 Telephone: Residence () Business ()
 Spouse's employer Occupation Homemaker
 Address of employer 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

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

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

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 JAF

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
Father John William Freeman		3507 Wedekind Rd.	Owner of "Sleep Medicine Associates"
Mother Carol Ann Freeman		3507 Wedekind Rd.	Secretary
Father-in-Law James Gilbert Kelley		30020 Capricorn Dr.	Retired
Mother-in-Law Grace Ann Tooker		40 Zircon Dr. #18	Customer Service Rep - Microsoft

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
Shanna Marie Freeman Spouse		10350 Coyote Creek, Reno, 89521	Personal Trainer
William Contreras		10350 Coyote Creek, Reno, 89521	Personal Trainer
Kjersti Elizabeth Freeman Spouse		9270 Hummer Drive Reno, NV 89521	Sleep Technician
Vincent Drew Johnson		9270 Hummer Drive Reno, NV 89521	Teacher
Robert Mathew Freeman Spouse		10563 Thistle Berry Ct. Reno, NV 89521	Sleep Technologist
Jennifer Ryan Keyes		10563 Thistle Berry Ct. Reno, NV 89521	Teacher
Kimberly Ann Freeman Spouse		3507 Wedekind Rd. Sparks, NV 89431	Homemaker
David Raymond Reich		3507 Wedekind Rd. Sparks, NV 89431	Student

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Kate Smith Elementary School			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Sparks High School	15 th St.	August 1992 to June 1996	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University N/A			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any _____

College or university where obtained _____

Applicant's initial

SDP

5 MILITARY INFORMATION

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating 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.) N/A

B. Have you registered for the draft? Yes ☒ No ☐

County Washoe State NV Date registered November 1995

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

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 every 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
James Gilbert Kelley	Father-in-Law	Assault of a peace officer	Reno, NV	1993

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

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
Nov. 10 2009 Present	9250 Hummer Drive	Reno	NV Washoe County
Feb. 14, 2004 Nov. 10 2009	1795 Cavern Dr.	Reno	NV Washoe County
Oct. 31 2003 to Feb. 14, 2004	295 Smithridge Park	Reno	NV Washoe County
Oct. 31, 2000 to Oct. 31, 2003	7635 Badelona Ct.	Sparks	NV Washoe County
Oct. 1, 1998 to Oct. 30, 2000	1486 Almond Dr.	Reno	NV Washoe County
Aug. 1, 1996 to Oct. 1, 1998	3507 Wedekind Rd.	Sparks	NV Washoe County
Nov. 18, 1977 to Aug. 1, 1996	1019 Prospect Ave.	Sparks	NV Washoe County

Applicant's initial

JSF

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.

Month and Year Oct. 2002 to present	Name/Mailing Address of Employer/Business Pulmonary Medicine Associates 601 S. Arlington Ave. Reno, NV 89509	Reason for Leaving N/A
Title Chief Technologist	Description of Duties Management of sleep center, training, QA, scoring of sleep Studies, patient care	Name of Supervisor Donna K. Knapp
Month and Year Aug. 1 2002 to present	Name/Mailing Address of Employer/Business Sleep Medicine Associates 2225 Green Vista Drive Sparks, NV 89431	Reason for Leaving N/A
Title Clinical Technical Officer/Share holder	Description of Duties Oversee all clinical and techical apects of the business at all sleep centers, business administration	Name of Supervisor N/A
Month and Year April 17, 2000 to Oct. 31, 2003	Name/Mailing Address of Employer/Business Reno Heart Physicians 343 Elm St. Reno, NV 89503	Reason for Leaving Got our other business up and running and left to have more time for that
Title Cardiac Technologist	Description of Duties Programmed pacemakers, read holters, performed EKGs and Stress tests, assisted physicians,	Name of Supervisor Wilma Lundahl, RN
Month and Year May 1998 to Sept. 2002	Name/Mailing Address of Employer/Business The Sleep Network 2405 Pyramid Way Sparks, NV 89431	Reason for Leaving Started own company
Title Sleep Technologist	Description of Duties Performed Sleep studies, scored sleep studies, set up patients with durable medical equipment, training, patient care	Name of Supervisor John W. Freeman
Month and Year Sept. 1996 to June 1998	Name/Mailing Address of Employer/Business Marshal's 295. E. Plumb Lane Reno, NV 89509	Reason for Leaving Started new job in the medical field
Title Stocker	Description of Duties received mechandise and prepared for display	Name of Supervisor Matt Taramino
Month and Year March 1992 to June 1998	Name/Mailing Address of Employer/Business Stellar West 1019 Prospect Ave. Sparks, NV 89431	Reason for Leaving Business closed
Title Toner cartridge Remanufacturing tech	Description of Duties Remanufactured toner cartridges for laser printers	Name of Supervisor John W. Freeman
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

JDF

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 Randal Stephens, PHD	Home	Bejay Dr.	Reno, NV	89509	()	20
Sleep Medicine Associates Employer	Business	2225 Green Vista Dr.	Sparks, NV	89431	()	
Name Aditya Bhargava, MD	Home				()	9
Medschool Associates North Employer	Business	1500 E 2 nd St #302	Reno, NV	89502	()	
Name Brock Nyborg	Home	640 Caspian Ct.	Reno, NV	89521	()	5
Wyeth Pharmaceuticals Employer	Business	500 Arcola Raod	Collegeville, PA	19426	()	
Name Jason Sydenham	Home	2189North, 50 West	Layton, UT	84041	()	30
Abbott Laboratories Employer	Business	100 Abbott Park Rd.	Abbott Parkd, IL	60064	()	
Name David Garrick	Home	1794 Carvern Dr.	Reno, NV	89521	()	5
Devons Jewlers Employer	Business	5136 Meadowood Mall Cir.	Reno, NV	89502	()	

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

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

12. Have you ever applied for a city, county of 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.

Applicant's initial

JDF

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 wholesaler) 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

JAF

Applicant's initial

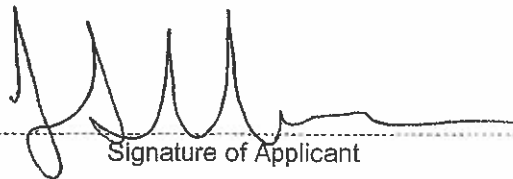
STATE OF Nevada

SS.

COUNTY OF Washoe

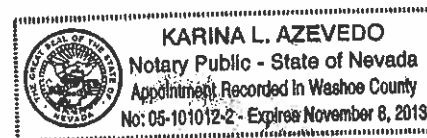
I, John Douglas Freeman, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a wholesaler 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 Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler 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 wholesaler license in the State of Nevada.


Signature of Applicant

Subscribed and Sworn to before me this 6th day of

December 2010
Karina L. Azevedo
Notary Public



(seal)

Applicant's initial

JDF

ADDITIONAL INFORMATION

3.D. Continued

Michelle Lynn Freeman	08-07-1981	1705 Camanche Moon Ct. Reno, NV 89521	Homemaker
Kevin Scott Taylor	09-02-1978	1705 Camanche Moon Ct. Reno, NV 89521	Sleep Technologist
Kaleen Margaret Freeman	10-31-1986	3507 Wedekind Rd Sparks, NV 89431	Rumors Salon
Brian Jefferey Freeman	11-05-1990	3507 Wedekind Rd. Sparks, NV 89431	Student
Cari Lorea Freeman	10-09-1993	3507 Wedekind Rd. Sparks, NV 89431	Student

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PERSONAL HISTORY RECORD

Date January 3, 2008

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 Durable Medical Equipment

Key Medical Inc.

Nature of License
5442 Longley Ln. Reno, NV 89521 Suite A

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

Last Name Freeman	First Name Robert	Middle Name Mathew
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)		
Present Residence Address-Street or RFD 10563 Thistle Berry Ct.	Dates March 2003 to present	City Reno
State/Zip NV 89521		
Present Business Address 5442 Longley Lane Ste. A	Dates Nov. 15, 2010 to present	City Reno
State/Zip NV 89521		
Occupation Sleep Technologist, Durable Medical Equipment Tech	Phone: Residence () Business () Fax ()	
Date of Birth	Place of Birth (City, County, State) Reno, Washoe County, Nevada	
Age 32	Social Security Number	Sex Male
Color of Eyes Blue	Color of Hair Blonde	Complexion Light
Weight 162	Build Thin	Height 5' 10"

Scars, tattoos or distinguishing marks and/or characteristics Mole on left side of neck

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No N/A

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial R M F

MARITAL INFORMATION-Continued

A. Current Marriage September 13, 2002 Reno, Washoe County, NV
Date City, County and State
 Spouse's full name (Maiden) Jennifer Ryan Keyes S.S. No.
 Date of Birth _____ Place of Birth Lanstuhl Germany
 Resident address 10563 Thistle Berry Ct. Reno Nevada 89521
Street City State Zip
 Telephone: Residence _____ Business (N/A) _____
 Spouse's employer Washoe County School District Occupation Teacher
 Address of employer 13815 Spelling Ct. Reno Nevada 89521
Street City State Zip

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

List of names, current address and telephone numbers of previous spouses:

Name	Street	City	State	Zip	Telephone

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

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 RMF Page 2

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
Father			
John William Freeman		3507 Wedekind Rd Sparks, Nv 89431	Business Owner
Mother			
Carol Ann Morgan		3507 Wedekind Rd. Sparks, NV 89431	Secretary
Father-in-Law			
David Edwin Keyes		1284 Wolf Run Rd. Reno, NV 89511	Retired Pilot American Airlines
Mother-in-Law			
Donna Lou Love		1284 Wolf Run Rd. Reno, NV 89511	Home Maker

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
Shanna Marie Freeman		10350 Coyote Creek Reno, NV 89521	Personal Trainer
Spouse William Contreras		10350 Coyote Creek Reno, NV 89521	Personel Trainer
Kjersti Elizabeth Freeman		9270 Hummer Reno, NV 89521	Sleep Technician
Spouse Vincent Drew Johnson		9270 Hummer Reno, NV 89521	Teacher
John Douglas Freeman		9250 Hummer Dr. Reno, NV 89521	Sleep Technician
Spouse Katherine Ann Kelley		9250 Hummer Dr. Reno, NV 89521	Home Maker
Kimberly Ann Freeman		3507 Wedekind Rd. Sparks NV 89431	Sales/ Marketing
Spouse			
David Raymond Reich		3507 Wedekind Rd. Sparks, NV 89431	Student

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Sparks Middle School	Sparks, Nevada	1990-1992	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Sparks High School	Sparks Nevada	1992-1996	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College Thurber Meadows Community College	Sparks Nevada	1997-2004	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
University University of Nevada Reno	Reno, Nevada	2004	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other _____			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Type of degree obtained, if any N/A

College or university where obtained N/A

Applicant's initial

RMF

5 MILITARY INFORMATION

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

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 _____ State _____ Date registered _____

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
N/A					

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 every 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
N/A				

Applicant's initial RME

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
N/A				

- 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
N/A		

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
3/2004-Present	10563 Thistle Berry Ct.	Reno	Nevada
11/2003-03/2004	1284 Wolf Run Rd.	Reno	Nevada
08/2002-11/2003	6155 Plumas St. #278	Reno	Nevada
08/1996-08/2002	3507 Wedekind Rd.	Sparks	Nevada
11/1977-8/1996	1019 Prospect Ave.	Sparks	Nevada

Applicant's initial RMF

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.

Month and Year 9/2002-Present	Name/Mailing Address of Employer/Business Pulmonary Medecine Associates 601 S. Arlington Reno, NV 89509	Reason for Leaving
Title Sleep Technician	Description of Duties Perform and score overnight sleep disorder studies	Name of Supervisor Donna Knapp
Month and Year 2/2006-Present	Name/Mailing Address of Employer/Business Sleep Medecine Associates 2225 Green Vista Dr. Sparks NV 89431	Reason for Leaving
Title Sleep Technician	Description of Duties Score sleep studies	Name of Supervisor John Freeman
Month and Year 06/99-08/02	Name/Mailing Address of Employer/Business Northern Nevada Sleep Disorders Center 2405 Pyramid Way Sparks, NV 89431	Reason for Leaving Laid off due to down sizing
Title Sleep Technician	Description of Duties Performed and scored sleep studies	Name of Supervisor Bob Drager
Month and Year 04/97-06/99	Name/Mailing Address of Employer/Business Unemployed while serving a 2 year service mission	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year 09/96- 04/97	Name/Mailing Address of Employer/Business Marshalls 295 E. Plumb Ln. Reno NV 89509	Reason for Leaving Went on service mission
Title Janitor/stocker	Description of Duties General cleaning/stocking shelves	Name of Supervisor Matt Tormino
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 RMF

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 Michael Mooney	Home	3509 Wedekind Rd Sparks, NV 89431				15
Employer Retired Reno Fire Dept	Business					
Name Dr. Mazhar Javaid	Home	17149 Road 400 Madera, CA 93636				5
Employer Central Valley Sleep Dis	Business	1280 E. Almond Ave Madera, CA 93637				
Name Jason Sydenham	Home	2189 N. 50 W. Layton, UT 84041				29
Employer Abbott Laboratories	Business	100 Abbott Park Rd. Illinois 60064				
Name Jeremy Whitaker	Home	2131 Brittany Meadows Dr. Reno, NV 89521				5
Employer Self Employed	Business	3981 S. McCarran Blvd Reno, NV 89502				
Name Dr. Adytia Bhargava	Home	9290 Rio Bravo Ct. Reno, NV 89521				9
Employer Med School Associates North	Business	4500 E. 2nd St #302 Reno, NV 89502				

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
N/A			

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

N/A

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.

N/A

Applicant's initial

RMF

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 wholesaler) 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 12-28-10

Applicant's initial RMP

STATE OF Nevada

SS.

COUNTY OF Washoe

I, ROBERT M. FREEMAN, 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 cause for denial or revocation of a wholesaler 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 Wholesaler and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Wholesaler 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 wholesaler license in the State of Nevada.

Robert M. Freeman
Signature of Applicant

Subscribed and Sworn to before me this 18th day of

November, 2010
Karina L. Azevedo
Notary Public

(seal)



Applicant's Initial RMF
Page 9

ADDITIONAL INFORMATION

Bothers and Sister Cont.	D.O.B.	Address	Occupation
Michelle Lynn Freeman	8-7-82	1705 Camanche Moon Ct. Reno, NV, 89521	Student
Kevin Scott Taylor	9-2-78	1705 Camanche Moon Ct. Reno, NV 89521	Sleep Technician
Kaleen Margaret Freeman	10-31-86	3507 Wedekind Rd. Sparks, NV 89431	Student
Brian Jeffrey Freeman	11-6-90	3507 Wedekind Rd. Sparks, NV 89431	Student
Cari Lorea Freeman	10-9-93	3507 Wedekind Rd. Sparks, NV 89431	Student

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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

GENERAL INFORMATION

Pharmacy Name: Cardinal Health 414, LLC
Physical Address: 10400 E. 48th Avenue Denver, CO 80238
Mailing Address: 7000 Cardinal Place
City: Dublin State: OH Zip Code: 43017
Telephone Number: (303) 373-0579 Fax Number: (720) 374-7354
Toll Free Number: _____
E-mail: dawn.harmon@cardinalhealth.com Website: www.Cardinalhealth.com
Managing Pharmacist: Brian Redig License Number: 18468

Hours of Operation:

Monday thru Friday 0100 am 1630 pm Saturday 0400 am 1100 pm
Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

Board Use Only

Received: JAN 03 2011 Check Number: 463 Amount: 500.00

55710
3243

OWNERSHIP IS A CORPORATION

State of Incorporation: Delaware
Parent Company if any: Cardinal Health Inc.
Corporation Name: Cardinal Health 414, LLC
Mailing Address: 7000 Cardinal Place
City: Dublin State: Ohio Zip: 43017
Telephone: (614) 757-5000 Fax: (614) 652-4203
License Contact Person: Dawn Harmon
Professional Compliance Contact Person: Jack Coffey

Ownership Information – Complete Section 1 or 2
Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

1. <u>Wellington Management Company</u>	%: <u>8.8</u>
2. <u>BlackRock, Inc.</u>	%: <u>6.4</u>
3. <u>Capital World Investors</u>	%: <u>5.5</u>
4. _____	%: _____

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 6/22/2007
Registration number issued: 2007043108722
Stock Exchange: New York (CAH)

List any physician shareholders and percentage of ownership: N/A

If corporation is a subsidiary, list name and state of incorporation of the parent corporation and include a list officers.

Cardinal Health, Inc. - Incorp. in DE - list attached

Within the last five (5) years:

- 1) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 4) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 any 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.

Jack L Coffey
Signature of owner or executive officer

12/20/2010
Date

Jack Coffey Senior Vice President
Print or Type name and title

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Jack L. Coffey, Sr. V.P.
Corporate Officer of Cardinal Health 414, LLC
hereby acknowledge and understand that in addition to the corporation's
responsibilities, my fellow officers and I, as corporate officers of said corporation,
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 corporate officers 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 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.

Jack L. Coffey, Sr. V.P.
Signature

12/1/10
Date



Dora

Department of Regulatory Agencies

Division of Registrations
Rosemary McCool
Director

State Board of Pharmacy
Wendy Anderson
Program Director

Bill Ritter, Jr.
Governor

December 22, 2009

D. Rico Munn
Executive
Director

Cardinal Health
Attn: Brian J. Redig, RPH
700 W Mississippi Ave, Bldg D
Unit 6
Denver, CO 80223

**RE: Stipulation and Final Agency Order
Case #2009-3813**

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING
THE IN-STATE PRESCRIPTION DRUG OUTLET REGISTRATION OF
CARDINAL HEALTH, REGISTRATION NO. PDO 149

Dear Mr. Redig:

Enclosed you will find a copy of the fully executed Stipulation and Final Agency Order (Stip/FAO) in the above mentioned matter, which became effective December 21, 2009.

If you have any questions, or require additional information, please contact the Board's office.

Respectfully,

FOR THE COLORADO STATE BOARD OF PHARMACY

Tia Johnson
Complaint Analyst

Enclosure

cc: John C. Steele, Settlement Specialist, Office of Expedited Settlement
File

BEFORE THE STATE BOARD OF PHARMACY

STATE OF COLORADO

Case No. 2009-003813

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE IN-STATE PRESCRIPTION DRUG OUTLET REGISTRATION OF CARDINAL HEALTH, REGISTRATION NO. PDO 149,

RESPONDENT PHARMACY.

IT IS HEREBY STIPULATED by and between the Colorado State Board of Pharmacy ("Board") and Cardinal Health ("Respondent Pharmacy"), to resolve all matters pertaining to Board Case Number 2009-003813 as follows:

1. The Board has jurisdiction over Respondent Pharmacy, its registration as an in-state prescription drug outlet, and the subject matter of this Stipulation and Final Agency Order ("Final Agency Order") pursuant to the provisions of title 12, article 22, C.R.S. (2009), otherwise known as the Pharmaceuticals and Pharmacists Act.
2. Respondent Pharmacy has been registered by the Board as an in-state prescription drug outlet in the State of Colorado at all times relevant to this disciplinary action.
3. Respondent Pharmacy's address of record with the Board and current location is 700 W. Mississippi Ave., Bldg D, Unit 6, Denver, CO 80223.
4. Respondent Pharmacy does not contest these findings and hereby waives any further proof in this proceeding before the Board regarding the following facts.
5. From October 6, 2008 to November 7, 2008, Respondent Pharmacy allowed an individual to practice as a pharmacy intern in the pharmacy when that individual did not possess a Colorado pharmacy intern license.
6. Among other actions, the individual in question reduced to writing various oral telephonic prescription orders.
7. On or about May 14, 2009, the Board initiated a complaint against Respondent Pharmacy because Respondent Pharmacy allowed the individual to practice as a pharmacy intern in the pharmacy when that individual did not possess a Colorado pharmacy intern license.

8. Respondent Pharmacy does not contest that the conduct described above constitutes a violation of section 12-22-125(1)(c)(I), (II), and (III), (f) and (k), C.R.S. and Regulation 2.00.10(a) and that such conduct provides grounds for disciplinary action against Respondent Pharmacy's in-state prescription drug outlet registration.

DISPOSITION

\$500.00 Fine with Surcharge and Terms

9. **Fine with Surcharge.** Pursuant to section 12-22-125.2(5), C.R.S., Respondent Pharmacy shall pay a fine of Five Hundred Dollars and No Cents (\$500.00). Respondent Pharmacy understands and acknowledges that, pursuant to §24-34-108, C.R.S., the Executive Director of the Department of Regulatory Agencies shall impose an additional surcharge of 10% of this fine. Respondent Pharmacy shall therefore pay a total amount of Five Hundred Fifty Dollars and No Cents (\$550.00). The total amount shall be payable to the State of Colorado and shall be remitted in one lump sum to be included when Respondent Pharmacy submits this signed Final Agency Order to the Board.
10. **Compliance.** Respondent Pharmacy shall ensure that all pharmacists and pharmacy interns employed by the pharmacy have valid Colorado licenses. Respondent Pharmacy recognizes that transcribing oral orders is a function for a pharmacy intern, not a pharmacy technician, and that in order to transcribe oral orders, the pharmacy intern must have appropriate licensure.
11. **Advisements and Waivers.** Respondent Pharmacy enters into this Final Agency Order freely and voluntarily, whether or not Respondent Pharmacy has consulted with legal counsel. Respondent Pharmacy acknowledges its understanding that it has the following rights:
- a. To have a formal notice of hearing and charges served upon it;
 - b. To respond to said formal notice of charges;
 - c. To have a formal disciplinary hearing pursuant to section 12-22-125, C.R.S.; and
 - d. To appeal this Board order.

Respondent Pharmacy freely **waives** these rights, and acknowledges that such waiver is made voluntarily in consideration for Board's limiting the action taken against it to the sanctions imposed herein.

12. **Acknowledgments.** The undersigned authorized agent of Respondent Pharmacy has read this Final Agency Order in its entirety and acknowledges, whether or not Respondent Pharmacy has consulted with legal counsel, that Respondent Pharmacy understands the legal consequences and agrees that none of the terms or conditions herein are unconscionable. Respondent Pharmacy is not relying on any statements, promises or representations from the Board other than as may be

contained in this Final Agency Order. Respondent Pharmacy further acknowledges that it is not entering into this Final Agency Order under any duress.

13. **Violations.** Time is of the essence to this Final Agency Order. It is the responsibility of Respondent Pharmacy to take all appropriate steps to comply fully with this Final Agency Order. Respondent Pharmacy acknowledges and agrees that any violation of this Final Agency Order may be sanctioned as provided under section 12-22-125.2(4), C.R.S., and may be sufficient grounds for additional discipline, including but not limited to revocation of its registration. The pendency of any suspension or disciplinary action arising out of an alleged violation of this Final Agency Order shall not affect the obligation of Respondent Pharmacy to comply with all terms and conditions of this Final Agency Order.
14. **Integration and Severability.** Upon execution by all parties, this Final Agency Order shall represent the entire and final agreement of and between the parties in this case. In the event any provision of this Final Agency Order is deemed invalid or unenforceable by a court of law, it shall be severed and the remaining provisions of this Final Agency Order shall be given full force and effect.
15. **Public Record.** Upon execution by all parties, this Final Agency Order shall be a public record, maintained in the custody of the Board.
16. **Effective Date.** This Final Agency Order shall become effective upon signature of a Board member or representative.

ACCEPTED AND AGREED BY

Jack L. Coffey
Authorized Agent of Respondent Pharmacy

Dated: 12/11/09

Subscribed and sworn to before me in the County of Franklin,
State of Ohio, this 11th day of December, 2009 by
Jack L. Coffey, Sr. V.P., in his/her capacity as an authorized agent of
Cardinal Health.



DANITA L. WOODLEY
Notary Public, State of Ohio
My Commission Expires 8-7-2011

Danita L. Woodley
Notary Public

My commission expires:

FINAL AGENCY ORDER

WHEREFORE, the within Stipulation and Final Agency Order is approved, accepted, and hereby made an Order of the Board.

DONE AND EFFECTIVE THIS 21st DAY OF December, 2009.

State Board of Pharmacy

Ch. Grassman

BY:

WAP

Wendy Anderson
Program Director

CERTIFICATE OF MAILING

This is to certify that I have duly mailed the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 1st day of December 2009, addressed as follows:

Cardinal Health
700 W. Mississippi Ave.
Bldg D, Unit 6
Denver, CO 80223



John C. Steele

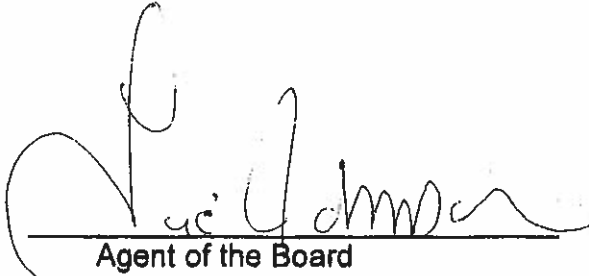
CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein by depositing copies of same in the United States mail, postage prepaid, at Denver, Colorado this 22nd day of December 2009, addressed as follows:

Cardinal Health
700 W. Mississippi Ave.
Bldg D, Unit 6
Denver, CO 80223

And Via Intradepartmental Mail:

John C. Steele
Settlement Specialist
Office of Expedited Settlement
1560 Broadway, Ste. 880
Denver, CO 80202



Agent of the Board



Cardinal Health

4100 Osuna Road NE
Albuquerque, NM 87109
(505) 761-1717Wachovia Bank
Savannah, GA 3140364-975
612

NO. 10162075

PAY ~~XXX~~ FIVE HUNDRED FIFTY ~~XXX~~

DOLLARS

VOID AFTER 90 DAYS

12/10/2009

TO THE ORDER OF COLORADO STATE BOARD OF PHARM

USD

*****550.00

COLORADO STATE BOARD OF PHARM
1560 BROADWAY STE 1350
DENVER CO 80202-5146

Jorge M. Gomez SVP & Treasurer

⑈ 10162075⑈ ⑆061209756⑆ 2079900577662⑈

DETACH BEFORE CASHING

VENDOR: COLORADO STATE BOARD OF PHARM



Cardinal Health

4100 Osuna Road NE
Albuquerque, NM 87109
(505) 761-1717

Vendor No: 5000018084

Check Date: 12/10/2009

Check No: 10162075

Check Page: 1 OF 1

DATE	DESCRIPTION	GROSS AMOUNT	CASH DISCOUNT	NET AMOUNT
12/01/2009	INV# 120109550 BOARD OF PHARM FINE	550.00	0.00	550.00
		550.00	0.00	550.00

ALABAMA
BOARD OF PHARMACY



March 25, 2009

HERB BOBO, R.Ph.
Secretary

10 Inverness Center Parkway
Suite 110
Birmingham, Alabama 35242

(205) 981-2280
Fax (205) 981-2330

www.albop.com

MEMBERS 2009

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Vice-President
Treasurer
MIKE MIKELL, R.Ph.

ROB NELSON, PharmD

DONNIE CALHOUN, R.Ph.

KENNY SANDERS, R.Ph.

CARDINAL HEALTH
1218 3rd Avenue South
Birmingham, Alabama 35233

RE: BOARD ASSESSED
March 21, 2009

To Whom It May Concern:

Enclosed you will find a FINAL ORDER resulting from your hearing before the Board. While the entire order is important, I particularly direct your attention to the portion of the Order setting forth discipline and specifically the mandatory obligation of your payment of a fine and costs. As you will see, those amounts are due within a specified period of time from the date of the Final Order and not the date of this letter.

If the referenced fine and costs are not received by the Board within the prescribed period of time, or special arrangements have not been made with the Secretary of the Board, your file will be immediately sent to the Board's counsel for preparation of a STATEMENT OF CHARGES and the scheduling of another hearing before the Board.

Sincerely,

FOR THE ALABAMA STATE BOARD OF PHARMACY:

Herb Bobo, R.Ph.
Secretary

me

Cc: Jim Ward, Attorney-at-Law

ALABAMA
BOARD OF PHARMACY



HERB BOBO, R.Ph.
Secretary
10 Inverness Center Parkway
Suite 110
Birmingham, Alabama 35242
(205) 981-2280
Fax (205) 981-2330
www.albop.com

March 25, 2009

MEMBERS 2009
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DONNIE CALHOUN, R.Ph.
KENNY SANDERS, R.Ph.

CLYDE BELL TUCKER
2301 Woodhighlands Drive 1099 Grand Oaks Drive
Hoover, Alabama 35244 B Bessemer 35022

RE: **BOARD ASSESSED PENALTY**
March 21, 2009

Dear Mr. Tucker:

Enclosed you will find a FINAL ORDER resulting from your hearing before the Board. While the entire order is important, I particularly direct your attention to the portion of the Order setting forth discipline and specifically the mandatory obligation of your payment of a fine and costs. As you will see, those amounts are due within a specified period of time from the date of the Final Order and not the date of this letter.

If the referenced fine and costs are not received by the Board within the prescribed period of time, or special arrangements have not been made with the Secretary of the Board, your file will be immediately sent to the Board's counsel for preparation of a STATEMENT OF CHARGES and the scheduling of another hearing before the Board.

Sincerely,

FOR THE ALABAMA STATE BOARD OF PHARMACY:

Herb Bobo, R.Ph.
Secretary

me

Cc: Jim Ward, Attorney-at-Law

ALABAMA
BOARD OF PHARMACY



HERB BOBO, R.Ph.
Secretary

10 Inverness Center Parkway
Suite 110
Birmingham, Alabama 35242

(205) 981-2260
Fax (205) 981-2330

www.albop.com

March 25, 2009

MEMBERS 2009

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MIKE MIKELL, R.Ph.

ROB NELSON, PharmD

DONNIE CALHOUN, R.Ph.

KENNY SANDERS, R.Ph.

SOLOMON GANGTUBI
1218 3rd Avenue South
Birmingham, Alabama 35233

RE: **BOARD ASSESSED PENALTY**
March 21, 2009

Dear Mr. Gangtubi:

Enclosed you will find a FINAL ORDER resulting from your hearing before the Board. While the entire order is important, I particularly direct your attention to the portion of the Order setting forth discipline and specifically the mandatory obligation of your payment of a fine and costs. As you will see, those amounts are due within a specified period of time from the date of the Final Order and not the date of this letter.

If the referenced fine and costs are not received by the Board within the prescribed period of time, or special arrangements have not been made with the Secretary of the Board, your file will be immediately sent to the Board's counsel for preparation of a STATEMENT OF CHARGES and the scheduling of another hearing before the Board.

Sincerely,

FOR THE ALABAMA STATE BOARD OF PHARMACY:

Herb Bobo, R.Ph.
Secretary

me

Cc: Jim Ward, Attorney-at-Law

IN THE MATTER OF:

CLYDE BELL TUCKER

Pharmacist License Number 11439

and

CARDINAL HEALTH

Permit Number 112255

and

SOLOMON GANGTUBI

Pharmacy Technician

Registration Number T 21143

) BEFORE THE ALABAMA STATE

) BOARD OF PHARMACY

FINAL ORDER

On March 11, 2009, this cause came before the Alabama State Board of Pharmacy (hereinafter also referred to as the "Board"), on a Complaint against Cardinal Health (hereinafter also referred to as the "Respondent" or "Respondent Pharmacy"), Mr. Clyde Bell Tucker (hereinafter also referred to as the "Respondent" or "Respondent Supervising Pharmacist"), and Mr. Solomon Gangtubi (hereinafter also referred to as the "Respondent" or "Respondent Pharmacy Technician"), and evidence having been adduced thereon, the Board has determined that the following Findings of Fact and Conclusions of Law are supported by the preponderant weight of evidence and law.

Findings of Fact

1. The Respondent Pharmacy is a pharmacy which holds permit number 112255 issued by the Board of Pharmacy and is located at 1218 Third Avenue South, Birmingham,

Alabama 35233. The Respondent Supervising Pharmacist is a pharmacist licensed by the Board who holds pharmacist license number 11439 and is supervising pharmacist for Respondent Pharmacy. The Respondent Pharmacy Technician is registered by the Board and holds pharmacy technician registration number T 21143 and is employed by Respondent Pharmacy.

2. The Respondents were notified of the charges; the Respondents appeared at the scheduled Board of Pharmacy administrative hearing and were represented by counsel, Mr. Mark T. Conradi, Esq. Corporate representative for Respondent Pharmacy, Mr. Gary Cacciatore attended the administrative hearing. (Board's Exhibits One and Two)

3 The Respondents made no objection to the timeliness of the Notice of Hearing or the specificity of the Statement of Charges.

4. Upon agreement of the Board, the Respondent Pharmacy and Respondent Supervising Pharmacist and agreement of the Respondent Pharmacy Technician, the matters were heard jointly. All parties waived all claims and defenses based on said joint hearing.

5. The Respondents were advised of the potential for conflict of interest by common representation and all Respondents acknowledged said potential and waived all claims and defenses based on said representation.

6. The Respondent Pharmacy Technician submitted his application to the Board for 2008-2009 renewal as a pharmacy technician in the State of Alabama which was dated January 15, 2008. (Board's Exhibit Six)

7. Due to the failure to renew his registration prior to December 31, 2007 the Board sent the Respondent a memorandum to be returned to the Board stating whether the Respondent had or had not worked as a pharmacy technician after December 31, 2007. On the returned notarized memorandum the Respondent falsely stated that had not worked as a technician since

December 31, 2007. (Board's Exhibits Four and Five) The Respondent Pharmacy technician was issued a 2008-2009 pharmacy technician registration by the Board based on the above false statement.

8. In addition, the Respondent Supervising Pharmacist falsely verified on the memorandum returned to the Board that the Respondent Pharmacy technician had not worked since December 31, 2007. (Board's Exhibits Four and Five)

9. The Board received an electronic mail transmission dated July 18, 2008 from Mr. Joshua Acker, a technician formerly employed by Respondent Pharmacy, which stated the Respondent Pharmacy Technician had worked after December 31, 2007 without being registered with the Board. Mr. Acker further stated that the Respondent Supervising Pharmacist was aware that the Respondent Pharmacy Technician worked as a pharmacy technician without being registered. (Board's Exhibit Three)

10. Prescriptions records from the Respondent Pharmacy established that the Respondent Pharmacy Technician performed pharmacy technician functions in 2008 prior to being registered with the Board. (Board's Exhibit Five)

11. In correspondence dated September 16, 2008 the Respondent Pharmacy Technician stated he believed that "there was a grace" period for renewal of this pharmacy technician registration. (Board's Exhibit Seven)

Conclusions of Law

1. The Alabama State Board of Pharmacy has jurisdiction of this cause pursuant to Code of Alabama (1975), § 34-23-34, § 34-23-132, § 34-23-92 (12) and § 41-22-12.

2. The Respondents were properly notified of the charges; the Respondents attended

the Board of Pharmacy administrative hearing and were represented by counsel at the hearing.

3. The Respondents made no objection to the timeliness of the Notice of Hearing.

4. The Respondents made no objection to the specificity of the Statement of Charges.

5. The Respondent Supervising Pharmacist's license to practice pharmacy in the state of Alabama is due to have disciplinary sanctions imposed and the Respondent Pharmacy's permit as a pharmacy in the state of Alabama is due to have disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (7) by allowing Solomon Gangtubi to work as a pharmacy technician during 2008 without being registered as a pharmacy technician in violation of Code of Alabama (1975), § 34-23-13 (a).

6. The Respondent Supervising Pharmacist's license to practice pharmacy in the state of Alabama is due to have disciplinary sanctions imposed and the Respondent Pharmacy's permit as a pharmacy in the state of Alabama is due to have disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (11) by making a fraudulent or untrue statement to the Board, in that, the Respondent Supervising Pharmacist signed acknowledging that Solomon Gangtubi had not performed duties as a pharmacy technician in 2008 when, in fact, he had worked as a pharmacy technician.

7. The Respondent Supervising Pharmacist's license to practice pharmacy in the state of Alabama is due to have disciplinary sanctions imposed and the Respondent Pharmacy's permit as a pharmacy in the state of Alabama is due to have disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33 (6) based upon the violations of the preceding paragraphs of this Final Order.

8. The Respondent Supervising Pharmacist's license to practice pharmacy in the

state of Alabama is due to have disciplinary sanctions imposed and the Respondent Pharmacy's permit as a pharmacy in the state of Alabama is due to have disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 34-23-33(12) during the year 2008, by the Respondent Supervising Pharmacist failing, as supervising pharmacist of Cardinal Health, 1218 3rd Avenue South, Birmingham, Alabama 35233, as that term is defined in Board Rule 680-X-2.12 of the Rules of the Alabama State Board of Pharmacy, to maintain the security of the prescription department and its contents, by failing to insure that the prescription department of the said Cardinal Health was operated with good pharmaceutical practices and by failing to insure compliance with the provisions of the Pharmacy Practice Act, Code of Alabama (1975), §34-23-1 et seq., the Alabama Uniform Controlled Substance Act, Code of Alabama (1975), §20-2-1 et seq., in violation of Rule 680-X-2.12 of the Rules of the Alabama State Board of Pharmacy, said violation being based upon the violations contained in any or all of the preceding paragraphs of this Final Order.

9. The Respondent Supervising Pharmacist's controlled substance permit in the state of Alabama is due to have disciplinary sanctions imposed and the Respondent Pharmacy's controlled substance permit in the state of Alabama is due to have disciplinary sanctions imposed in that they are guilty of violating Code of Alabama (1975), § 20-2-54 (a) (4) by violating the provisions of Code of Alabama (1975), § 34-23-1 et seq., said violation being based upon the violations contained in any or all of the preceding paragraphs of this Final Order.

10. The Respondent Pharmacy Technician's registration as a pharmacy technician in the state of Alabama is due to have disciplinary sanctions imposed in that he is guilty of violating Code of Alabama (1975), § 34-23-132 (1) during the year 2008, by performing pharmacy functions and/or being present in the prescription department of Cardinal Health Nuclear Pharmacy, 1218 3rd Avenue South, Birmingham, AL 35233, without being registered as a pharmacy technician by the Board in violation of Code of Alabama (1975). § 34-23-131 (a).

11. The Respondent Pharmacy Technician's registration as a pharmacy technician in

the state of Alabama is due to have disciplinary sanctions imposed in that he is guilty of violating Code of Alabama (1975), §34-23-132 (1) during the year 2008, by failing to register with the Board and pay a fee as determined by the Board before performing any pharmacy functions in the prescription department of Cardinal Health, 1218 3rd Avenue South, Birmingham, AL, 35233, in violation of Code of Alabama (1975), § 34-23-131 (c).

12. The Respondent Pharmacy Technician's registration as a pharmacy technician in the state of Alabama is due to have disciplinary sanctions imposed in that he is guilty of violating Code of Alabama (1975), §34-23-132 (3) during the year 2008 based upon some or all of the violations contained in paragraphs ten and eleven above of this Final Order, said violation being an action which threatens the public health, safety or welfare.

13. The Respondent Pharmacy Technician's registration as a pharmacy technician in the state of Alabama is due to have disciplinary sanctions imposed in that he is guilty of violating Code of Alabama (1975), §34-23-132 (6) by executing the memorandum form from the Board wherein he stated he had not performed duties as a pharmacy technician during 2008 resulting in the issuance of his registration when, in fact, the referenced statement and/or form is untrue in that he worked as a pharmacy technician during 2008 without timely renewing his registration.

14. The Respondent Pharmacy Technician's registration as a pharmacy technician in the state of Alabama is due to have disciplinary sanctions imposed in that he is guilty of violating Code of Alabama (1975), §34-23-132(3) based upon the violations of paragraph thirteen above of this Final Order, the same being an action which threatens the public health, safety or welfare.

ORDER

In accordance with the foregoing Findings of Fact and Conclusions of Law, it is hereby ORDERED as follows:

1. The Respondent Supervising Pharmacist license to practice pharmacy in the State of Alabama and controlled substance permit are placed on PROBATION for a period of two (2) years from the date of this Final Order and shall be allowed to continue as supervising pharmacist; and

2. The Respondent Supervising Pharmacist is ORDERED to pay to the Board an administrative fine of Five Thousand (\$5,000.00) Dollars; said fine shall be paid within two (2) months of the date of this ORDER; and

3. The Respondent Pharmacy's permit as a pharmacy in the State of Alabama and controlled substance permit are placed on PROBATION for a period of two (2) years from the date of this Final Order; and

4. The Respondent Pharmacy is ORDERED to pay to the Board an administrative fine of Five Thousand (\$5,000.00) Dollars; said fine shall be paid within two (2) months of the date of this ORDER; and


5. The Respondent Pharmacy Technician's registration as a pharmacy technician in the State of Alabama is placed on PROBATION for a period of two (2) years from the date of this Final Order; and

6. The Respondent Pharmacy Technician is ORDERED to pay to the Board an administrative fine of Fifteen Hundred (\$1,500.00) Dollars; said fine shall be paid within two (2) months of the date of this ORDER; and

7. Any future violations of this Order, the Alabama Pharmacy Practice Act, the laws that regulate the sale and/or dispensing of prescription or legend drugs and/or narcotics or any Rule of the Alabama State Board of Pharmacy or the pharmacy law or rules of the Board of Pharmacy of another state may, upon hearing and proof thereof, result in further disciplinary

sanctions.

DONE and ORDERED, this 21st day of March 2009.


Mr. Stallard D. Mikell, R. Ph., Vice-President
Alabama State Board of Pharmacy

Copies to:

Mr. Mark T. Conradi, Esq.

Mr. Herbert Bobo, Executive Secretary

Mr. James S. Ward, Esq.

Mr. Vance L. Alexander, Esq.

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

FEE \$500.00 (non-refundable and not transferable)
Application must be printed legibly

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

GENERAL INFORMATION

Pharmacy Name: Park Pharmacy
Physical Address: 9257 Research Drive
Mailing Address: same
City: IRVINE State: Ca Zip Code: 92618
Telephone Number: 949-551-7195 Fax Number: 949-551-1950
Toll Free Number: 866-551-7195
E-mail: info@parkrx.com Website: www.parkrx.com
Managing Pharmacist: Tina Sulic-Sardesh, Ph.D. License Number: 41234

Hours of Operation:

Monday thru Friday 9 am 5 pm Saturday 9 am _____ pm
Sunday 9 am _____ pm 24 Hours 9

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

Board Use Only

Received: DEC 07 2010 Check Number: 819 Amount: 500.00

55610
3220

OWNERSHIP IS A CORPORATION

State of Incorporation: CALIFORNIA
Parent Company if any: _____
Corporation Name: South Coast Specialty Compounding, Inc.
Mailing Address: 9257 Research Drive
City: Irvine State: CA Zip: 92618
Telephone: 949-551-7195 Fax: 949-551-1950
License Contact Person: Dennis Saadeh
Professional Compliance Contact Person: Tina Sultic-Saadeh

Ownership Information – Complete Section 1 or 2

Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

1. <u>Tina Sultic-Saadeh</u>	%: <u>50</u>
2. <u>Dennis Saadeh</u>	%: <u>50</u>
3. _____	%: _____
4. _____	%: _____

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: N/A
Registration number issued: _____
Stock Exchange: _____

List any physician shareholders and percentage of ownership:

None

If corporation is a subsidiary, list name and state of incorporation of the parent corporation and include a list officers.

N/A

Within the last five (5) years:

- 1) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☒ No ☐
- 4) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 any 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.


Signature of owner or executive officer

11-10-10
Date

Dennis Sandoz President.
Print or Type name and title

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Dennis Saadeh
Corporate Officer of South Coast Specialty Compounding, Inc.
hereby acknowledge and understand that in addition to the corporation's
responsibilities, my fellow officers and I, as corporate officers of said corporation,
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 corporate officers 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 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.

D Saadeh
Signature

11-10-10
Date

Skip to: [Accessibility](#)

DEPARTMENT OF CONSUMER AFFAIRS
BOARD OF PHARMACY

Search the Board of Pharmacy



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BOARD OF PHARMACY

Licensee Name: PARK PHARMACY
License Type: RETAIL PHARMACY
License Number: 41748
License Status: Probation or practice restriction [Definition](#)
Probation [Definition](#)
Expiration Date: August 01, 2011
Issue Date: August 01, 1996
Address: 9257 RESEARCH DRIVE
City: IRVINE
State: CA
Zip: 92618-4286
County: ORANGE
Actions: Yes

Related Licenses/Registrations/Permits

Number	Name	Type	Status
41234	SULIC SAADEH TINA MARIE	REGISTERED PHARMACIST	CLEAR
99026	PARK PHARMACY	LICENSED STERILE COMPOUNDING	CLEAR

Public Disclosure

Administrative Disciplinary Actions

Current web site information on Board of Pharmacy disciplinary actions only goes as far back as *January 1998* following the effective date of the disciplinary penalty.

Disciplinary actions rendered by the Board and penalties imposed become operative on the effective date of the action except in situations where the licensee obtains a court-ordered stay through the appeal process. This may occur after the publication of the information on this website.

To obtain information prior to January 1998 or for information on specific discipline listed submit a written request to the *State Board of Pharmacy, 1625 N. Market Blvd, Suite N219, Sacramento, CA 95834, Attention Public Records Desk.*

Case Number: AC200500292400
Description of Action: BY STIPULATION: LICENSE REVOKED, REVOCATION STAYED, 5 YEARS
PROBATION SUBJECT TO TERMS AND CONDITIONS.
Effective Date of Action: August 13, 2008

Public documents relating to this action are available here: http://www.pharmacy.ca.gov/enforcement/fy0506/ac052924_phy41748

This information is updated Monday through Friday - Last updated: DEC-06-2010

Disclaimer

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November 10, 2010

To Whom It May Concern,

This is a written explanation as to the YES answers on the credentialing form. I am the owner and former pharmacist in charge of Park Pharmacy and was involved in an incident of driving while under the influence of narcotics in May 2004. I had taken the narcotics without a prescription as a result of stress and pain due to staff shortages for pregnancy leave of two employees around that time. This resulted in misdemeanor convictions for driving while under the influence of narcotics and possessions of narcotics without a prescription from a licensed physician.

The DEA and State Board of pharmacy have done a full investigation and I have signed a stipulated agreement (attached) with the attorney general for the board which ultimately resulted in my license being put on 5 years probation effective August 2008. In addition, because I was the pharmacist in charge, they also put the pharmacy license on 5 years probation effective August 2008. I received 90 days of residential treatment at Cornerstone of Southern California and continue to attend 12 step meetings four times a week. I am monitored by the state board of pharmacy's diversion program and randomly drug tested four times per month and attend a Health Support Group meeting once a week.

I am no longer the pharmacist in charge and only work 1 or 2 days a week as a pharmacist. My license and the pharmacy license are currently fully active and we are able to provide all duties and responsibilities of any licensed pharmacist and pharmacy.

If you have additional questions or need further information, please do not hesitate to contact me or the pharmacist-in-charge directly.

Sincerely,

A handwritten signature in blue ink, appearing to read "D Saadeh", written over a horizontal line.

Dennis Saadeh, Pharm.D., FACA

250 E. Yale Loop, Ste C
Irvine, CA 92604
Toll Free 866-551-7195
Fax 949-551-1950
info@parkrx.com

CORNERSTONE OF SOUTHERN CALIFORNIA
ALTERNATIVE SENTENCING RECOVERY PROGRAM

BONNIE D. MCCLAIN
ALTERNATIVE SENTENCING PROGRAM MANAGER
SIMON A. STONE, JD
MICHAEL STONE, MD

TELEPHONE: (714) 547-2061
FAX: (714) 547-2109
WWW.ALTERNATIVESENTENCING.COM

December 21, 2004

The Honorable Judge Craig E. Robison
Harbor Justice Center, Department H2
4601 Jamboree Road
Newport Beach, CA. 92660

COMPLETION REPORT

Re: DENNIS SAADEH
DOB: 02-23-63
Case No. 04HF0870

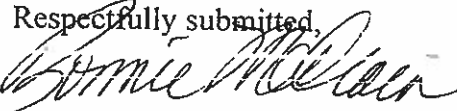
Dear Judge Robison:

On September 22, 2004, Mr. Saadeh was enrolled in the Monitored Residential Chemical Dependency Treatment Program at Cornerstone of Southern California. He was immediately moved into one of our state licensed, Probation-approved residences where he was tested negative daily for alcohol and at random for drugs. He participated in weekly individual counseling, attended educational/group process sessions each week, and was monitored daily for schedule compliance by his Case Manager while in our care. He was an exemplary client in every way and successfully completed 90 days in residential care, as Ordered by the Court. You will find attached copies of his negative urinalyses.

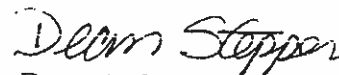
On December 21, 2004, after successfully completing 90 days in residential care, Mr. Saadeh was discharged and moved back to his residence in San Clemente, CA with his wife and young baby. We recommend he continue participation in 12-Step recovery in order to prevent relapse and recidivism, and he is welcome to attend our voluntary weekly Aftercare Program for as long as he may benefit from the continuing support.

Please let us know if you have any further questions in this matter.

Respectfully submitted,



Bonnie D. McClain, Manager
Alternative Sentencing Recovery Program
S/ds
Attachments


Dean A. Stepper CATS
Court Representative

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

In the Matter of the First Amended Accusation
Against:

PARK PHARMACY
DENNIS ELIAS SAADEH
Co-Owner/Pharmacist-in-Charge
TINA MARIE SULIC-SAADEH
Co-Owner
250 East Yale Loop, Suite C
Irvine, CA 92064

Original Pharmacy Permit No. PHY 41748

DENNIS ELIAS SAADEH
653 Via Faisan
San Clemente, CA 92673

Pharmacist License No. RPH 41232

Respondents.

Case No. 2924

OAH No. L-2007040275

DECISION AND ORDER


The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Board of Pharmacy, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective on August 13, 2008.

It is so ORDERED July 14, 2008.

BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

By


KENNETH H. SCHELL
Board President

1 EDMUND G. BROWN JR., Attorney General
of the State of California
2 LINDA K. SCHNEIDER
Supervising Deputy Attorney General
3 RITA M. LANE, State Bar No. 171352
Deputy Attorney General
4 110 West "A" Street, Suite 1100
San Diego, CA 92101

5
6 P.O. Box 85266
San Diego, CA 92186-5266
Telephone: (619) 645-2614
7 Facsimile: (619) 645-2061

8 Attorneys for Complainant

9 **BEFORE THE**
10 **BOARD OF PHARMACY**
11 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

12 In the Matter of the First Amended Accusation
Against:

13
14 PARK PHARMACY
DENNIS ELIAS SAADEH
Co-Owner/Pharmacist-in-Charge
15 TINA MARIE SULIC-SAADEH
Co-Owner
16 250 East Yale Loop, Suite C
Irvine, CA 92064

17
18 Original Pharmacy Permit No. PHY 41748

19 DENNIS ELIAS SAADEH
653 Via Faisan
20 San Clemente, CA 92673

21 Pharmacist License No. RPH 41232

22 Respondents.
23

Case No. 2924

OAH No. L-2007040275

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

24 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the
25 above-entitled proceedings that the following matters are true:

26 PARTIES

27 1. Virginia Herold (Complainant) is the Executive Officer of the Board of
28 Pharmacy. She brought this action solely in her official capacity and is represented in this matter

1 by Edmund G. Brown Jr., Attorney General of the State of California, by Rita M. Lane, Deputy
2 Attorney General.

3 2. Respondents Park Pharmacy and Dennis Elias Saadeh are represented in
4 this proceeding by attorney Herbert L. Weinberg, whose address is 1800 Century Park East, 8th
5 Floor, Los Angeles, CA 90067.

6 3. On or about August 1, 1996, the Board of Pharmacy issued Original
7 Pharmacy Permit No. PHY 41748 to Dennis E. Saadeh and Tina M. Sulic-Saadeh to do business
8 as Park Pharmacy (Respondent Park Pharmacy). On or about April 7, 2002, a Change of Permit
9 was filed with the Board changing the name of the corporation to South Coast Specialty
10 Compound with Dennis Saadeh as the CEO and President and Tina Sulic-Saadeh as the Secretary
11 and Treasurer. From August 1, 1996 through June 14, 1997, Tina M. Sulic-Saadeh was the
12 Pharmacist-in-Charge. From June 14, 1997 through September 4, 2007, Dennis Saadeh was and
13 is the Pharmacist-in-Charge. The Original Pharmacy permit was in full force and effect at all
14 times relevant to the charges brought herein and will expire on August 1, 2008, unless renewed.

15 4. On or about September 26, 1987, the Board of Pharmacy issued
16 Pharmacist License No. RPH 41232 to Dennis Elias Saadeh (Respondent Saadeh). The
17 Pharmacist License was in full force and effect at all times relevant to the charges brought in
18 Accusation No. 2924 and will expire on August 31, 2009, unless renewed.

19 JURISDICTION

20 5. First Amended Accusation No. 2924 was filed before the Board of
21 Pharmacy (Board), Department of Consumer Affairs, and is currently pending against
22 Respondent. The First Amended Accusation and all other statutorily required documents were
23 properly served on Respondents on December 21, 2007. Respondents timely filed their Notices
24 of Defense contesting the Accusation. A copy of First Amended Accusation No. 2924 is
25 attached as Exhibit A and incorporated herein by reference.

26 ADVISEMENT AND WAIVERS

27 6. Respondents have carefully read, fully discussed with counsel, and
28 understand the charges and allegations in First Amended Accusation No. 2924. Respondents

1 have also carefully read, fully discussed with counsel, and understand the effects of this
2 Stipulated Settlement and Disciplinary Order.

3 7. Respondents are fully aware of their legal rights in this matter, including
4 the right to a hearing on the charges and allegations in the Accusation; the right to be represented
5 by counsel at their own expense; the right to confront and cross-examine the witnesses against
6 them; the right to present evidence and to testify on their own behalf; the right to the issuance of
7 subpoenas to compel the attendance of witnesses and the production of documents; the right to
8 reconsideration and court review of an adverse decision; and all other rights accorded by the
9 California Administrative Procedure Act and other applicable laws.

10 8. Respondents voluntarily, knowingly, and intelligently waive and give up
11 each and every right set forth above.

12 CULPABILITY

13 9. Respondents admit the truth of each and every charge and allegation in
14 First Amended Accusation No. 2924.

15 10. Respondent Saadeh agrees that his Pharmacist License and Original
16 Pharmacy Permit are subject to discipline and he agrees to be bound by the Board's imposition of
17 discipline as set forth in the Disciplinary Order below.

18 CONTINGENCY

19 11. This stipulation shall be subject to approval by the Board of Pharmacy.
20 Respondents understand and agree that counsel for Complainant and the staff of the Board of
21 Pharmacy may communicate directly with the Board regarding this stipulation and settlement,
22 without notice to or participation by Respondents or their counsel. By signing the stipulation,
23 Respondents understand and agree that they may not withdraw their agreement or seek to rescind
24 the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt
25 this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall
26 be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action
27 between the parties, and the Board shall not be disqualified from further action by having
28 considered this matter.

12. The parties understand and agree that facsimile copies of this Stipulated Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the same force and effect as the originals.

13. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Pharmacist License No. RPH 41232 issued to Respondent Dennis Elias Saadeh is revoked. However, the revocation is stayed and Respondent Saadeh is placed on probation for five (5) years on the following terms and conditions.

IT IS HEREBY FURTHER ORDERED that Original Pharmacy Permit No. PHY 41748 issued to Dennis Elias Saadeh is revoked. However, the revocation is stayed and the Original Pharmacy Permit is placed on probation for five (5) years on the following terms and conditions.

1. **Suspension.** As part of probation, Respondent Dennis Elias Saadeh is suspended from the practice of pharmacy for a period of 30 days. Respondent Saadeh is given credit for completion of 30 days suspension already served.

2. **Obey All Laws.** Respondents Saadeh and Park Pharmacy shall obey all state and federal laws and regulations substantially related to or governing the practice of pharmacy.

Respondents shall report any of the following occurrences to the Board, in writing, within 72 hours of such occurrence:

- an arrest or issuance of a criminal complaint for violation of any provision of the Pharmacy Law, state and federal food and drug laws, or state and federal controlled substances laws
- a plea of guilty or nolo contendere in any state or federal criminal proceeding to any criminal complaint, information or indictment
- a conviction of any crime

1 discipline, citation, or other administrative action filed by any state and federal
2 agency which involves Respondent's Pharmacist license or Original Pharmacy
3 Permit or which is related to the practice of pharmacy or the manufacturing,
4 obtaining, handling or distribution or billing or charging for any drug, device or
5 controlled substance.

6 **3. Reporting to the Board.** Respondents Saadeh and Park Pharmacy
7 shall report to the Board quarterly. The report shall be made either in person or in writing, as
8 directed. Respondent Saadeh shall state under penalty of perjury whether there has been
9 compliance with all the terms and conditions of probation. If the final probation report is **not**
10 made as directed, probation shall be extended automatically until such time as the final report
11 is made and accepted by the Board.

12 **4. Interview with the Board.** Upon receipt of reasonable notice,
13 Respondent Saadeh shall appear in person for interviews with the Board upon request at
14 various intervals at a location to be determined by the Board. Failure to appear for a
15 scheduled interview without prior notification to Board staff shall be considered a violation of
16 probation.

17 **5. Cooperation with Board Staff.** Respondents Saadeh and Park
18 Pharmacy shall cooperate with the Board's inspectional program and in the Board's monitoring
19 and investigation of Respondents' compliance with the terms and conditions of their
20 probation. Failure to comply shall be considered a violation of probation.

21 **6. Continuing Education.** Respondent Saadeh shall provide evidence of
22 efforts to maintain skill and knowledge as a pharmacist as directed by the Board.

23 **7. Notice to Employers.** Respondent Saadeh shall notify all present and
24 prospective employers of the decision in Case Number 2924 and the terms, conditions and
25 restrictions imposed on Respondent by the decision. Within 30 days of the effective date of
26 this decision, and within 15 days of Respondent undertaking new employment, Respondent
27 shall cause his direct supervisor, pharmacist-in-charge and/or owner to report to the Board in
28 writing acknowledging the employer has read the decision in Case Number 2924.

1 If Respondent Saadeh works for or is employed by or through a pharmacy
2 employment service, Respondent must notify the direct supervisor, pharmacist-in-charge,
3 and/or owner at every pharmacy of the and terms conditions of the decision in Case Number
4 2924 in advance of the Respondent commencing work at each pharmacy.

5 "Employment" within the meaning of this provision shall include any full-time, part-
6 time, temporary, relief or pharmacy management service as a pharmacist, whether the
7 Respondent is considered an employee or independent contractor.

8 **8. Notice to Employees.** Respondent shall, upon or before the effective
9 date of this decision, ensure that all employees involved in permit operations are made aware
10 of all the terms and conditions of probation, either by posting a notice of the terms and
11 conditions, circulating such notice, or both. If the notice required by this provision is posted,
12 it shall be posted in a prominent place and shall remain posted throughout the probation
13 period. Respondent shall ensure that any employees hired or used after the effective date of
14 this decision are made aware of the terms and conditions by posting a notice, circulating a
15 notice, or both.

16 "Employees" as used in this provision include all full-time, part-time, temporary and
17 relief employees and independent contractors employed or hired at any time during
18 probation.

19 **9. No Preceptorships, Supervision of Interns, Being Pharmacist-in-**
20 **Charge (PIC), or Serving as a Consultant.** Respondent Saadeh shall not supervise any
21 intern pharmacist or perform any of the duties of a preceptor, nor shall Respondent be the
22 pharmacist-in-charge of any entity licensed by the Board unless otherwise specified in this
23 order.

24 **10. Reimbursement of Board Costs as to Dennis Saadeh.** Respondent
25 Saadeh shall pay to the Board its costs of investigation and prosecution in the amount of
26 \$7,000.00. Respondent Saadeh shall be permitted to pay these costs in a payment plan
27 approved by the Board, with payments to be completed no later than three months prior to the
28 end of the probation term.

1 The filing of bankruptcy by Respondent Saadeh shall not relieve Respondent of
2 his responsibility to reimburse the Board its costs of investigation and prosecution.

3 **11. Reimbursement of Board Costs as to Park Pharmacy.** Respondent
4 Park Pharmacy shall pay to the Board its costs of investigation and prosecution in the amount
5 of \$3,387.00. Respondent Park Pharmacy shall be permitted to pay these costs in a payment
6 plan approved by the Board, with payments to be completed no later than three months prior
7 to the end of the probation term.

8 The filing of bankruptcy by Respondent Saadeh or Park Pharmacy shall not
9 relieve Respondent of his responsibility to reimburse the Board its costs of investigation and
10 prosecution.

11 **12. Probation Monitoring Costs.** Respondents Saadeh and Park
12 Pharmacy shall pay the costs associated with probation monitoring as determined by the Board
13 each and every year of probation. Such costs shall be payable to the Board at the end of each
14 year of probation. Failure to pay such costs shall be considered a violation of probation.

15 **13. Status of License.** Respondents Saadeh and Park Pharmacy shall, at all
16 times while on probation, maintain an active current license with the Board, including any
17 period during which suspension or probation is tolled.

18 If Respondents' licenses expire or are canceled by operation of law or
19 otherwise, upon renewal or reapplication, Respondents' licenses shall be subject to all terms
20 and conditions of this probation not previously satisfied.

21 **14. License Surrender while on Probation/Suspension.** Following the
22 effective date of this decision, should Respondent Saadeh cease practice due to retirement or
23 health, or be otherwise unable to satisfy the terms and conditions of probation, Respondent
24 may tender his license to the Board for surrender. The Board shall have the discretion whether
25 to grant the request for surrender or take any other action it deems appropriate and reasonable.
26 Upon formal acceptance of the surrender of the license, Respondent will no longer be subject
27 to the terms and conditions of probation.

28 ///

1 Upon acceptance of the surrender, Respondent shall relinquish his pocket
2 license to the Board within 10 days of notification by the Board that the surrender is accepted.
3 Respondent may not reapply for any license from the Board for three years from the effective
4 date of the surrender. Respondent shall meet all requirements applicable to the license sought
5 as of the date the application for that license is submitted to the Board.

6 **15. Notification of Employment/Mailing Address Change.** Respondent
7 Saadeh shall notify the Board in writing within 10 days of any change of employment. Said
8 notification shall include the reasons for leaving and/or the address of the new employer,
9 supervisor or owner and work schedule if known. Respondent shall notify the Board in
10 writing within 10 days of a change in name, mailing address or phone number.

11 **16. Tolling of Probation.** Should Respondent Saadeh, regardless of
12 residency, for any reason cease practicing pharmacy for a minimum of 40 hours per calendar
13 month in California, Respondent must notify the Board in writing within 10 days of cessation
14 of the practice of pharmacy or the resumption of the practice of pharmacy. Such periods of
15 time shall not apply to the reduction of the probation period. It is a violation of probation for
16 Respondent's probation to remain tolled pursuant to the provisions of this condition for a
17 period exceeding three years.

18 "Cessation of practice" means any period of time exceeding 30 days in which
19 Respondent is not engaged in the practice of pharmacy as defined in Section 4052 of
20 the Business and Professions Code.

21 Respondent shall work at least 40 hours in each calendar month as a pharmacist
22 and at least an average of 80 hours per month in any six consecutive months. Failure to do so
23 will be a violation of probation. If Respondent has not complied with this condition during
24 the probationary term, and Respondent has presented sufficient documentation of his good
25 faith efforts to comply with this condition, and if no other conditions have been violated, the
26 Board, in its discretion, may grant an extension of Respondent's probation period up to one
27 year without further hearing in order to comply with this condition.

28 ///

1 17. **Violation of Probation.** If Respondent Saadeh violates probation in
2 any respect, the Board, after giving Respondent notice and an opportunity to be heard, may
3 revoke probation and carry out the disciplinary order which was stayed. If a petition to revoke
4 probation or an accusation is filed against Respondent during probation, the Board shall have
5 continuing jurisdiction and the period of probation shall be extended, until the petition to
6 revoke probation or accusation is heard and decided.

7 If Respondent has not complied with any term or condition of probation, the
8 Board shall have continuing jurisdiction over Respondent, and probation shall automatically
9 be extended until all terms and conditions have been satisfied or the Board has taken other
10 action as deemed appropriate to treat the failure to comply as a violation of probation, to
11 terminate probation, and to impose the penalty which was stayed.

12 18. **Completion of Probation.** Upon successful completion of probation,
13 Respondent's licenses will be fully restored.

14 19. **Rehabilitation Program - Pharmacists Recovery Program (PRP).**
15 Within 30 days of the effective date of this decision, Respondent Saadeh shall contact the
16 Pharmacists Recovery Program for evaluation and shall successfully participate in and
17 complete the treatment contract and any subsequent addendums as recommended and
18 provided by the PRP and as approved by the Board. The costs for PRP participation shall be
19 borne by Respondent Saadeh.

20 If Respondent Saadeh is currently enrolled in the PRP, said participation is now
21 mandatory and is no longer considered a self-referral under Business and Professions Code
22 section 4363, as of the effective date of this decision. Respondent shall successfully
23 participate in and complete his current contract and any subsequent addendums with the PRP.
24 Probation shall be automatically extended until Respondent Saadeh successfully completes his
25 treatment contract. Any person terminated from the program shall be automatically suspended
26 upon notice by the board. Respondent may not resume the practice of pharmacy until notified
27 by the Board in writing. The Board shall retain jurisdiction to institute action to terminate
28 probation for any violation of this term.

1 20. **Random Drug Screening.** Respondent Saadeh, at his own expense,
2 shall participate in random testing, including but not limited to biological fluid testing (urine,
3 blood), breathalyzer, hair follicle testing, or a drug screening program approved by the Board.
4 The length of time shall be for the entire probation period and the frequency of testing will be
5 determined by the Board. At all times respondent shall fully cooperate with the Board, and
6 shall, when directed, submit to such tests and samples for the detection of alcohol, narcotics,
7 hypnotics, dangerous drugs or other controlled substances. Failure to submit to testing as
8 directed shall constitute a violation of probation. Any confirmed positive drug test shall result
9 in the immediate suspension of practice by Respondent Saadeh. Respondent Saadeh may not
10 resume the practice of pharmacy until notified by the Board in writing.

11 21. **Abstain from Drugs and Alcohol Use.** Respondent Saadeh shall
12 completely abstain from the possession or use of alcohol, controlled substances, dangerous
13 drugs and their associated paraphernalia except when the drugs are lawfully prescribed by a
14 licensed practitioner as part of a documented medical treatment. Upon request of the Board,
15 Respondent Saadeh shall provide documentation from the licensed practitioner that the
16 prescription was legitimately issued and is a necessary part of the treatment of Respondent
17 Saadeh.

18 22. **Supervised Practice.** Respondent Saadeh shall practice only under the
19 supervision of a pharmacist not on probation with the Board. Respondent Saadeh shall not
20 practice until the supervisor is approved by the Board. The supervision shall be, as required
21 by the Board, either:

22 Continuous - 75% to 100% of a work week
23 Substantial - At least 50% of a work week
24 Partial - At least 25% of a work week
25 Daily Review - Supervisor's review of probationer's daily activities within 24 hours

26 Within 30 days of the effective date of this decision, Respondent Saadeh shall have his
27 supervisor submit notification to the Board in writing stating the supervisor has read the
28 decision in case number 2924 and is familiar with the level of supervision as determined by
the Board.

1 If Respondent Saadeh changes employment, Respondent Saadeh shall have his
2 new supervisor, within 15 days after employment commences, submit notification to the Board
3 in writing stating the direct supervisor and pharmacist-in-charge have read the decision in case
4 number 2924 and is familiar with the level of supervision as determined by the Board.


5 Within 10, days of leaving employment, Respondent Saadeh shall notify the
6 Board in writing.

7 23. No New or Additional Ownership of Premises. Respondent Saadeh
8 shall not acquire any new ownership, legal or beneficial interest nor serve as a manager,
9 administrator, member, officer, director, trustee, associate, or partner of any additional
10 business, firm, partnership, or corporation licensed by the Board. If Respondent Saadeh
11 currently owns or has any legal or beneficial interest in, or serves as a manager, administrator,
12 member, officer, director, associate, or partner of any business, firm, partnership, or
13 corporation currently or hereinafter licensed by the Board, Respondent Saadeh may continue
14 to serve in such capacity or hold that interest, but only to the extent of that position or interest
15 as of the effective date of this decision.

16 ACCEPTANCE

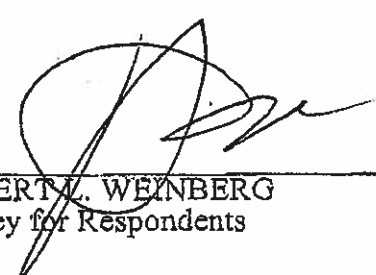
17 I, Dennis Elias Saadeh, on my own behalf and on behalf of Park Pharmacy,
18 have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
19 discussed it with my attorney, Herbert L. Weinberg. I understand the stipulation and the effect
20 it will have on my Original Pharmacist License and the Original Pharmacy Permit issued to
21 Park Pharmacy. I enter into this Stipulated Settlement and Order on my own behalf and on
22 behalf of Park Pharmacy voluntarily, knowingly, and intelligently, and agree to be bound by
23 the Decision and Order of the Board of Pharmacy.

24 DATED: 3-17-08

25
26 
27 DENNIS ELIAS SAADEH
28 Individually and on behalf of
PARK PHARMACY as Owner
Respondents

1 I have read and fully discussed with Respondent Dennis Elias Saadeh the terms
2 and conditions and other matters contained in the above Stipulated Settlement and
3 Disciplinary Order. I approve its form and content.

4 DATED: 3/18/08

5
6 
HERBERT L. WEINBERG
7 Attorney for Respondents
8
9

10 ENDORSEMENT

11 The foregoing Stipulated Settlement and Disciplinary Order is hereby
12 respectfully submitted for consideration by the Board of Pharmacy of the Department of
13 Consumer Affairs.

14 DATED: 4/9/08

15
16 EDMUND G. BROWN JR., Attorney General
17 of the State of California

18 LINDA K. SCHNEIDER
19 Supervising Deputy Attorney General


20 
21 RITA M. LANE
22 Deputy Attorney General
23 Attorneys for Complainant
24
25
26

Exhibit A
First Amended Accusation No. 2924

Blank

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

FEE \$500.00 (non-refundable and not transferable)

Application must be printed legibly

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 _____)

GENERAL INFORMATION

Facility Name: PGxHealth, LLC

Physical Address: 5 Science Park, New Haven, CT 06511

Mailing Address: One Gateway Center, Suite 702

City: Newton State: MA Zip Code: 02458

Telephone Number: 617-527-9933 Fax Number: n/a

Toll Free Number: n/a

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

Facility Manager: Stephen Wald, Vice President, Technical Operations

Professional qualifications and experience of facility manager: more than 25 years in pharmaceutical industry, including executive management of drug discovery, process development and commercial technical operations. B.S., Cornell University; M.S., Chemical Engineering, UC-Berkeley

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: _____

Board Use Only

Received: DEC 07 2010 Check Number: 487 Amount: 500 -

55612
2028

OWNERSHIP IS A CORPORATION ^{*} (See attached PGxHealth, LLC Ownership Structure)

State of Incorporation: Delaware
Parent Company if any: PGxHealth Holding, Inc.*
Corporation Name: PGxHealth, LLC
Mailing Address: One Gateway Center, Suite 702
City: Newton State: MA Zip: 02458
Telephone: 617-527-9933 Fax: n/a
License Contact Person: Deanna Patton (913-661-3867)
Professional Compliance Contact Person: Kimberley Fabrizio

Ownership Information – Complete Section 1 or 2
Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

1. PGxHealth Holding, Inc.* %: 100%
2. _____ %: _____
3. _____ %: _____
4. _____ %: _____

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: _____
Registration number issued: _____
Stock Exchange: _____

If corporation is a subsidiary, list name and state of incorporation of the parent corporation and include a list officers.

- 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 ☒ If yes, list the persons, their address and their business names.

a) _____
Name Address

Business

b) _____
Name Address

Business

c) _____
Name Address

Business

d) _____
Name Address

Business

- 2) Are you or have you in the last 10 years been associated with any person, business or health care entity in which pharmaceutical products (drugs) were sold, dispensed or distributed? Yes ☐ No ☒ If yes, list the persons, their address and their business names.

a) See attached PGxHealth, LLC Management Team Employment History (last 10 years)
Name Address

Business

b) _____
Name Address

Business

c) _____
Name Address

Business

d) _____
Name Address

Business

Within the last five (5) years:

- 1) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, 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 any 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.

James P. Shaffer
Signature of owner or executive officer

11/16/10
Date

James P. Shaffer, EVP, Chief Commercial Officer
Print or Type name and title

Attachment to PGxHealth, LLC application for Out-of-State Wholesaler (Corporation) License

PGxHealth, LLC management submitting fingerprints for criminal records check in support of PGxHealth, LLC application for Out-of-State Wholesaler licensure

PGxHealth, LLC is a limited liability company whose sole Member is PGxHealth Holding, Inc. The ultimate parent company of PGxHealth, LLC and PGxHealth Holding, Inc. is Clinical Data, Inc. These Clinical Data, Inc. officers submitted fingerprints in support of PGxHealth, LLC's application.

Name	Title	SSN (last 4 digits)
Fromkin, Andrew Jon	President & CEO	8055
Ballantyne, Charles Evan	Executive Vice President & CFO	3850
Belbel, Caesar Jacques	Executive Vice President & Chief Legal Officer	4795
Shaffer, James Paul	Executive Vice President & Chief Commercial Officer	7988
Reed, Carol Ruth	Executive Vice President & Chief Medical Officer	8991

PGxHealth, LLC Employees Who Handle Drugs on Daily Basis

PGxHealth, LLC is a virtual pharmaceutical company. All products are manufactured by a contract manufacturer and are then shipped directly to a third-party logistics provider for warehousing and distribution. As a result, there are no drugs at this PGxHealth, LLC facility and no PGxHealth, LLC employees at this facility come in contact with any drug products on a daily basis.

PGxHealth, LLC Exempt from Resident State Licensure

PGxHealth, LLC does not have licensure in its resident state because PGxHealth, LLC is exempt from Connecticut licensure. Please see attached exemption letter from the Connecticut Drug Control Division.

Blank

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane ~ Reno, NV 89509 ~ (775) 850-1440
APPLICATION BY RECIPROCATION AS A PHARMACIST

Total Fee: \$300.00 (non-refundable, money order or cashier's check only)

Money Order or Cashier's Check made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: Magdalene Middle: T Last: Ladbs

Mailing Address: 11041 Shaw Street

City: Westchester State: IL Zip Code: 60154

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: Chicago, IL ☐ M ☒ F

E-mail Address: _____

College of Pharmacy Information

Graduation Date: June/2003
(mm/dd/yy)

Degree Received: ☒ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: Midwestern Chicago College of Pharmacy.

Location of School: Downers Grove, IL

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

State which are licensed by exam: IL License# 051-289355

Other states where you are (or were) licensed as a pharmacist or print "none"

State	License #	Is the license active?	State	License #	Is the license active?
<u>FL</u>	<u>PS41028</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Board Use Only

Received: SEP 13 2010 Check Number: CC Amount: 300.00
Date Law Book Mailed: _____ MPJE Approved: _____

54776
10191

- 1) 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.
- 2) I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
- 3) I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
- 4) I have ☒ I have not ☐ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 2, 3 or 4 above, please include the following information and an explanation and/or documents. ** See attached Document * Sent By the BOP - NABP*

- a) Board Administrative Action and/or State: IL Date: 2001/2002 Case Number: 2001-05559-1
2002-07833-1
- b) Criminal Action State: _____ Date: _____ Case Number: _____
- County: _____ Court: _____

FEDERALLY MANDATED REQUIREMENTS

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

I am ☐ I am not ☒ subject to a court order for the support of a child.

If you are subject to a court order for the support of a child, please mark the appropriate response.

I am ☐ I am not ☐ in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order for the support of one or more children.

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, it's agents, servants and employees, to conduct any investigation(s) of my business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

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

Magdalena Lopez
 SIGNATURE OF APPLICANT

Sept 2, 2010
 DATE

Professional History

PAGE 3 OF 6

1. Have you ever voluntarily surrendered your pharmacist license or any pharmacist registration issued by a federal or state controlled substance authority?

Answer: No

2. Has your pharmacist license in any jurisdiction ever been revoked, suspended, restricted, terminated, or otherwise been subject to disciplinary action (public or private) by any board of pharmacy or other state authority?

Answer: Yes

3. Are you presently under investigation or is there any disciplinary action pending against you by any licensing jurisdiction, the federal Food and Drug Administration, the federal Drug Enforcement Administration, or any state drug enforcement authority for violation of any state or federal pharmacy, liquor, or drug laws?

Answer: No

4. Have you ever been charged or convicted (including a nolo contendere plea or guilty plea) of a felony or misdemeanor (other than minor traffic offenses) whether or not sentence was imposed, suspended, expunged, or whether you were pardoned from any such offense?

Answer: No

5. Are you presently or have you within the past five years ever participated in a chemical substance rehabilitation program?

Answer: No

6. Have you ever had any application for initial licensure, renewal licensure, or licensure by transfer denied by any licensing authority whether in pharmacy or any other profession?

Answer: No

Explanation: As a technician (in 2002) my tech license in IL was suspended for 90 days then put on probation for 2 years for diversion of controlled substance (NOT for personal use or selling reasons). The Board of Pharmacy for IL lapsed my probation time from my tech license onto my IL pharmacist's license. That is why my pharmacist license in IL has disciplinary action. My pharmacist's license for FL has NO disciplinary action against it.

Affidavit (Must be completed)

To prove any of the information presented in this application, including but not limited to character, education, and practical experience claimed, I will submit a certified copy of the required documents and recent identical photographs, properly identified.

I, Dr. Magdalene T Ladas, under oath, hereby swear or affirm that I have read the foregoing paragraphs, and the information therein is complete, true, and correct. I understand that any false statements made by me in this Application may be punishable by law.

Magdalene T Ladas
Signature of Applicant

Sworn to and subscribed before me this 30th day of August, 2010

My commission expires 09/15/2013. Notary Public Kristine Sylvia Rooney
(Notarization not required in states where prohibited by law.)



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NEVADA STATE BOARD OF PHARMACY
431 W. PLUMB LN • RENO, NV 89509 • 775-850-1440
PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION
Registration Fee: \$40.00 – (non-refundable)

☒ New Application ☐ Change of Pharmacy ☐ Additional Pharmacy (Please check one)
Complete Name (no abbreviations):
First: Brian Middle: Last: Fello
Mailing Address: 4235 Holleys Hill Street
City: Las Vegas State: NV Zip Code: 89129
Telephone Social Security Number:
Date of Birth: Place of Birth: Sex: Male
E-mail Address:

I am requesting registration at the following pharmacy or approved technician school:

Name of School: **Kaplan College**
Address: **3535 W. Sahara Ave.**
City: **Las Vegas**

State: **Nevada**

Zip Code: **89102**

Signature of Program Director: 

Date: **10/12/10**

(Without the signature of the program director, the application will be returned)

- 1) Are you 18 years of age or older? ☒ Y ☐ N
2) Are you a high school graduate or the equivalent? ☒ Y ☐ N
(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2 YOU CANNOT SUBMIT THIS APPLICATION)
3) 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.
4) I have ☐ I have not ☒ been charged, arrested or convicted of a misdemeanor ☐ or felony ☐.
5) I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
6) I have ☐ I have not ☒ had a professional license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 3 thru 6, please include the following information and/or an explanation.

- a) Board Administrative Action State: _____ Date: _____ Case#: _____
and/or
b) Criminal Action State: _____ Date: _____ Case#: _____
County: _____ Court: _____

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

I am ☐ I am not ☒ subject to a court order for support of a child.

IF YOU ARE SUBJECT to a court order for support of a child, please mark the appropriate response.

I am ☐ I am not ☐ in compliance with a plan approved by the district attorney or other public agency enforcing the order for the payment of the amount owed pursuant to the order for the support of one or more children.

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 in training and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.


Signature

10/12/10
Date

Board Use Only

Received: _____ Check Number: **245** Amount: **40.00**

55265
14511

Hi Candy,

Please Note that the application for Brian Fello is checked yes for substance abuse. He tested positive for methamphetamines while in our program. He wishes to try and continue. I have already given him the information regarding PRN PRN, and told him that he will receive a letter from the board as soon as his application is processed. Please let me know if there is anything else I have forgotten to tell him or if there are any other questions or concerns. Thank you!

Mark Brunton

mbrunton@kaplan.edu

702-579-3528

OCT 13 2010

Jeri Walter

From: Brian Fello
Sent: Wednesday, December 22, 2010 3:04 PM
To: Jeri Walter
Subject: FW: MD Letter
Attachments: ~OT947P000F.PDF

To geri walters,

I am a student at kaplan college i was recently denied a chance for the board because of my prescribed medications. The reason why i failed my urine sample was from amphetamines not from benzodiazapine or opiates which i am taking required and authorized from the VA. Due to this i am dropped out of the program i really want to per sue and continue this chance and time of change for me. This is my first time in back in college for a long time due to my PTSD. Attached is a copy of a letter from my psychiatrists describing my prescription medications i am taking.

Thank you for your time and consideration,

Brian Fello

you can also reach me at 800 273 3333

From: mbrunton@kaplan.edu
To: fello_brian@hotmail.com
Date: Tue, 21 Dec 2010 16:11:54 -0500
Subject: MD Letter



DEPARTMENT OF VETERANS AFFAIRS

VA Southern Nevada Healthcare System

P.O. Box 360001

North Las Vegas, Nevada 89036

(702) 636-4060

December 17, 2010

Re: Fello, Brian

DOB: 10/17/82

To Whom It May Concern:

I am currently treating Brian Fello for Post Traumatic Stress Disorder. He continues to be compliant with treatment. He is taking a prescribed benzodiazepine, Clonazepam, and has taken Lortab recently for pain issues. It would be most beneficial to his mental state were he to be re-admitted to his educational program.

If you require any further information, do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Herbert P. Goldman".

Herbert P Goldman, MD
Board-Certified Psychiatrist

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)

☒ New Application ☐ Change of Pharmacy ☐ Additional Pharmacy (Please check one)

Complete Name (no abbreviations):
First: Alexander Middle: George Last: Frankos

Home Address: 2429 Windy Hills Ave.

City: N. Las Vegas State: NV Zip Code: 89131

Telephone: 12 Social Security Number: _____

Date of Birth: _____ Place of Birth: Las Vegas, NV Sex: ☒ M or F

E-mail Address: _____

I am requesting registration at the following pharmacy or approved training program:

Pharmacy: Anthem Institute Store #: _____

Address: 2320 S. Rancho Drive

City: Las Vegas State: NV Zip Code: 89102

Signature of Managing Pharmacist: [Signature] Lic #: 104128 Date: 9/16/10

(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)
3) 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.
4) I have ☒ I have not _____ been charged, arrested or convicted of a misdemeanor ☒ or felony ☐
5) I have _____ I have not ☒ been the subject of an administrative action whether completed or pending.
6) I have _____ I have not ☒ had a professional license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 3 thru 6, please include the following information and provide documentation and/or an explanation.

a) Board Administrative Action and/or State: _____ Date: _____ Case #: _____

b) Criminal Action County: Clark State: Nevada Date: 12-20-2008 Case #: CRD13752-08
Court: case was closed

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

I am _____ I am not ☒ subject to a court order for the support of a child.

IF YOU ARE SUBJECT to a court order for the support of a child, please mark the appropriate response.

I am _____ I am not _____ in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order for the support of one or more children.

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 in training and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Signature: [Signature]

Board Use Only

Received: OCT 05 2010 Check Number: 100

Date

Amount: 40.00

54153 1007

Case number: CR0022154-07

I was pulled over on 3-23-2007 by North Las Vegas Police for a minor traffic violation. In my vehicle I was in possession of marijuana less than an oz. The case was closed.

Case number: CR010142-07

I was pulled over for a minor traffic violation. I was taken to North Las Vegas Police Department where I was asked to give a blood sample. After the results of the blood test came back it was determined that I was driving under the influence of marijuana. The case was closed.



City of North Las Vegas
Municipal Court Online



General Inquiry

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[Dockets](#)
[Fields](#)
[Notes](#)
[Disposition](#)
[Costs](#)

CRIMINAL NLV - Summary

CR013752-08 CITY OF NORTH LAS VEGAS CITY OF NORTH LAS VEGAS VS. FRANKOS,
ALEXANDER GEORGE

(s)

DEFENDANT(s)

FRANKOS, ALEXANDER GEORGE

Attorney(s)

Attorney(s)

Full Name

Full Name

Address

Address

City/State/Zip

City/State/Zip

Phone

Phone

CONT-SUB-MARJ

POSSESSION OF CONTROLLED SUBSTANCE -
LESS 1 OZ MARIJUANA

Additional Fields

ACCIDENT

AGENT

AGENT DIVISION

BASE IDENTIFICATION NUMBER

COMMERCIAL VEHICLE

CONSTRUCTION ZONE

COLLECTIONS WARRANT WALL

INJURY

JED WARRANT LETTER TRACKING

MASTER FILE

POLICE DEPARTMENT INCIDENT NUMBER 08032955

SCHOOL ZONE

SCOPE

SCOPE SID#

TR HISTORY NUMBER

10-22-2008

Case Attributes

Number CR013752-08

Status CLOSED

Filed 10-27-2008

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)

☒ New Application ☐ Change of Pharmacy ☐ Additional Pharmacy (Please check one)
Complete Name (no abbreviations):

First: Crystal Middle: Anne Last: Gebhart
Home Address: 4975 Duneville St. Apt #: 302
City: Las Vegas State: NV Zip Code: 89118
Telephone: _____ Social Security Number: _____
Date of Birth: _____ Place of Birth: Artesia, Ca Sex: M or (F)
E-mail Address: _____

I am requesting registration at the following pharmacy or approved training program:

Pharmacy: High Tech Institute Store #: _____
Address: 2320 S. Rancho DR
City: Las Vegas State: Nevada Zip Code: 89102
Signature of Managing Pharmacist: [Signature] Lic #: 170418 Date: 1/15/10

(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)
3) 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.
4) I have ☒ I have not ☐ been charged, arrested or convicted of a misdemeanor ☐ or felony ☐
5) I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
6) I have ☐ I have not ☒ had a professional license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 3 thru 6, please include the following information and provide documentation and/or a explanation.

a) Board Administrative Action and/or State: _____ Date: _____ Case #: _____
b) Criminal Action State: NV Date: 11-22-09 Case #: 09-009560
County: Clark Court: Henderson Justice 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.

I am ☐ I am not ☒ subject to a court order for the support of a child.

IF YOU ARE SUBJECT to a court order for the support of a child, please mark the appropriate response.

I am ☐ I am not ☒ in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order for the support of one or more children.

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 in training and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Signature

Date

Board Use Only

Received: JAN 20 2010

Check Number: 263

Amount: 40 -

52874/7

I just would like to let you know about this ticket which I go to court on Feb. 24 2010 to make sure everything is ok.

Because me & my friend had went to the park & the cops found paraphernalia in my bag that she had in my car that I didn't know about, and she had lied to them, I didn't want to see her get her kid taking away.

So ~~the~~ right now she's paying it off for me because I didn't want to pay for something I didn't do.

As far as I'm concerned when she gets done paying it off, Everything should be done & I won't have nothing to do, or no trouble.

I really hope this doesn't mess me up, I came way to far.

Crystal Debat

Attn: Larry Pinton,



Hi, this is Crystal Gehart
I go to High Tech Institute for Ph. Tec
and I had to send you a copy of
my record saying my charges were
dropped. Enclosed are the the copies
you asked for. I really appreciate
it if you could call me & let me
know what's going on from here.

I really would like to get back
& finish my last month.

Please call at ---) :--

Thank you,
Crystal Gehart

JUSTICE COURT, HENDERSON TOWNSHIP
CLARK COUNTY, NEVADA
DOCKET SHEET...CRIMINAL

CASE # 09MCH007719 RODNEY T BURR - DEPT # 1
 State GEBHART, CRYSTAL ANNE
 Charge(s) POSSESSION OF CONTROLLED SUBSTANCE DISMISSED BEFORE TRIAL
POSSESSION DRUG PARAPHERNALIA DISMISSED BEFORE TRIAL

Conditions

<u>Description</u>	<u>Required Amount</u>	<u>Bal Due</u>	<u>Due Dt</u>	<u>Notes</u>
Chrg# Docket Dt Docket Description	Amt Owed	Amt Paid	Amt Dism	Amt Due
1 11/22/2009 BAIL SET	732.00	0.00	732.00	0.00
				\$0.00
2 11/22/2009 BAIL SET	600.00	0.00	600.00	0.00
				\$0.00
				\$0.00

LINKED CASES FOR: 09MCH007719

<u>CASE #</u>	<u>STATUS</u>	<u>EVENT DATE</u>	<u>EVENT DESCRIPTION</u>
			NO FUTURE EVENTS

**DATE, JUDGE, OFFICERS
OF COURT PRESENT**

**PROCEEDINGS
APPEARANCES - HEARING**

EVENTS

August 10, 2010	CASE CLOSED DISMISSED Charge #2: POSSESSION DRUG PARAPHERNALIA DEFENDANT HAS STAYED OUT OF TROUBLE	
July 15, 2010	HEARING HELD The following event: TRAFFIC STATUS CHECK HND scheduled for 08/09/2010 at 8:30 am has been resulted as follows: Result: HEARING HELD Judge: Location:	

JUSTICE COURT. HENDERSON TOWNSHIP
CLARK COUNTY, NEVADA
DOCKET SHEET...CRIMINAL

CASE # 09MCH007719

RODNEY T BURR - DEPT # 1

State GEBHART, CRYSTAL ANNE

DATE, JUDGE, OFFICERS OF COURT PRESENT	PROCEEDINGS APPEARANCES - HEARING	EVENTS
May 11, 2010	<p>DISMISSED</p> <p>Charge #1: POSSESSION OF CONTROLLED SUBSTANCE</p> <hr/> <p>HEARING HELD BY DISTRICT ATTORNEY AT PRE-TRIAL CONFERENCE</p> <p>The following event: PRETRIAL CONFERENCE PENDING-TRAFFIC HND scheduled for 05/11/2010 at 2:00 pm has been resulted as follows:</p> <p>Result: PRETRIAL HEARING HELD</p> <p>Judge: Location: DEPARTMENT 1</p> <hr/> <p>SUBMITTAL ON THE RECORD</p> <p>TO COMPLETE 30 HOURS COMMUNITY SERVICE</p> <p>TO STAY OUT OF TROUBLE FOR PENDENCY OF CASE</p> <p>IF REQUIREMENTS ARE COMPLETED DISMISS CHARGE</p>	
February 24, 2010	<p>HEARING VACATED</p> <p>The following event: ARRAIGNMENT PENDING HND scheduled for 02/24/2010 at 8:30 am has been resulted as follows:</p> <p>Result: HEARING VACATED</p> <p>Judge: GEORGE, STEPHEN L Location: DEPARTMENT 2</p> <hr/> <p>NOT GUILTY PLEA AND WIAVER SIGNED.</p> <p>PRETRIAL SET FOR MAY 11TH 2010 @ 2PM</p>	
November 22, 2009	<p>SET FOR COURT APPEARANCE</p> <p>Event: ARRAIGNMENT PENDING HND</p> <p>Date: 02/24/2010 Time: 8:30 am</p> <p>Judge: GEORGE, STEPHEN L Location: DEPARTMENT 2</p> <p>Result: HEARING VACATED</p> <hr/> <p>BAIL SET</p> <p>Charge #2: POSSESSION DRUG PARAPHERNALIA</p> <hr/> <p>BAIL SET</p> <p>Charge #1: POSSESSION OF CONTROLLED SUBSTANCE</p>	

Spunk

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)

☒ **New Application** ☐ **Change of Pharmacy** ☐ **Additional Pharmacy** (Please check one)
Complete Name (no abbreviations):

First: Neil Middle: Gene Last: Larrabee
Home Address: 4815 Arizona Ave. Apt #: _____
City: Las Vegas State: NV Zip Code: 89104
Telephone: _____ Social Security Number: _____
Date of Birth: _____ Place of Birth: Las Vegas Sex: M ☒ or F
E-mail Address: _____

I am requesting registration at the following pharmacy or approved training program:

Pharmacy: Pima Medical Institute Store #: N/A
Address: 3333 E. Flamingo Rd.
City: Las Vegas State: NV Zip Code: 89121
Signature of Managing Pharmacist: Steve L. Freeman Lic #: PT00139 Date: 10/6/10

(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)
3) 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.
4) I have _____ I have not ☒ been charged, arrested or convicted of a misdemeanor ☐ or felony ☐
5) I have _____ I have not ☒ been the subject of an administrative action whether completed or pending.
6) I have _____ I have not ☒ had a professional license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 3 thru 6, please include the following information and provide documentation and/or an explanation.

a) Board Administrative Action State: _____ Date: _____ Case #: _____
and/or
b) Criminal Action State: _____ Date: _____ Case #: _____
County: _____ Court: _____

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

I am _____ I am not ☒ subject to a court order for the support of a child.

IF YOU ARE SUBJECT to a court order for the support of a child, please mark the appropriate response.

I am _____ I am not _____ in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order for the support of one or more children.

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 in training and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Neil Larrabee 10/06/10
Signature Date

Board Use Only
Received: OCT 23 2010 Check Number: MO Amount: 40.00

55257
14385

NOTE TO FILE:

After receiving this application for Pharmaceutical Technician in Training for Neil Larriabee from Pima Medical Institute, Steve Fever – the Pima PT course coordinator – advised Board staff that Neil Larrabee had tested positive for marijuana.

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)

☐ New Application ☐ Change of Pharmacy ☒ Additional Pharmacy (Please check one)
Complete Name (no abbreviations):

First: CHASE Middle: PAUL Last: WILSON
Home Address: 5292 S Maryland Pkwy. Apt #: 84
City: Las Vegas State: NV Zip Code: 89119
Telephone: _____ Social Security Number: _____
Date of Birth: _____ Place of Birth: Las Vegas, NV Sex: ☒ M or F
E-mail Address: _____

I am requesting registration at the following pharmacy or approved training program:

Pharmacy: Walgreens #5014 Store #: _____
Address: 7845 W. Flamingo Rd.
Las Vegas, NV 89147
City: _____ State: _____ Zip Code: _____

Signature of Managing Pharmacist: [Signature] Lic #: 12940 Date: 11/22/10

(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)
3) 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.
4) I have ☒ I have not _____ been charged, arrested or convicted of a misdemeanor ☒ or felony ☐
5) I have _____ I have not ☒ been the subject of an administrative action whether completed or pending.
6) I have _____ I have not ☒ had a professional license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 3 thru 6, please include the following information and provide documentation and/or an explanation.

a) Board Administrative Action State: _____ Date: _____ Case #: _____
and/or 3/5/07 CR07-703569 Possession Mar
b) Criminal Action State: AZ Date: 5/10/07 Case #: CR07-708285 Shoplifting
County: Pima Court: Pima Consolidated Justice Court Driving on a susp
Licenses

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

I am _____ I am not ☒ subject to a court order for the support of a child.

IF YOU ARE SUBJECT to a court order for the support of a child, please mark the appropriate response.

I am _____ I am not _____ in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order for the support of one or more children.

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 in training and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Chase Wilson
Signature

11/29/10
Date

Board Use Only
Received: DEC 07 2010 Check Number: MO Amount: 40.00

55606
14721

Walgreens #5311
1180 East Flamingo Road
Las Vegas, NV 89119

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)

☒ New Application ☐ Change of Pharmacy ☐ Additional Pharmacy (Please check one)
Complete Name (no abbreviations):

First: Chase Middle: Paul Last: Wilson
Home Address: 5292 S. Maryland Pkwy Apt #: 84
City: Las Vegas State: NV Zip Code: 89119
Telephone: _____ Social Security Number: _____
Date of Birth: _____ Place of Birth: Las Vegas, NV Sex: (M) or F
E-mail Address: _____

I am requesting registration at the following pharmacy or approved training program:

Pharmacy: Walgreens Pharmacy Store #: 5311
Address: 1180 E Flamingo Rd
City: Las Vegas State: NV Zip Code: 89119
Signature of Managing Pharmacist: [Signature] Lic #: 17441 Date: 11/16/10

(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)
3) 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.
4) I have ☒ I have not ☐ been charged, arrested or convicted of a misdemeanor ☒ or felony ☐
5) I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
6) I have ☐ I have not ☒ had a professional license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 3 thru 6, please include the following information and provide documentation and/or an explanation.

a) Board Administrative Action State: _____ Date: _____ Case # _____
and/or
b) Criminal Action State: AZ Date: 3/15/07 Case # CR07-703569 Possession Marijuana
County: Pima Court: Pima Consolidated Justice Court CR07-708285 Shoplifting
13403280 Driving on suspended License

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

I am ☐ I am not ☒ subject to a court order for the support of a child.

IF YOU ARE SUBJECT to a court order for the support of a child, please mark the appropriate response.

I am ☐ I am not ☐ in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order for the support of one or more children.

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 in training and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Signature: Chase Wilson Date: 11/16/10

Board Use Only
Received: DEC 27 2010 Check Number: MO Amount: 40.00

55605
14722

11/27/2011 11:27 AM
11/27/2011 11:27 AM
11/27/2011 11:27 AM

To Whom it may concern,

Please don't let the stupid decisions I made in my past affect the improvement I've made since. Please give me the opportunity to advance my life and move forward by permitting me to work for this Pharmacy. If given this opportunity, I know I will excel in every aspect and only grow better as a person and a citizen. It will open up so many doors of opportunity for me to become the best person I can possibly be. Please keep this in mind when making your final decision on whether I can make a better life for myself. Thank you for your consideration

Sincerely,

Chase Wilson
Chase Wilson



PIMA COUNTY SHERIFF'S DEPARTMENT
ARIZONA TRAFFIC TICKET AND COMPLAINT



COMPLAINT 503398		SOCIAL SECURITY NO. <input type="checkbox"/> SAME AS DR. LIC.		MILITARY <input type="checkbox"/> YES		<input type="checkbox"/> ACCIDENT <input type="checkbox"/> SERIOUS INJURY <input type="checkbox"/> FATALITY		<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> HAZ. MATERIAL		INCIDENT NUMBER 070208378	
DRIVER'S LICENSE NUMBER D04384089				STATE/COUNTRY AZ				CLASS D		ENDORSEMENTS M H N P T X D	
DEFENDANT CHASE		NAME: FIRST		MIDDLE		LAST WILSON					
RESIDENTIAL ADDRESS 7271 N JESSY LN TUCSON AZ				CITY		STATE/COUNTRY AZ		ZIP CODE 85742		TELEPHONE	
SEX M	WEIGHT 150	HEIGHT 5-08	EYES BRN	HAIR BRN	ORIGIN 5	RESTRICTIONS					
BUSINESS ADDRESS				CITY		STATE/COUNTRY		ZIP CODE		TELEPHONE	
VEHICLE		COLOR GRN	YEAR 94	MAKE MTS	STYLE PU	LICENSE PLATE 557MNN	STATE AZ	COUNTRY US	EXPIRES 08/07		
REGISTERED OWNER <input type="checkbox"/> (SAME AS DEFENDANT) CHRISTINA WEISBURGER				ADDRESS (SAME ADDRESS)		VEHICLE IDENTIFICATION NUMBER 1A7LS2166RP000360					
THE UNDERSIGNED CERTIFIES THAT:											
ON	DATE (MO/DAY/YR) 08/08/07	TIME OF DAY 2030	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	SPEED	APPROX.	POSTED	R&P	MEASUREMENT DEVICE DUI	PRIOR CONVICTION YES	NO	UNK
AT	DIRECTION OF TRAVEL SOUTH		LOCATION THORNYDALE / MAGEE		PIMA COUNTY, ARIZONA						
THE DEFENDANT COMMITTED THE FOLLOWING:											
A	SECTION 13-3405	A.R.S. cc	VIOLATION POSSESSION OF MARIJUANA (MI)								
VIOLATION 1 <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL TRAFFIC <input type="checkbox"/> D.V. CASE <input type="checkbox"/> CIVIL TRAFFIC <input type="checkbox"/> PETTY OFFENSE <input type="checkbox"/> ORDINANCE											
B	SECTION 13-3415	A.R.S. cc	VIOLATION POSSESSION OF DRUG PARAPHERNALIA (MI)								
VIOLATION 2 <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL TRAFFIC <input type="checkbox"/> D.V. CASE <input type="checkbox"/> CIVIL TRAFFIC <input type="checkbox"/> PETTY OFFENSE <input type="checkbox"/> ORDINANCE											
C	SECTION	A.R.S. CC	VIOLATION								
VIOLATION 3 <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL TRAFFIC <input type="checkbox"/> D.V. CASE <input type="checkbox"/> CIVIL TRAFFIC <input type="checkbox"/> PETTY OFFENSE <input type="checkbox"/> ORDINANCE											
D	SECTION	A.R.S. CC	VIOLATION								
VIOLATION 4 <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL TRAFFIC <input type="checkbox"/> D.V. CASE <input type="checkbox"/> CIVIL TRAFFIC <input type="checkbox"/> PETTY OFFENSE <input type="checkbox"/> ORDINANCE											
E	SECTION	A.R.S. CC	VIOLATION								
VIOLATION 5 <input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL TRAFFIC <input type="checkbox"/> D.V. CASE <input type="checkbox"/> CIVIL TRAFFIC <input type="checkbox"/> PETTY OFFENSE <input type="checkbox"/> ORDINANCE											
YOU MUST APPEAR AT:		<input checked="" type="checkbox"/> PIMA COUNTY JUSTICE COURT JP #1 <input type="checkbox"/> PIMA COUNTY JUSTICE COURT JP #3 <input type="checkbox"/> PIMA COUNTY JUSTICE COURT JP #7 <input type="checkbox"/> PIMA COUNTY JUVENILE COURT CENTER									
		115 N. CHURCH AVE., TUCSON, AZ 1001 111 LA MINA, AJO, AZ 1003 601 N. LA CANADA, GREEN VALLEY, AZ 1007 2225 E. AJO WAY, TUCSON, AZ									
At the date and time indicated:		MONTH: MARCH	DAY: 05	YEAR: 2007	TIME OF DAY: 0830		<input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M.				
CRIMINAL: <input checked="" type="checkbox"/> Without admitting guilt, I promise to appear as directed herein.		VICTIM? YES OR NO ALL VICTIMS NOTIFIED? YES OR NO									
CIVIL: <input checked="" type="checkbox"/> Without admitting responsibility, I acknowledge receipt of this complaint.		I certify upon reasonable grounds, I believe the person named above committed the acts described and I have served a copy of the complaint upon the defendant.									
X		J. MCNEELY BADGE NUMBER 5805									
JUVENILE REFERRAL: Your parent/guardian will be contacted by the juvenile court concerning the above offense.											
X											
PARENT'S NAME				ADDRESS				TELEPHONE			
WARNING TO ALL PERSONS UNDER 18 YEARS OF AGE: If you fail to appear for any court appearance, or fail to comply with any court order, the court will direct the Arizona Motor Vehicle Department to suspend your driver license or driving privilege until you have satisfied the court, or until your eighteenth birthday.											

STATE OF ARIZONA VS. <u>WILSON, CHASE P</u>	ARRAIGNMENT MINUTE ENTRY ORDER AND JUDGMENT	CASE NO. <u>CR07-703569</u> <input type="checkbox"/> ACCOUNT IN COLLECTION
---	--	---

Present: ☒ Defendant ☐ Defense Attorney ☐ Prosecutor ☐ Interpreter ☐ Victim ☐ Other _____

Charge(s)	Violation	Plea	Dismiss w/out prejudice	Fine / Civil Sanction
13-3405	UNLAWFUL POSS/SALE/TRANS OF	6		1396
13-3415	POSS DRUG PARAPHERNALIA	6	Diversion	262

☐ DEFER ENTRY OF PLEA / JUDGMENT

TOTAL

☒ Pima County Attorney Diversion Program ☐ University of Arizona Diversion Program, (Dean of Students Office)
 Defendant is ordered to report to the specified Program within 72 hours and complete by 6-5-2007
 Court fee of \$ 20.00 to be paid by 3-5-07

DEFENDANT IS ORDERED TO PAY: Fine \$ _____ + JCEF Fee: \$ _____ = Total: \$ _____
☐ Pay in full today. ☐ Pay \$ _____ /monthly starting _____
☐ SUSPEND amounts per marked items shown to Court by _____ ☐ Cost Recovery fees waived.
☐ \$ _____ valid driver's license ☐ \$ _____ current registration ☐ \$ _____ drug ed/counseling
☐ \$ _____ current insurance ☐ \$ _____ (Other) _____ ☐ \$ _____ alcohol ed/counseling
☐ \$ _____ community service hours (Important: Costs of collection will be added to all balances referred to collection agencies)

DEFENDANT IS ORDERED TO COMPLETE:

☐ Defensive Driving School - Re: ARS _____ (traffic violation) completed by _____
☐ Alcohol ☐ Drug Education / Counseling - (_____ hours) with proof to the Court by _____

DEFENDANT IS PLACED ON PROBATION ☐ supervised ☐ unsupervised for _____ months. Probation fees \$ _____ per month.

ADDITIONAL ORDERS: Pay Deferred Prosecution Fee \$20.00 3-5-2007
Pay PIMA Co. Diversion Program \$225.00
Sign up and Complete Re-offender Program at Central Ave
Life Skill File Proof with Diversion By 6-5-2007

SET FURTHER HEARING(S): ☐ pretrial _____ / _____ / _____ @ _____; ☒ bench trial 7, 6, 07 @ 213
☐ jury trial _____ / _____ / _____ @ _____; ☐ jury trial review _____ / _____ / _____ @ _____; ☐ (other) _____ / _____ / _____ @ _____

☐ Quash Warrant ☐ Lift Suspension ☐ Issue Warrant - bond @ \$ _____ ☐ Exonerate bond

Release Agreement Statement: I promise to comply with my release conditions, including the standard conditions enumerated on the back of this form. I understand I have the right to be present at my trial and other proceedings in my case, and that if I fail to appear, the trial or proceedings will be held without me, any bond posted will be forfeited, and a warrant will be issued for my arrest. I promise to notify the court immediately, in writing, of any change in my current address.

Statement of Understanding: I hereby acknowledge receipt of a copy of the foregoing Judgment and I understand that, if I violate any of said orders, the Court may issue a warrant for my arrest and direct my confinement in jail pending further proceedings. If I have been placed on probation, the Court may revoke and terminate my probation and impose sentence in accordance with law. I promise to notify the court immediately, in writing, of any change in my current address.

CURRENT ADDRESS: 1271 N. Jessy Ln Tucson, AZ 85742

TELEPHONE: 520-312-7592 Defendant's Signature: Chase Wilson

03/05/07

DATE

JUDGE

TUCSON CITY COURT

103 E. Alameda Street • P.O. Box 27210 • Tucson, AZ 85726-7210 • Phone (520) 791-4216

State of Arizona
Plaintiff
vs
CHASE WILSON
Defendant

Docket #
TR 9114955
TR 9127065

Agency #

SENTENCING MINUTE ENTRY
☒ PLEA ☐ TRIAL

INTERPRETER _____

☐ VICTIM ☐ NOTIFIED ☐ PRESENT PAGE 1 OF _____

PLEA	CITATION	CV	CR	OFFENSE/VIOLATION	OFF DATE	JUDGMENT	DISPOSITION	DISM	W	W/O
	13603280	X		SPD	10/06/09			X	X	
	13603280		X	DSL	10/06/09			X	X	
			X	FTA	10/19/09			X	X	
	47300107		X	FICT PLS	11/14/09			X	X	
G	47300107		X	DSL	11/14/09	G	598 / 138			
R	47300107	X		NPI	11/14/09	R	966 / 100			

PROBATION _____ TOTAL MONTHS _____ MONTHS OF UNSUPERVISED AND _____ MONTHS OF MONITORED PROBATION
CONDITIONS: ☐ REPORT TO PROBATION OFFICE ☐ TODAY WITHIN _____ HOURS OF JAIL RELEASE
☐ VIOLATE NO LAWS ☐ HAVE NO CONTACT WITH _____
☐ STAY AWAY FROM _____
☐ OTHER: _____ OBTAIN PROOF OF _____

PROOFS: ☒ DRIVERS LICENSE ☐ VEHICLE REGISTRATION ☒ 6 MONTHS PAID INSURANCE ☐ REPAIR ☐ DOG LICENSE
☐ OTHER _____ BY 02/18/2010 OR ADD'L FINE _____

FINE \$238.00 TODAY, OR THROUGH SENTENCE ENFORCEMENT OFFICE ☒ TIME PAYMENT FEE OF \$20.00
☐ INSTALLMENTS _____ ☐ COMMUNITY SERVICE _____ HOURS, PROOF _____

ADMINISTRATIVE FEES ☐ WAIVED ☐ FOR COST OF APPOINTED COUNSEL
☐ DUI PROCESSING FEES = _____ ☐ JAIL \$198.00 X 1 = \$198.00 TOTAL \$0.00

☐ RESTITUTION IN AMOUNT OF _____ TO OR 20 HOURS OF COMMUNITY SERVICE - IN AZ - BY 2/18/10
☐ INSTALLMENTS _____

☐ JAIL ☐ TIME SERVED _____ DAYS WITH CREDIT FOR _____ DAY ALREADY SERVED
(REFERENCED COMMITMENT ORDER ATTACHED) ☐ SUSPEND _____ DAYS
☐ BOND ☐ CONVERT TO FINE ☐ REFUND ☐ EXONERATE TO SURETY

I AGREE TO THE CONDITIONS OF PROBATION
I have received a copy of this Minute Entry and Notice of Appeal

Defendant _____ DOB _____

Address _____ ZIP _____

☐ QUASH WARRANT
☐ SET ASIDE CIVIL DEFAULT

I certify that the defendant's finger print was affixed on the reverse side of this document upon acceptance of this plea.

Nikki A. Chayet
JUDGE
12/18/2009
DATE

☒ FILE ☒ DEFENDANT ☒ PROSECUTOR ☐ PROBATION ☐ OTHER

TUCSON CITY COURT

103 E. ALAMEDA ST. • TUCSON, ARIZONA 85701-7210 • PHONE (520) 791-4216

<p style="text-align: center;">State of Arizona, Plaintiff</p> <p style="text-align: center;">vs.</p> <p style="font-size: 1.2em;">Chase Wilson</p> <p style="text-align: right;">Defendant.</p>	<p style="text-align: center;">DOCKET/CITATION NO.</p> <p style="font-size: 1.2em;">TR 911 4955 / AB13603280</p> <p style="font-size: 1.2em;">TR 912 7065 / AC 47300107</p>
PLEA AGREEMENT	
<p>PLEA</p> <p><input checked="" type="checkbox"/> Guilty</p> <p><input type="checkbox"/> No Contest</p> <p><input checked="" type="checkbox"/> Responsible</p>	<p>DISMISS: <u>DSL (955)</u> <u>FTA (955)</u></p> <p><u>Speeding (955)</u></p> <p><u>Fict. PHS (065)</u></p> <p><input type="checkbox"/> If box checked, civils remain in default.</p>

<p>SENTENCE</p> <p>FINE 1) <u>598 / 138</u> ^{4/pt.} (suspend _____) *</p> <p>2) <u>966</u> or <u>100</u> w/prf (sus _____) *</p> <p>3) _____ or _____ w/prf (sus _____) *</p> <p>4) _____ or _____ w/prf (sus _____) *</p> <p>5) _____ or _____ w/prf (sus _____) *</p> <p>6) _____ or _____ w/prf (sus _____) *</p> <p>AND / OR _____ HOURS of community restitution</p> <p>JAIL _____ DAYS/Suspend* _____ DAYS</p> <p>*upon successful completion of probation</p> <p>Serve _____ days; credit _____ served</p> <p><input type="checkbox"/> Work Release Eligible</p> <p>NO CONTACT _____</p> <p>_____</p> <p>NO RETURN _____</p> <p>_____</p> <p>_____</p>	<p>PROBATION _____ MONTHS</p> <p><input type="checkbox"/> SIS _____</p> <p><input type="checkbox"/> TUCSON CITY COURT MONITORED _____</p> <p><input type="checkbox"/> PIMA COUNTY ADULT PROBATION _____</p> <p><input type="checkbox"/> UNSUPERVISED _____</p> <p>RESTITUTION</p> <p><input type="checkbox"/> in the amount of \$ _____ to _____</p> <p><input type="checkbox"/> DHS APPROVED DV CLASSES/COUNSELING</p> <p><input type="checkbox"/> ALCOHOL EVALUATION/COUNSELING</p> <p><input type="checkbox"/> MADD VIPP <input type="checkbox"/> IGNITION INTERLOCK PER MVD</p> <p><input type="checkbox"/> JAIL/ADMINISTRATIVE FEES TO BE ASSESSED BY THE COURT</p> <p><input checked="" type="checkbox"/> OTHER: <u>Restitution of \$198.00 or</u></p> <p><u>20 hrs. community restitution</u></p> <p><u>to the City of Tucson as</u></p> <p><u>recovery for jail costs.</u></p> <p>_____</p> <p><u>prints w/in 60 days</u></p>
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Having read and understood the terms and conditions set forth in this agreement, and having discussed the case and my constitutional rights with my lawyer, or had them explained to me by the Court, I agree to enter the plea as noted above on the terms and conditions set forth herein. I understand that by entering my plea, my immigration rights might be affected if I am not a U.S. citizen, and I give up my right to a trial, to confront, cross-examine, and compel the attendance of witnesses, to direct appeal, and my privilege against self-incrimination. I further understand that if, as part of this plea bargain, I am granted probation by the Court, the period and conditions thereof are subject to modification at any time during the probationary period in the event I violate any written condition of probation.

Date 12/18/09 Defendant Chase Wilson

I have discussed with my client his/her constitutional rights, the facts of this case, and all possible defenses and I concur in the entry of this plea.

Date _____ Defense Counsel _____

I agree and concur with the plea and disposition set forth in this agreement.

Date 12/18/09 Prosecutor [Signature]

IT IS HEREBY ORDERED that this agreement and the defendant's plea of ☒ guilty ☐ no contest be accepted, the Court finding a factual basis therefore and that the defendant entered the plea knowingly, intelligently, and voluntarily.

Date 12/18/09 City Magistrate [Signature]



PIMA COUNTY SHERIFF'S DEPARTMENT
ARIZONA TRAFFIC TICKET AND COMPLAINT



COMPLAINT 511182	SOCIAL SECURITY NO. <input type="checkbox"/> SAME AS DR. LIC.	MILITARY <input type="checkbox"/> YES	<input type="checkbox"/> ACCIDENT <input type="checkbox"/> SERIOUS INJURY <input type="checkbox"/> FATALITY	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> HAZ. MATERIAL	INCIDENT NUMBER 070409994
DRIVER'S LICENSE NUMBER 004386089	STATE/COUNTRY AZ	CLASS D	ENDORSEMENTS M H N P T X D		
DEFENDANT NAME: FIRST CHASE	MIDDLE WILLIAM	LAST WILLIAM			
RESIDENTIAL ADDRESS 9271 N. JESSIE LN	CITY TUCSON	STATE/COUNTRY AZ	ZIP CODE 85700	TELEPHONE 312-7592	
SEX M	WEIGHT 185	HEIGHT 5'8"	EYES BRN	HAIR BRN	DATE OF BIRTH 1-10-1964
BUSINESS ADDRESS	CITY	STATE/COUNTRY	ZIP CODE	TELEPHONE	
VEHICLE	COLOR	YEAR	MAKE	STYLE	LICENSE PLATE
REGISTERED OWNER <input type="checkbox"/> (SAME AS DEFENDANT)	ADDRESS		VEHICLE IDENTIFICATION NUMBER		
THE UNDERSIGNED CERTIFIES THAT:					
ON	DATE (MO/DAY/YR) 4/19/07	TIME OF DAY 2:50 P.M.	<input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	SPEED	APPROX. POSTED R&P
AT	DIRECTION OF TRAVEL 0	LOCATION 9271 N. JESSIE LN TUCSON	PIMA COUNTY, ARIZONA		
THE DEFENDANT COMMITTED THE FOLLOWING:					
A	SECTION 13-1805	A.R.S. CC	VIOLATION SUBSTANCES (M1) (-250)		
VIOLATION 1			<input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL TRAFFIC <input type="checkbox"/> D.V. CASE <input type="checkbox"/> CIVIL TRAFFIC <input type="checkbox"/> PETTY OFFENSE <input type="checkbox"/> ORDINANCE		
B	SECTION	A.R.S. CC	VIOLATION		
VIOLATION 2			<input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL TRAFFIC <input type="checkbox"/> D.V. CASE <input type="checkbox"/> CIVIL TRAFFIC <input type="checkbox"/> PETTY OFFENSE <input type="checkbox"/> ORDINANCE		
C	SECTION	A.R.S. CC	VIOLATION		
VIOLATION 3			<input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL TRAFFIC <input type="checkbox"/> D.V. CASE <input type="checkbox"/> CIVIL TRAFFIC <input type="checkbox"/> PETTY OFFENSE <input type="checkbox"/> ORDINANCE		
D	SECTION	A.R.S. CC	VIOLATION		
VIOLATION 4			<input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL TRAFFIC <input type="checkbox"/> D.V. CASE <input type="checkbox"/> CIVIL TRAFFIC <input type="checkbox"/> PETTY OFFENSE <input type="checkbox"/> ORDINANCE		
E	SECTION	A.R.S. CC	VIOLATION		
VIOLATION 5			<input type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL TRAFFIC <input type="checkbox"/> D.V. CASE <input type="checkbox"/> CIVIL TRAFFIC <input type="checkbox"/> PETTY OFFENSE <input type="checkbox"/> ORDINANCE		
YOU MUST APPEAR AT:	<input checked="" type="checkbox"/> PIMA COUNTY JUSTICE COURT JP #1 <input type="checkbox"/> PIMA COUNTY JUSTICE COURT JP #3 <input type="checkbox"/> PIMA COUNTY JUSTICE COURT JP #7 <input checked="" type="checkbox"/> PIMA COUNTY JUVENILE COURT CENTER				
At the date and time indicated:		MONTH MAY	DAY 16	YEAR 2007	TIME OF DAY 0830
CRIMINAL: <input checked="" type="checkbox"/> Without admitting guilt, I promise to appear as directed herein. CIVIL: <input type="checkbox"/> Without admitting responsibility, I acknowledge receipt of this complaint.		VICTIM? YES OR NO NO			
X Chase William		ALL VICTIMS NOTIFIED? YES OR NO NO			
JUVENILE REFERRAL: Your parent/guardian will be contacted by the juvenile court concerning the above offense.		COMPLAINANT WILLIAM CHASE			
PARENT'S NAME		ADDRESS		TELEPHONE	
WARNING TO ALL PERSONS UNDER 18 YEARS OF AGE: If you fail to appear for any court appearance, or fail to comply with any court order, the court will direct the Arizona Motor Vehicle Department to suspend your driver license or driving privilege until you have satisfied the court, or until your eighteenth birthday.					

TUCSON CITY COURT
103 E. Alameda Street • P.O. Box 27210 • Tucson, AZ 85726-7210 • Phone (520) 791-4216

State of Arizona
Plaintiff
vs
CHASE WILSON
Defendant

Docket #
TR 9114955
TR 9127065

Agency #

SENTENCING MINUTE ENTRY
☒ PLEA ☐ TRIAL

INTERPRETER

☐ VICTIM

☐ NOTIFIED

☐ PRESENT

PAGE 1 OF _____

PLEA	CITATION	CV	CR	OFFENSE/VIOLATION	OFF DATE	JUDGMENT	DISPOSITION	DISM	W	W/O
	13603280	X		SPD	10/06/09			X	X	
	13603280		X	DSL	10/06/09			X	X	
			X	FTA	10/19/09			X	X	
	47300107		X	FICT PLS	11/14/09			X	X	
G	47300107		X	DSL	11/14/09	G	598 / 138			
R	47300107	X		NPI	11/14/09	R	966 / 100			

PROBATION _____ TOTAL MONTHS _____ MONTHS OF UNSUPERVISED AND _____ MONTHS OF MONITORED PROBATION
CONDITIONS: ☐ REPORT TO PROBATION OFFICE ☐ TODAY WITHIN _____ HOURS OF JAIL RELEASE
☐ VIOLATE NO LAWS ☐ HAVE NO CONTACT WITH _____
☐ STAY AWAY FROM _____ ☐ OBTAIN PROOF OF _____
☐ OTHER: _____

PROOFS: ☒ DRIVERS LICENSE ☐ VEHICLE REGISTRATION ☒ 6 MONTHS PAID INSURANCE ☐ REPAIR ☐ DOG LICENSE
☐ OTHER _____ BY 02/18/2010 OR ADD'L FINE

FINE \$238.00 TODAY, OR THROUGH SENTENCE ENFORCEMENT OFFICE ☒ TIME PAYMENT FEE OF \$20.00
☐ INSTALLMENTS ☐ COMMUNITY SERVICE _____ HOURS, PROOF _____

ADMINISTRATIVE FEES ☐ WAIVED ☐ FOR COST OF APPOINTED COUNSEL
☐ DUI PROCESSING FEES = _____ ☐ JAIL \$198.0 X 1 = \$198.00 TOTAL \$0.00
☐ RESTITUTION IN AMOUNT OF _____ TO OR 20 HOURS OF COMMUNITY SERVICE - IN AZ - BY 2/18/10
☐ INSTALLMENTS

☐ JAIL ☐ TIME SERVED ☐ _____ DAYS WITH CREDIT FOR _____ DAY ALREADY SERVED
(REFERENCED COMMITMENT ORDER ATTACHED) ☐ SUSPEND _____ DAYS
☐ BOND ☐ CONVERT TO FINE ☐ REFUND ☐ EXONERATE TO SURETY

I AGREE TO THE CONDITIONS OF PROBATION
I have received a copy of this Minute Entry and Notice of Appeal

Defendant _____ DOB _____

Address _____ ZIP _____

☐ QUASH WARRANT
☐ SET ASIDE CIVIL DEFAULT

I certify that the defendant's finger print was affixed on the reverse side of this document upon acceptance of this plea.

Nikki A. Chayet
JUDGE

12/18/2009
DATE

☒ FILE ☒ DEFENDANT ☒ PROSECUTOR ☐ PROBATION ☐ OTHER

TUCSON CITY COURT

103 E. ALAMEDA ST. • TUCSON, ARIZONA 85701-7210 • PHONE (520) 791-4216

State of Arizona, Plaintiff vs. <div style="display: flex; justify-content: space-between; align-items: center;"> Chase Wilson Defendant. </div>	DOCKET/CITATION NO. <div style="font-size: 1.2em; font-family: cursive;"> TR 911 4955 / AB13603280 TR 912 7065 / AC 47300107 </div>
PLEA <input checked="" type="checkbox"/> Guilty <input type="checkbox"/> No Contest <input checked="" type="checkbox"/> Responsible	DISMISS: <u>DSL (955)</u> <u>FTA (955)</u> <u>Speeding (955)</u> <u>FICK PHS (065)</u> () If box checked, civils remain in default.

SENTENCE FINE 1) <u>598 / 138 w/prf.</u> (suspend _____)* 2) <u>966</u> or <u>100</u> w/prf (sus _____)* 3) _____ or _____ w/prf (sus _____)* 4) _____ or _____ w/prf (sus _____)* 5) _____ or _____ w/prf (sus _____)* 6) _____ or _____ w/prf (sus _____)* AND / OR _____ HOURS of community restitution JAIL _____ DAYS/Suspend* _____ DAYS *upon successful completion of probation Serve _____ days; credit _____ served () Work Release Eligible NO CONTACT _____ NO RETURN _____	PROBATION _____ MONTHS () SIS _____ () TUCSON CITY COURT MONITORED _____ () PIMA COUNTY ADULT PROBATION _____ () UNSUPERVISED _____ RESTITUTION [] in the amount of \$ _____ to _____ () DHS APPROVED DV CLASSES/COUNSELING () ALCOHOL EVALUATION/COUNSELING () MADD VIPP () IGNITION INTERLOCK PER MVD () JAIL/ADMINISTRATIVE FEES TO BE ASSESSED BY THE COURT OTHER: <u>Restitution of \$198.00 or</u> <u>20 hrs. community restitution</u> <u>to the City of Tucson as</u> <u>recovery for jail costs.</u> <u>prints within 60 days</u>
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Having read and understood the terms and conditions set forth in this agreement, and having discussed the case and my constitutional rights with my lawyer, or had them explained to me by the Court, I agree to enter the plea as noted above on the terms and conditions set forth herein. I understand that by entering my plea, my immigration rights might be affected if I am not a U.S. citizen, and I give up my right to a trial, to confront, cross-examine, and compel the attendance of witnesses, to direct appeal, and my privilege against self-incrimination. I further understand that if, as part of this plea bargain, I am granted probation by the Court, the period and conditions thereof are subject to modification at any time during the probationary period in the event I violate any written condition of probation.

Date 12/18/09 Defendant Chase Wilson

I have discussed with my client his/her constitutional rights, the facts of this case, and all possible defenses and I concur in the entry of this plea.

Date _____ Defense Counsel _____

I agree and concur with the plea and disposition set forth in this agreement.

Date 12/18/09 Prosecutor [Signature]

IT IS HEREBY ORDERED that this agreement and the defendant's plea of [☒] guilty [☐] no contest be accepted, the Court finding a factual basis therefore and that the defendant entered the plea knowingly, intelligently, and voluntarily.

Date 12/18/09 City Magistrate [Signature]

B/pink

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane - Reno, NV 89509
TECHNICIAN DISPENSING IN TRAINING APPLICATION
Registration Fee: \$40.00 - (non-refundable)

First: Angie Middle: Marie Last: Cook
Home Address: 1120 Turnstone Court Apt #: ---
City: Las Vegas State: NV Zip Code: 89031
Telephone: 2 Social Security Number: ---
Date of Birth: --- Place of Birth: Justin, Ca Sex: M ☐ or F ☒
E-mail Address: none

I am requesting registration at the following dispensing practitioner's office:

Dispensing Practitioner: Eric Wolfson D.O.
Practice Name: Wolfson Medical Center Pharmacy Tenaya
Address: 3500 N. Tenaya Way Suite 400
City: Las Vegas State: NV Zip Code: 89128
Signature of Dispensing Practitioner: [Signature]

(Without the signature of the dispensing practitioner, 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)
3) 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.
4) I have ☒ I have not --- been charged, arrested or convicted of a misdemeanor ☒ or felony ☐
5) I have --- I have not ☒ been the subject of an administrative action whether completed or pending.
6) I have --- I have not ☒ had a professional license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 3 thru 6, please include the following information and provide documentation and/or an explanation.

a) Board Administrative Action State: --- Date: --- Case #: ---
and/or
b) Criminal Action State: NV Date: 1998 Case #: marjuana charge +
County: Clark Court: --- paraphenylt charge

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

I am --- I am not ☒ subject to a court order for the support of a child.

IF YOU ARE SUBJECT to a court order for the support of a child, please mark the appropriate response.

I am --- I am not --- in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order for the support of one or more children.

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 in training and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Signature: Angie Cook Date: 9-15-10

Board Use Only
Received: OCT 14 2010 Check Number: 1067 Amount: 40.00

55188
904

Blank

James Ammon-License #16768-January 2011 Board Meeting

Sent: Tuesday, November 16, 2010 3:37 PM

To: LARRY L. PINSON

Mr. Pinson,

I apologize for interrupting your lunch today. I deeply appreciate you taking the time to discuss the matter.

I request that you grant me a spot on the January, 2011 Board of Pharmacy agenda for consideration of my licensure as a pharmacist in Nevada.

Furthermore, I request a meeting (phone or in-person) with Ms. Cramer prior to the board meeting to discuss the matter.

This request will be followed in the near future with written information to assist the board in their deliberation. The meeting with Ms. Cramer would be better served if we meet following her receipt of the written information.

I wish you the best.

Thank you.

James Ammon

2007 after pleading guilty to three counts of health care fraud in the United States District Court in Salt Lake City, Utah. The counts of health care fraud to which Mr. Ammon plead guilty involved his practice of pharmacy in Utah.

2. On November 19, 2007, Mr. Ammon renewed his Wyoming pharmacist's license online. Mr. Ammon did not disclose the surrender of his license in Utah to the Wyoming authorities in his renewal application with Wyoming. In later discipline imposed by the Wyoming Board of Pharmacy, Mr. Ammon agreed to voluntarily surrender his Wyoming pharmacist's license.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Mr. Ammon is a pharmacist licensed by the Board.

2. In indicating in his online renewal application that his license had not been subjected to any discipline for violation of pharmacy or drug laws in any state when, in fact, Mr. Ammon had received discipline in Utah related to pleading guilty to three felony counts of health care fraud, all of which preceded his submitting his renewal application to the Nevada Board of Pharmacy, Mr. Ammon violated NRS 639.210(4) and (10) and 639.281.

3. In indicating in his online renewal application that he had not been charged, arrested, or convicted of a felony or misdemeanor in any state when, in fact, Mr. Ammon had plead guilty to three counts of health care fraud prior to his submitting his renewal application to the Nevada Board of Pharmacy, Mr. Ammon violated NRS 639.210(4) and (10) and 639.281.

ORDER

Based upon the foregoing, the Board imposes the following discipline:

1. Mr. Ammon's pharmacist's license (#16768) is suspended indefinitely, effective July 16, 2008. Mr. Ammon may not practice pharmacy or otherwise be employed in any business in Nevada licensed by this Board in any capacity unless and until he appears before the Board at a regularly scheduled meeting of the Board and the Board, after questioning and speaking with Mr. Ammon, determines that it is in the best interests of the health, safety, and welfare of the public in Nevada to lift Mr. Ammon's suspension and allow him to practice pharmacy in Nevada.

Signed and effective this 14th day of August, 2008.

A handwritten signature in black ink, appearing to read "Barry Boudreaux", written over a horizontal line.

Barry Boudreaux, President
Nevada State Board of Pharmacy

NOV - 8 2010

November 04, 2010

To Nevada State Board of Pharmacy
Jeri Wallers

Hello Jeri my name is Mayra
Arreola my registration number is
PT05374. This letter is to request
a hearing for the Pharmacy
board meeting in Las Vegas that
will take place in January, 2011.

I would like to request upon
the Pharmacy board Reinstatement
for my PT registration. Thank You
If any? call me

~~Mayra Arreola~~

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,
v.

MAYRA ARREOLA, P.T.,
Certificate of Registration #PT05374,

FINDINGS OF FACT,
CONCLUSIONS OF LAW,
AND ORDER

Case No. 08-054-PT-S

Respondent.

_____/

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on October 29, 2008, in Las Vegas, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel to the Board. At the hearing on October 29, 2008, Mayra Arreola represented herself. As a preliminary matter, Ms. Cramer made a motion to dismiss count one of the Notice of Intended Action as Ms. Arreola was alleged to have diverted Lortab, a controlled substance, but because of Ms. Arreola's writing it was actually Lovastatin a dangerous drug that she diverted. The Board presented no testimony or evidence, but did make a presentation based upon the public records in the Board's possession. Ms. Arreola admitted that she had taken the Metformin and the Lovastatin for her parent's use. Additionally, Ms. Arreola testified that she needed money and thought she could provide patients that did not have insurance their medications at a reduced price by making sticky notes with the patient's names and phone numbers and the medications and then contact the patient to make them an offer. Ms. Arreola testified that she had contacted a patient to do this and that it was the first time that she engaged in this scheme and she was caught. On the presentation of the Board's staff, the testimony of Ms. Arreola and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. On or about July 28, 2008, Ms. Arreola was terminated from her employment at Wal-Mart #10-3473, located at 4505 West Charleston Boulevard, Las Vegas, Nevada. Ms. Arreola's termination was based upon her contacting pharmacy patients and offering them their medications at a reduced rate. She would then ask them to bring cash and meet her at her car in the Wal-Mart parking lot to give them their prescriptions for the reduced rate and then she planned to keep the money.

2. One of the patients Ms. Arreola contacted informed Wal-Mart personnel of the offer she had been given. Wal-Mart worked with the patient to set up a buy. When the patient contacted Ms. Arreola she also contacted undercover Wal-Mart personnel. When Ms. Arreola was in the parking lot on the way to her car she was apprehended and taken back into Wal-Mart for questioning. Ms. Arreola had the patient's prescription in her possession. Several sticky notes were found in Ms. Arreola's car with other patient names, the prescription medication they took, and telephone number that she intended to contact to offer the same opportunity so she could obtain money.

3. At the time of her exit interview she gave a voluntary statement admitting that she had taken the Lovastatin and Metformin and admitted that this was the first time she had contacted a patient to participate in her scheme.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Ms. Arreola is registered as a pharmaceutical technician with the Board.

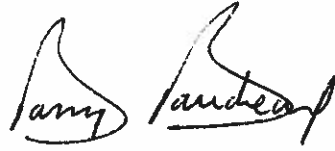
2. In obtaining danger drugs, namely Metformin or Lovastatin, without a valid prescription therefore and for her personal gain, Ms. Arreola violated Nevada Revised Statutes (NRS) 454.221(1) and 454.316(1) and Nevada Administrative Code (NAC) 639.945(1)(h) and (i).

ORDER

Based upon the foregoing, the Board imposes the following discipline:

1. Ms..Arreola's registration (PT05374) is revoked. Ms. Arreola may not be employed in any business registered by the Board in any capacity.

Signed and effective this 28th day of November, 2008.

A handwritten signature in black ink, appearing to read "Barry Boudreaux", written over a horizontal line.

Barry Boudreaux, President
Nevada State Board of Pharmacy

Jeri Walter

From: Shamika Banks
Sent: Thursday, December 30, 2010 12:45 PM
To: Jeri Walter
Subject: PHARMACY TECHNICIAN LICENSE

To whom this may concern,
I Shamika Banks is requesting appearance for reinstatement of my PT License.

1. On June 3, 2008, Board Staff was notified that Ms. Banks had been terminated from her employment as a pharmaceutical technician at Walgreens #5814, located at 1445 West Craig Road, Las Vegas, Nevada. In a voluntary written statement she provided to Walgreens' loss prevention personnel, Ms. Banks admitted that she had originally made up a prescription for a fictitious patient she called "Maria Lopez," chosen because it was a common name. Ms. Banks admitted that she had illegally added refills to the fictitious prescription. Ms. Banks asked pharmaceutical technician Rasel-Lian Pablo to add a refill to the "Maria Lopez" prescription for 180 dosage units of

hydrocodone 10/500 that had no refills, and she told Mr. Pablo that she would pay him \$40.00 to do this.

2. When the fictitious prescription was picked up, the identification of the person picking it up did not match the name on the prescription. It was determined that the person picking up the prescription was a friend of Ms. Banks as there was no "Maria Lopez." The following day, Ms. Banks drove her car through the drive-up window at Walgreens #5814 and gave Mr. Pablo the \$40.00 she had promised to pay him.

3. After Ms. Banks was terminated, she was taken into custody by the North Las Vegas Police Department. As of the date of the hearing of this matter, it was undetermined what the result of Ms. Banks' arrest was.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Ms. Banks is a pharmaceutical technician registered by the Board.

2. In obtaining controlled substances for a friend, namely 180 dosage units of hydrocodone 10/500, without a lawful prescription, Ms. Banks violated NRS 453.331(1)(d), 453.336(1), 453.338(1), 639.210(1), (4), and (12) and NAC 639.945(1)(g) and (h).

ORDER

Based upon the foregoing, the Board imposes the following discipline:

1. Ms. Banks' pharmaceutical technician registration (PT07533) is revoked. Ms. Banks may not be employed in any business registered by the Board in any capacity unless and until her registration as a pharmaceutical technician has been reinstated.

2. Ms. Banks shall return to the Board's Reno office her registration certificate within 10 days of her receipt of this Order. Her failure to do so will result in a fine of \$1,000 per day until the registration certificate is received by the Board office.

Signed and effective this 14th day of August, 2008.

A handwritten signature in black ink, appearing to read "Barry Boudreaux", is written above a horizontal line.

Barry Boudreaux, President
Nevada State Board of Pharmacy

REPORT TO BOARD

JASON LI

- 1) Denial of request to altar Board order by attending Texas Board meetings.
- 2) Your Success Rx report

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REPORT FROM THE PHARMACEUTICAL TECHNICIAN ADVISORY COMMITTEE

Meeting held Tuesday, December 7, 2010 in Reno, Nevada

- 1) National certification
 - a. The Committee recommends waiting for the results and recommendations of NABP's task force on this issue.
- 2) Technician reciprocity
 - a. There exists at least one pharmacy tech ON LINE training course which may result in a nationally certified pharmaceutical technician who has never worked in a pharmacy (i.e.: zero practical experience because it is not required for completion of this course).
 - b. A resident of another state can (and has) completed this course, then reciprocated to Nevada (we recently had to license a resident of Idaho who took an online course, became nationally certified, and licensed in Idaho, then moved to Nevada; She became licensed in Nevada as a "full" technician and had never set foot in a pharmacy!)
 - c. Our law for residents requires 1500 hours of supervised training or 500 hours with school and/or passing the PTCB.
 - d. The Advisory Committee recommends closing this "loop".
- 3) VA Technicians
 - a. Currently, VA pharmacy technicians cannot become registered in Nevada if they receive their training at the VA. The VA training program is modeled after the military training program (which the Board does recognize) and is certainly comparable, if not superior, to many training programs.
 - b. The Advisory Committee recommends that the Board recognize the VA Pharmaceutical Technician training program so that those PT's can become registered with the Board.
- 4) Tech school issues
 - a. The Board remains troubled by the number of PTT's who have completed, or are in the midst of their schooling in one of the PT programs, and must appear before the Board due to past criminal or drug related issues.
 - b. The Advisory Committee is recommending that an applicant to a PT Training school make application for his or her PTT license upon entering the training program or no later than 30 days after beginning that program.
 - c. This would afford the student the knowledge that he or she is "licensable" prior to spending the money and effort to complete the program.

MEMORANDUM FROM THE OFFICE OF THE GENERAL COUNSEL

To: The Nevada Board of Pharmacy

From: Carolyn J. Cramer, General Counsel



Subject: Klasch v. Walgreens

Date: January 4, 2011

Last month, the Nevada Retail Association came before the Nevada Board of Pharmacy for a discussion on Sanchez v. Wal-Mart. It is the position of the Nevada Retail Association that the Nevada Board of Pharmacy must amend NAC 639.753 so that pharmacists and pharmacies may avoid civil liability to unknown third parties. In the course of that discussion, a pending case was brought up, Klasch v. Walgreens, that was scheduled for oral argument on December 6, 2010. In order to be able to report to the Board about the Klasch case, I obtained copies of the parties' brief and I attended the oral argument, via the internet, on December 6, 2010 to observe the argument. Here is what we can glean from the two cases (Sanchez and Klasch).

Sanchez v. Wal-Mart

The facts of Sanchez are as follows: on June 4, 2004 Patricia Copening was driving her vehicle under the influence of a controlled substance. Gregory Sanchez, Jr., had experienced a flat tire and had pulled over to the side of the road, while he and his friend, Robert Martinez were transferring items from Sanchez's vehicle to his. Ms. Copening crashed into them killing Mr. Sanchez and seriously injuring Mr. Martinez. Ms. Copening was arrested for driving under the influence of controlled substances. Mr. Martinez and the family of Mr. Sanchez sued. In the process of discovery it was revealed that the Nevada Substance Abuse Task Force had sent an unsolicited report in June 2003 to the pharmacies who had dispensed and the physicians who had prescribed to Ms. Copening. In 2003 the Task Force sent out 520 unsolicited reports regarding Nevada patients. The letter regarding Ms. Copening's controlled substance use went to 13 different pharmacies. Based on the discovery of the Task Force's unsolicited report, the plaintiffs filed a second amended complaint to add Wal-Mart, Longs Drugs, Walgreens, CVS Pharmacy, Rite-Aid, Albertson's, Sav-On, and Lam's Pharmacy as defendants, alleging liability because these pharmacies had received an unsolicited report from the Task Force in June of 2003 and the pharmacies continued dispensing controlled substances pursuant to lawful prescriptions. It was never alleged that the prescriptions were fraudulent, forged, or were for excessive dosages that would be harmful to Ms. Copening. The pharmacies moved to dismiss in district court for failure to state a claim on the basis that the defendant pharmacies owed no duty of care to Mr. Martinez or Mr. Sanchez. The district court granted the motion to dismiss, finding that the Legislature had not created a duty under

the facts of this case and reasoning that this case analogous to Nevada dram-shop case (cases against bars over serving customers).

The issue before the Nevada Supreme Court was whether the pharmacies owed a duty to Mr. Martinez and Mr. Sanchez not to harm them by filling Ms. Copenig's prescriptions after they had received the unsolicited report from the Task Force and whether there should be a public policy duty imposed on pharmacies to protect the general public, like Mr. Martinez and Mr. Sanchez. The Nevada Supreme Court reviewed NRS 453.1545 and held that there was no duty imposed on the pharmacies for third-parties to the pharmacist/patient relationship like Mr. Martinez and Mr. Sanchez, nor was there any special relationship that existed to justify imposing a duty on pharmacies in favor of unknown third-parties. The Nevada Supreme Court declined to rule on the district court's dram shop liability issues stating that the reliance on Nevada's dram shop cases was not necessary.

Footnote 3 in Sanchez

In Footnote 3 of *Sanchez*, the Supreme Court did give a warning for Nevada pharmacies. The Supreme Court noted that although they held that in 2004 Nevada pharmacies had no special duty imposed on them to keep unknown third parties safe from persons like Ms. Copenig, they might have a different opinion for cases brought after 2006 (after the promulgation of NAC 639.753) reasoning that the promulgation of NAC 639.753 could justify the creation of a special relationship in favor of third parties. Footnote 3 provides:

"3. We note that, at the time that the underlying accident occurred, the pharmacies had no obligation to do anything after receiving the Task Force letter and only limited authority to refuse to fill any prescriptions. In 2006, however, the Board of Pharmacy amended its regulations, which may have created a special relationship that could justify imposing a duty in favor of third parties. NAC 639.753 provides that if a pharmacist declines to fill a prescription, because in his professional judgment the prescription is (1) fraudulent, (2) potentially harmful to the customer's health, (3) not for a legitimate medical purpose, or (4) filling the prescription would be unlawful, the pharmacist must in a timely manner contact the prescribing physician to resolve the pharmacist's concerns. The amendment further provides that after speaking with the physician, the pharmacist may fill the prescription if "the pharmacist reasonably believes, in his professional judgment, that the prescription is" not fraudulent or harmful to the patient's health or is lawful or for a legitimate medical purpose. NAC 639.753(3)(a)-(d). If one of these conditions is not met, after discussing the prescription with the physician, the pharmacist is mandated not to fill the prescription and must retain the prescription. NAC 639.753(4). We make no determination as to whether this regulation imposes a duty on pharmacies or creates a special relationship with their customers. "

Klasch v. Walgreens

On December 6, 2010, the Nevada Supreme Court held oral arguments in *Klasch v. Walgreens*. As of the drafting of this memorandum, the ruling in the *Klasch* case is still pending. The briefs were also obtained and reviewed. The facts of *Klasch* are as follows: 86 year-old Helen Klasch had been a

customer of Walgreens for approximately five years. In her patient profile it is reflected that she had an allergy to sulfa-based drugs. On July 27, 2006, Helen went to Dr. Tanenggee for a UTI and he prescribed Bactrim, a sulfa-based drug. Dr. Tanenggee saw a sticker on Helen's file alerting him to the possible allergy and after speaking with Helen he decided to prescribe the Bactrim. Helen's caregiver took the prescription to Walgreens to be filled. Helen's patient profile included the sulfa-drug allergy warning. The Bactrim prescription was filled by the pharmacist, but before the pharmacist dispensed the Bactrim she called Helen and asked her about the possible sulfa allergy. Helen assured her that she had taken the medication before with no problems. The pharmacist did nothing else to ascertain if Helen's allergy was serious, including not calling her doctor. The pharmacist took Helen's representation that she had the drug before and that was the end of the conversation. The pharmacist dispensed the Bactrim to Helen's caregiver. Helen took the medication, which triggered an allergic reaction that caused Stevens-Johnson Syndrome. Helen died as a result of her injuries having burns over 40-50 % of her body from the reaction she had to taking Bactrim.

The District Court granted summary judgment in favor of Walgreens holding that it only had a limited duty to its patients, stating that a pharmacist was not liable if he filled the prescription as it was written, and would only be liable if the prescription was clearly wrong or obviously fatal. The district court upheld the "learned intermediary doctrine" that was established in Nevada in 1972 in *Nevada Board of Pharmacy v. Garrigus*, 88 Nev. 277, 496 P.2d 748 (1972).

Based upon my reading of the parties' briefs and my observation of the oral argument before the Supreme Court on December 6, I posit the following observations (Note: caution must always be exercised in assuming that the Court will rule in a particular way based upon its questions at oral argument):

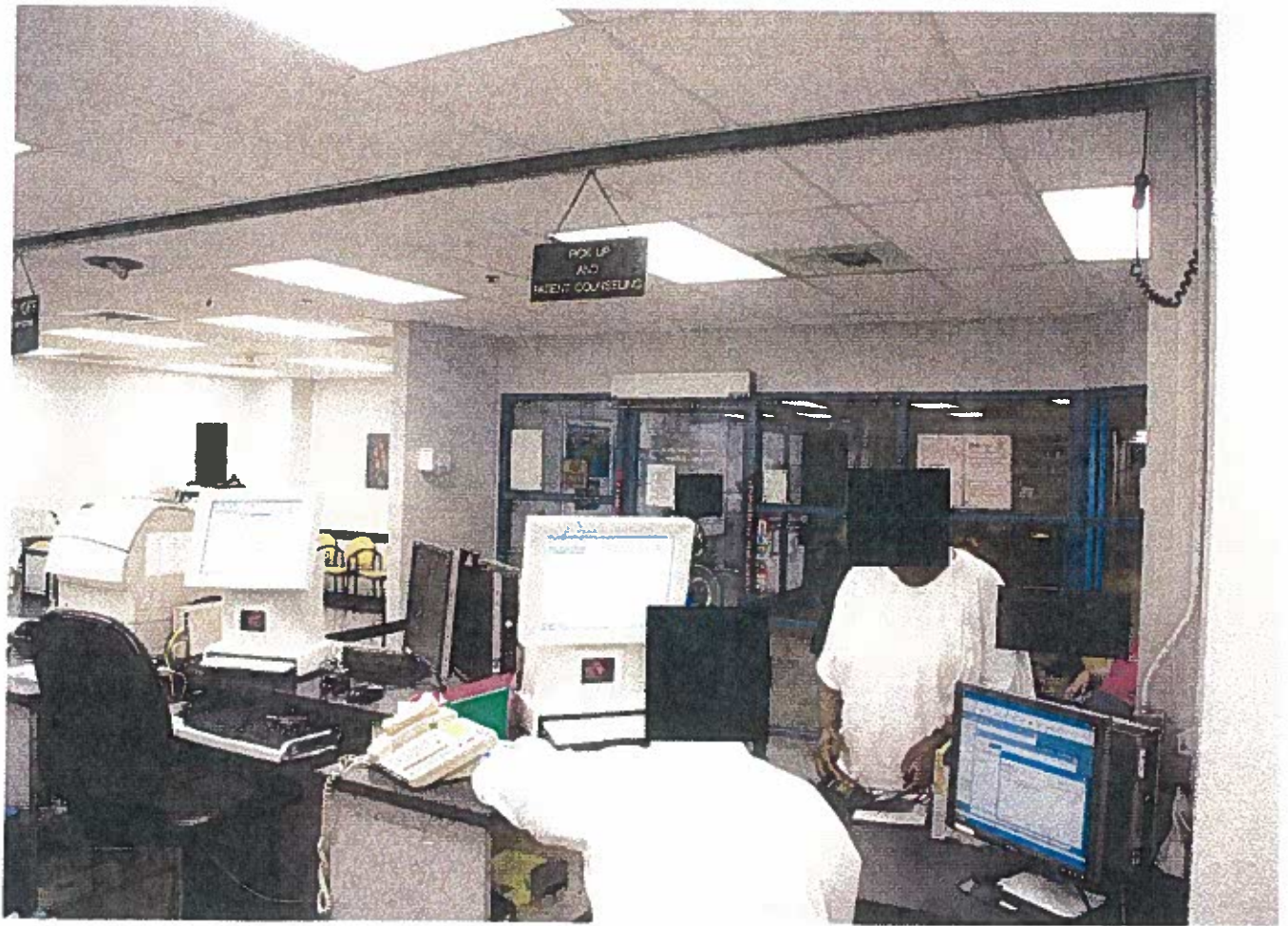
- The Court spent a considerable amount of time talking about *Sanchez* and NAC 639.753, focusing on whether the pharmacist should have called the doctor. Left unexplored up to this point in time is what the two professionals involved in Mrs. Klasch's treatment (the doctor and the pharmacist) should have done in their professional capacities to determine the seriousness of Mrs. Klasch's allergy beyond merely asking her what she thought about her allergy.
- The parties to the litigation and the Nevada Supreme Court were focused on the "learned intermediary doctrine" and NAC 639.753. Left unexplored throughout the briefing and the oral argument was the role that Nevada's mandatory patient counseling law (NRS 639.266 and its implementing regulations) could or should have in the case. It appeared from the questioning by several Justices and from the briefing that the parties are attempting to derive a duty of care from NAC 639.753 (the delineation-to-fill regulation) rather than from the NRS 639.266 (the patient-counseling law). Perhaps if the case is sent back to the district court the patient counseling aspect of the case will be explored.
- The Nevada Supreme Court appears to be concerned with protection of the public but it did not appear that they understood how this Board's statutes and regulations work. It appears this is why the parties and the Court kept trying to apply NAC 639.753 not realizing that there is an affirmative and statutorily defined standard of care to provide patient counseling established by NRS 639.266 and NAC 639.707.

- The Court's discussion of footnote 3 of *Sanchez* in this case may indicate that *Sanchez* does not appear to be at issue because Helen was Walgreens' patient and was known to them. It is possible that the Court will isolate the effect of its footnote 3 in *Sanchez* only to cases where a pharmacy's act results in injury to an unknown third party.
- Based upon the Supreme Court's obvious concern with the injury Mrs. Klasch incurred resultant from the prescription, if the case is sent back to the district court it can be hoped that the parties will explore NAC 639.707. While this Board has indicated in the past that it believes that NAC 639.707 speaks to the quality of the conversation and what the pharmacist needs to discuss with the patient and the patient's physician, no reported case has yet engaged in a similar review. While this Board has always held that only by completing the counseling process as is required by NRS 639.266, does the pharmacist discharge her duty to her patient, the courts have yet to look at the issue this way.

DISCUSSION AND DETERMINATION

VISUAL SECURITY OF A MECHANICAL DEVICE

At the September, 2010 Board meeting, UMC requested (and was granted) permission to place a mechanical device, from which patients could pick up their filled prescriptions, in their waiting room which was not within a "secured area" of the pharmacy, but certainly under "visual security" of pharmacy staff at all times. (see pictures)
NAC 639.718 (1)(c)(1)(I) is the "secured area" language referred to above. Mr. Macdonald moved in his motion in September not only to grant the request of UMC, but also for Board staff to bring forward discussion on revising the regulation to include visual security.





2. A pharmacy may transfer prescriptions by facsimile machine to another pharmacy without complying with the provisions of subparagraph (2) of paragraph (a) of subsection 1 only upon application to and authorization by the Board. The Board may grant that authority to a pharmacy if the Board is satisfied that:

(a) The pharmacy's computer system will accurately represent the identity of the pharmacist responsible for the transfer; and

(b) The identity of the pharmacist responsible for the transfer cannot be falsified, modified, added or otherwise provided without the knowledge and assent of that pharmacist.

3. A pharmacy which maintains its records of prescriptions in a computer system shall invalidate in its system a prescription transferred by a facsimile machine to another pharmacy. A pharmacy which transfers a prescription by a facsimile machine is not required to process the original prescription in the manner prescribed in paragraph (c) of subsection 1 if the pharmacy cancels the prescription stored in its computer system in a manner which ensures that the prescription cannot be refilled by that pharmacy.

(Added to NAC by Bd. of Pharmacy by R155-04, eff. 12-20-2004)

NAC 639.715 Mechanical devices: Restrictions on use. (NRS 639.070, 639.2655) No drug, controlled substance, medicine, chemical or poison, as those terms are defined in chapters 453, 454 and 639 of NRS, may be sold or offered for sale or dispensed by means of any mechanical device except as otherwise provided in NAC 639.718 and 639.720.

[Bd. of Pharmacy, § 639.315, eff. 6-26-80]—(NAC A by R038-07, 10-31-2007)

NAC 639.718 Mechanical devices: Use by pharmacy to furnish prescription drugs to patients. (NRS 639.070, 639.2655)

1. Except as otherwise provided in this section, a pharmacy may use a mechanical device to furnish a prescription drug to a patient. The device must conform to all of the following provisions:

(a) The device must contain only prescription drugs:

(1) For which counseling is not required pursuant to NAC 639.707; and

(2) For which the prescriptions have been processed, verified and completed in the same manner as prescriptions for drugs that are delivered manually by the pharmacy, including the provision of printed medication guides and any other information required pursuant to NAC 639.707.

(b) The device must not contain controlled substances included in schedule II.

(c) The device must be designed to ensure that the device:

(1) Is located such that access to the device:

(I) For stocking, cleaning, maintenance or any other purpose can be obtained only by a pharmacist or a member of the staff of the pharmacy from within a secured area of the pharmacy; and

(II) Is secure from unauthorized access to and removal of prescription drugs from the device.

(2) Records the name of each person at the pharmacy who authorizes access to the device.

(3) Cannot be used by a patient:

(I) Outside the physical location of the pharmacy.

(II) Unless the patient previously has indicated to the pharmacy that he desires that his prescription drugs be furnished by the mechanical device.

(4) Provides a method to identify the patient and furnishes a prescription drug only to the patient or to an authorized agent of the patient.

(5) Can furnish one, any combination or all of the prescription drugs available to a patient at the option of the patient at the time that the patient removes the prescription drugs from the device.

(6) Records the date and time that the patient removes the prescription drugs from the device.

(7) Informs a patient:

(I) That a prescription drug is not available to be furnished by the device if the pharmacist wishes to counsel the patient regarding the prescription drug.

(II) If he is using the device at the time that the pharmacy is open, that the patient may discuss questions and concerns regarding the prescription drug with a pharmacist at the pharmacy.

(III) If he is using the device at the time that the pharmacy is closed, that the patient may discuss questions and concerns regarding the prescription drug using a toll-free telephone number at which a pharmacist at a pharmacy licensed by the Board will respond at all hours when the pharmacy at which the device is located is closed. A pharmacist who responds to questions or concerns pursuant to this sub-subparagraph must have access by computer to the same information regarding the patient that a pharmacist would have using the computer system of the pharmacy at which the device is located.

2. A pharmacy shall not use a mechanical device to furnish a prescription drug to a patient until the pharmacy has notified the Board in writing of:

(a) The type of device that will be used; and

(b) The anticipated date that the device will first be used.

3. The Board may prohibit a pharmacy from using a mechanical device to furnish a prescription drug to a patient if the Board determines that the device or the pharmacy's use of the device does not comply with this section.

4. The provisions of this section do not prohibit the use of a mechanical device to furnish a drug or device that is approved by the Food and Drug Administration for sale over the counter without a prescription if the pharmacy using the mechanical device is otherwise authorized to use the mechanical device pursuant to this section.

(Added to NAC by Bd. of Pharmacy by R038-07, eff. 10-31-2007)

NAC 639.720 Mechanical devices: Use to furnish drugs and medicines for administration to registered patients in medical facility and to patients receiving treatment in emergency room of hospital. (NRS 639.070, 639.2655)

1. Except as otherwise provided in subsections 4 and 6, a mechanical device may be used to furnish drugs and medicines for administration to registered patients in a medical facility. The device must conform to all the following provisions:

(a) All drugs and medicines stocked in the device must be approved for use in the device by a registered pharmacist employed by the:

(1) Medical facility in which the drug or medicine is administered; or

(2) Pharmacy that supplies the medical facility in which the drug or medicine is administered.

(b) Access to the device must be:

(1) Limited to pharmaceutical technicians, pharmaceutical technicians in training, intern pharmacists, registered pharmacists, licensed practical nurses, registered nurses or other practitioners who are:

(I) Authorized by law to prescribe or administer controlled substances, poisons, or dangerous drugs and devices; and

(II) Employed by the medical facility or pharmacy that supplies the medical facility.

(2) Monitored and controlled by the pharmacy which supplies the medical facility or the registered pharmacist who is employed by the medical facility.

(c) Each container of a drug or medicine stored in the device must be labeled in a manner which includes the information required pursuant to subsection 2 of NAC 639.476.

(d) The device must be designed in such a manner that:

(1) Each time a person obtains access to the device, the device automatically prepares a record which is readily retrievable and which includes:

(I) The name, strength, quantity and form of dosage of the drug or medicine which is stocked, inventoried or removed for administration to a patient;

(II) The day and time access to the device is obtained;

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DISCUSSION AND DETERMINATION

DRUG DISTRIBUTION AGENTS

Board staff often wrestles with the licensing of “drug distribution agents,” who essentially are involved in the manufacture or wholesale distribution of drugs in Nevada, but do not at any time have possession of any of the active product ingredients or the final product, and do not participate in the actual manufacturing process. These above mentioned “agents” may be referred to as “brokers” or “co-manufacturing partners”.

Staff feels that these “agents” should be regulated in some manner, but how? They are not really a manufacturer, nor a wholesaler (since they never show on a pedigree), and certainly not a pharmacy. Possibly the Board should consider a new license classification called “drug distribution agent”.

The following pages are comprised of the regulation that Oregon just adopted to address these agents, and would serve as a good model for our purposes, if that is the desire of the Board.

BOARD OF PHARMACY

DIVISION 62

DRUG DISTRIBUTION AGENT

855-062-0003

Application:

(1) Any person who is involved in the manufacture or wholesale distribution of a drug that is intended for distribution, dispensing or administration in Oregon, but who does not at any time have possession of any of the Active Product Ingredients (API) or the final product, and does not participate in the actual manufacturing process, shall register under these rules as a Drug Distribution Agent, except that any such person, registered with the FDA as a manufacturer, who is accountable to the FDA for the purity and integrity of a drug shall register as a manufacturer under OAR 855-060-0001.

(2) The following persons shall register as a Drug Distribution Agent under this division of rules:

(a) A broker;

(b) An import broker;

(c) An agent for a foreign manufacturer who is registered with the FDA as required by 21 USC 360(2)(i)(1);

(d) Sales and marketing office for a drug;

(e) A Drug Order Contractor

(f) A person registered with the FDA as the holder of a New Drug Application (NDA) or an Abbreviated New Drug Application (ANDA) that contracts with a third-party for the manufacture of a drug but does not take physical possession of the drug, does not have its name on the label and is not accountable to the FDA for the purity and integrity of the drug.

(3) Any person who would otherwise be required to register as a wholesaler under OAR 855-065-0001 but who does not at any time have possession of a drug intended for distribution shall register as a Drug Distribution Agent under this division of rules.

(4) A person whose sole purpose is the marketing, brokering or arranging the initial distribution of drugs manufactured by a registered manufacturer, but does not take physical possession of a product shall register as a Drug Distribution Agent.

Stat. Auth.: ORS 689.205

Stats.Implemented: ORS 689.155

855-062-0005

Definitions:

(1) "Broker" means a person engaged in the marketing, offering, or contracting for wholesale distribution and sale of a drug into, within, or out of Oregon and who does not take physical possession of the drug.

(2) "Closed Door Pharmacy" means a pharmacy that provides pharmaceutical services to a defined and exclusive group of patients and is not open for dispensing to the general patient population and cannot be registered as a wholesale distributor.

(3) "Co-Manufacturing Partner" means a pharmaceutical manufacturer that has entered into an agreement with another pharmaceutical manufacturer to engage in a business activity or occupation related to the manufacture or distribution of a prescription drug.

(4) "Drug": In this division of rules, the term "drug" shall mean any drug and any prescription device as these terms are defined in ORS 689.005.

(5) "Manufacturer" means any person, including a manufacturer's co-manufacturing partner, that is engaged in the manufacture of a drug, is responsible or otherwise accountable to the FDA for the manufacture of the drug, or is the private label manufacturer or distributor of product bearing its NDC number that is intended for sale, distribution, dispensing or administration in Oregon, and who holds one or more of the following registrations or licenses with the FDA:

(a) A New Drug Application number (NDA);

(b) An Abbreviated New Drug application number (ANDA);

(c) A Labeler Code number (LC) or National Drug Code Number (NDC);

(d) An FDA Central File Number (CFN);

(e) An FDA Establishment Identifier number (FEI).

(6) "Manufacture" means the preparation, propagation, compounding, or processing of a drug or device intended for human or animal use. Manufacture includes repackaging or otherwise changing the container, wrapper, or labeling of any drug package in furtherance of the distribution of the drug from the original place of manufacture to the person who makes final delivery or sale to the ultimate consumer or user, except when the process is part of a shared pharmacy service agreement as defined in OAR 855-006-0005;

(7) "Person" means individual, corporation, partnership, association, joint-stock company, business trust or unincorporated organization.

Stat. Auth.: ORS 689.205

Stats.Implemented: ORS 689.155

855-062-0020

Registration

(1) Any person engaged in any part of the process of manufacture or wholesale distribution of a drug into, out of, or within Oregon must be registered with the Board. A person shall register as either:

(a) A manufacturer under OAR 855-060-0001 through 855-060-0035; or

(b) A wholesaler under OAR 855-065-0001 through 855-065-0013; or

(c) A Drug Distribution Agent under this Division of Rules.

(2) A person that is required to register as a Drug Distribution Agent must be registered before commencing business in Oregon and before any drug for which they provide a manufacturing, marketing or distribution service, may be sold, distributed, dispensed or administered in Oregon.

(3) A person that is required to register as a Drug Distribution Agent must apply for registration on a form provided by the Board and must provide information required by the Board that shall include but is not limited to:

(a) The name, business address, social security number or federal tax identification number of each owner, officer, and stockholder owning more than 10 per cent of the stock of the company, unless the stock of the company is publicly traded;

(b) Every trade or business name used by the applicant;

(c) Any disciplinary action taken by any state or federal authority against the applicant or any other distributor under common ownership or control, or any owner, principal or

designated representative of the applicant, in connection with the drug laws or regulations of any state or the federal government.

(4) An applicant for renewal must complete the form provided by the Board and submit it to the Board with the appropriate fee by August 31 annually.

(5) An applicant that provides a manufacturing or distribution service in respect of a controlled substance as defined in Division 80 of this chapter of rules must also complete and submit the Controlled Substance registration form provided by the Board, with the appropriate fee.

(6) The Board may require a criminal history and financial background check of each principal, owner or officer of the applicant prior to initial registration and prior to any renewal unless the applicant is publicly traded. Any such checks shall be at the applicant's expense.

(7) The Board may require a physical inspection of each facility prior to initial registration and prior to any renewal.

(8) Each separate business entity and each location that does business in Oregon must be separately registered by the Board.

(9) The registrant must notify the Board, within 15 days, of any substantial change to the information provided on the registration application. Substantial change shall include but is not limited to:

(a) Change of ownership;

(b) Change of business address;

(c) Any disciplinary action taken or pending by any state or federal authority against the registrant, or any of its principals, owners, directors, officers.

(10) The registration certificate is issued to a specific person and is non-transferable. Any addition or deletion of an owner or partner constitutes a change of ownership.

(11) The Board may waive any requirement of this rule if, in the Board's judgment, a waiver will further public health or safety. A waiver granted under this section shall only be effective when issued in writing.

Stat. Auth.: ORS 689.205

Stats.Implemented: ORS 689.155

855-062-0030

Minimum Qualifications

The Board may deny an application for registration or renewal of registration as a Drug Distribution Agent on any of the following grounds:

- (1) The applicant has been found by the Board or by a court to have violated the pharmacy or drug laws or rules of this state or of any other state, or of the federal government;
- (2) The applicant has a history of non-compliance with state or federal rules or laws regulating the manufacture, distribution, or dispensing of drugs;
- (3) The applicant has made a material misrepresentation to the Board in the course of applying for an initial or renewal of registration;
- (4) Disciplinary action has been taken by the federal government or by any state, or local government regarding any license or registration currently or previously held by the applicant for the manufacture, distribution or dispensing of any drugs;
- (5) The applicant has engaged in any conduct involving moral turpitude;
- (6) The Board determines that granting the registration is not consistent with the public health or safety or is otherwise not in the public interest.

Stat. Auth.: ORS 689.205

Stats.Implemented: ORS 689.155

855-062-0040

Record Keeping

(1) A Drug Distribution Agent must establish and maintain records of all transactions regarding the distribution or other disposition of a drug. These records must comply with all federal drug laws and regulations and must include the following information:

- (a) The source of the drug, including the name and physical address of the seller or transferor and any broker or other person involved in the transaction, the address of the location from which the drug was shipped and the address of the location to which the drug was shipped;
- (b) The name, dose and quantity of the drug distributed;

(c) The date of distribution or other disposition of the drug;

(2) Records required by this rule must be made available for inspection and copying by any authorized official of the Drug Enforcement Agency, the Food and Drug Administration, the Department of Agriculture, authorized law enforcement agencies, and this Board.

(3) Records required under these rules must be maintained for three years.

(4) Records required under these rules that are less than 13 months old must be kept at the address of record or be immediately retrievable by computer or other electronic means, and must be immediately available for inspection. All other records required by these rules must be made available for inspection within three business days of a request.

Stat. Auth.: ORS 689.205

Stats.Implemented: ORS 689.155

855-062-0050

Prohibited Practices

(1) The following practices are expressly prohibited:

(a) A Drug Distribution Agent may not participate in the purchase of a drug from a closed-door pharmacy.

(b) A Drug Distribution Agent may not participate in any way in the sale, distribution or transfer of a drug to a person who is required by the laws and rules of Oregon to be registered with the Board and who is not appropriately registered. Before authorizing or facilitating the distribution of a drug, a Drug Distribution Agent must verify that the person supplying or receiving the drug is appropriately registered with the Board.

(2) A Drug Distribution Agent may not perform, cause the performance of, or aid the performance of any of the following:

(a) The manufacture, repackaging, sale, delivery, holding, or offering for sale of a drug that is adulterated, misbranded, counterfeit, suspected counterfeit, or is otherwise unfit for distribution.

(b) The adulteration, misbranding, or counterfeiting of a drug.

(c) The receipt of a drug that is adulterated, misbranded, stolen, obtained by fraud or deceit, counterfeit, or suspected counterfeit, and the delivery or proffered delivery of the drug for pay or otherwise.

(d) The alteration, mutilation, destruction, obliteration, or removal of the whole or a part of the labeling of a drug or the commission of another act with respect to a drug that results in the drug being misbranded.

(e) The forging, counterfeiting, simulating, or falsely representing a drug using a mark, stamp, tag, label, or other identification device.

(f) The purchase or receipt of a drug from a person that is not registered to distribute drugs to the purchaser or recipient.

(g) The sale or transfer of a drug to a person that is not authorized under the law of the jurisdiction in which the person receives the drug, to purchase or receive drugs from the person selling or transferring the drug.

(h) The failure to maintain or provide records as required under these rules.

(i) Providing the Board, a representative of the Board, or a state or federal official with false or fraudulent records or making false or fraudulent statements regarding a matter related to these rules.

(i) Participating in the wholesale distribution of a drug that was:

(A) Purchased by a public or private hospital or other health care entity under the terms of an "own-use" contract; or

(B) Donated or supplied at a reduced price to a charitable organization; or

(C) Stolen or obtained by fraud or deceit; or

(D) Illegally imported into the USA.

(k) Facilitating the distribution or attempting to facilitate the distribution of a drug by fraud, deceit, or misrepresentation.

(l) Facilitating the distribution of a drug that was previously dispensed by a retail pharmacy or a practitioner.

(o) Failing to report an act prohibited by any of the rules in OAR Chapter 855 to the appropriate state or federal authorities.

Stat. Auth.: ORS 689.205

Stats.Implemented: ORS 689.155