

February 23, 2011

AMENDED AGENDA

◆ PUBLIC NOTICE ◆

NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

at the

Airport Plaza Hotel
1981 Terminal Way
Reno

Wednesday, March 2, 2011 – 9:00 am

Thursday, March 3, 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.

March 2011 Board Meeting Agenda

- * 1. Approval of January 11-12, 2011, Minutes
 - * 2. Applications for Out-of-State MDEG – Non Appearance:
 - A. American HomePatient, Inc. – Nashville, TN
 - B. Astra Tech Inc. – Waltham, MA
 - C. CPAP Care Club LLC – Franklin, TN
 - D. Hanger Prosthetics & Orthotics West, Inc. – Phoenix, AZ
 - E. Medtronic Heart Valve – Santa Ana, CA
 - F. Medtronic USA, Inc. – Fort Worth, TX
 - G. Medtronic USA, Inc. – Louisville, CO
 - H. Monitor Medical Inc. – Stafford, TX
 - I. Park Street Health Services, LLC – Miami, FL
 - J. RGH Enterprises, Inc. – Rancho Cucamonga, CA
 - K. Smart Remedies – California City, CA
 - L. Symbius Medical, LLC – Sandy, UT
 - M. Total Mobility & Modification Services – Sanford, IL
- Applications for Out-of-State Pharmacy – Non Appearance:
- N. Advanced Infusion Solutions – Clinton, MS
 - O. All in One Pharmacy, Inc. – Harbor City, CA
 - P. DCI Pharmacy-Kansas City – Kansas City, MO
 - Q. General Home Pharmacy – Westlake Village, CA
 - R. MyVetDirect.com – Sandston, VA
 - S. Vets First Choice – Gretna, LA
- Applications for Out-of-State Wholesaler – Non Appearance:
- T. ABO Pharmaceuticals – San Diego, CA
 - U. Allied Medical Supply, Inc. – Weaverville, NC
 - V. Amgen USA, Inc. – Juncos, PR
 - W. A.R. Medicom Inc. – Augusta, GA
 - X. Benco Dental Supply Co. – Fort Wayne, IN
 - Y. Benco Dental Supply Co. – Pittston, PA
 - Z. Covidian – Ontario, CA
 - AA. Diplomat Specialty Pharmacy – Flint, MI
 - BB. Edwards Lifesciences, LLC – Irvine, CA
 - CC. Edwards Lifesciences Technology SARL, LLC – Anasco, PR
 - DD. Heel Inc. – Albuquerque, NM
 - EE. Owens & Minor Healthcare Logistics – Redlands, CA
 - FF. Prodigy Health Supplier Corporation – Austin, TX
 - GG. Tyco Healthcare Group LP – Atlanta, GA
 - HH. Tyco Healthcare Group LP – Chicopee, MA

March 2011 Board Meeting Agenda

- II. Tyco Healthcare Group LP – Crystal Lake, IL
- JJ. Tyco Healthcare Group LP – Wabasha, MN
- KK. Vet Brands International, Inc. – Miramar, FL

Application for Nevada Pharmacy – Non Appearance

- LL. Boulder City Outpatient Surgery Center – Boulder City

◆ 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.

- A. Robert Culliver, R.Ph (10-074-RPH-N)
- B. CVS/pharmacy #9168 (10-074-PH-N)
- C. Alayna M. Helleson, PT (10-091-PT-N)
- D. Stephanie Ingrey, R.Ph (10-063A-RPH-N)
- E. Thomas Traynor, R.Ph (10-063B-RPH-N)
- F. Raley's Drug Center #109 (10-063-PH-N)

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

PGxHealth, LLC – New Haven, CT

- * 5. Applications for Nevada Pharmacy – Appearance:

- A. Guided Alliance Pharmacy, Inc. – Reno
- B. Precision Specialty Pharmacy – Las Vegas

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

Home Care Services, Inc. – Metuchen, NJ

- * 7. Application for Nevada Wholesaler – Appearance:

Pacific Medical Prosthetics and Orthotics – Reno

- * 8. Applications for Nevada MDEG – Appearance:

- A. KCI USA, Inc. – Las Vegas
- B. KCI USA, Inc. – Sparks
- C. Orthopedic Motion, Inc. – Las Vegas

March 2011 Board Meeting Agenda

- * 9. Application for Practitioner Dispensing – Appearance:

Ryan E. Mitchell, DO

- *10. Request for Pharmaceutical Technician in Training License – Appearance:

Andrea K. Boucher

- 11. Your Success Rx Presentation:

Katie Johnson, R.Ph

- *12. Request for Waiver:

Al Carter – Walgreens

- *13. Report on Texas Board of Pharmacy Meeting – Appearance:

Jiansheng Li, R.Ph

- *14. NABP Annual Meeting:

Elect Delegates

- *15. General Counsel Report:

Legislative Update

- *16. Executive Secretary Report:

- A. Financial Report
 - 1. Treasurer's Report
- B. Temporary Licenses
- C. Staff Activities
 - 1. CPhA Meeting (2/13)
- D. Reports to Board
 - 1. Letter to Tech Schools
- E. Board Related News
- F. Activities Report

- *17. Discussion and Determination – Appearance:

Chris Ferrari – Representing Consumer Healthcare Products Association
NPLeX Tracking Systems Presentation and Support for System

March 2011 Board Meeting Agenda

PUBLIC HEARING March 3, 2011 – 9:00 am

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

1. **Amendment of Nevada Administrative Code 453.510 Schedule I**

Because of abuse of un-regulated products containing synthetic cannabinoids being sold in head shops, law enforcement has requested that the Board of Pharmacy schedule JWH-018, JWH-073, JWH-200, CP-47,497 5 and cannabicyclohexanol 5 in Schedule 1.

2. **Amendment of Nevada Administrative Code 453.520 Schedule II** Law enforcement has requested that the Board of Pharmacy add tapentadol and lisdexamphetamine to Schedule II.

3. **Amendment of Nevada Administrative Code 453.540 Schedule IV** This amendment will correct the spelling of Sibutramine.

4. **Amendment of Nevada Administrative Code 453.550 Schedule V** Law enforcement has requested the Board of Pharmacy to add Lacosamide to Schedule V.

5. **Amendment of Nevada Administrative Code 639.7105 Electronic Prescribing** This language will provide that the requirements of certain federal regulations must be satisfied before a prescription is transmitted electronically.

19. Next Board Meeting:

April 13-14, 2011 – Las Vegas

*20. 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 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.

March 2011 Board Meeting Agenda

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

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

January 11 and 12, 2011

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

Board Members Present:

Keith Macdonald
Russell Smith
Cheryl Blomstrom

Beth Foster
Jody Lewis

Kirk Wentworth
Kam Gandhi

Board Members Absent:

Board Staff Present:

Larry Pinson

Jeri Walter

Carolyn Cramer

Rose Marie Reynolds

CONSENT AGENDA

1. Approval of December 1-2, 2010, Minutes
2. Applications for Out-of-State MDEG – Non Appearance:
 - 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

Discussion:

The consent agenda applications and supporting documents were reviewed.

Board Action:

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

Second: Kam Gandhi

Action: Passed Unanimously.

Discussion:

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. Jennifer Chan, R.Ph (09-102-RPH-S)
- B. Walgreens #04855 (09-102-PH-S)

NOTE: Russ Smith recused from participation in this case as he is employed by Walgreens.

Rob Graham was present to represent Jennifer Chan and Walgreens #04855.

Jennifer Chan appeared and was sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer advised the Board that the respondents were not contesting the charges as filed in the Notice of Intended Action and Accusation.

Ms. Cramer presented eleven Exhibits. They were admitted and accepted into the record.

Fred Ackermann, Board investigator, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Ackermann described his duties as the Board's investigator. He also described the circumstances of the complaint. Ms. Cramer asked Mr. Ackermann to identify each of the eleven Exhibits for the record.

Lei Lani Chang appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Chang explained that she was trying to get pregnant and her physician prescribed 10 dosage units of medroxyprogesterone acetate 10 mg. tablets, the generic for Provera, to regulate her menstrual cycle. Ms. Chang's prescription was called into Walgreens #04855 on or about August 28, 2010 and picked up the same day. Ms. Chang stated that she took all of the medication she was given however she did not have a menstrual cycle. She indicated that she experienced dizziness, headaches and a feeling of being unbalanced. Ms. Chang testified that she went back to the pharmacy to discuss these symptoms with the pharmacist. She took the prescription package in and showed it to the pharmacist on duty and asked if this was the generic for Provera. It was discovered at that time that Ms. Chang had taken 21 dosage units of generic prednisone, not Provera.

Carolyn Cramer advised that she had no more witnesses to call.

Rob Graham advised the Board and Ms. Chang that Walgreens has used this as a learning experience and has taken steps to ensure this type of mistake will not happen again. He also indicated that Ms. Chan has changed her pharmacy practice.

Mr. Graham asked Ms. Chan to address the Board.

Ms. Chan apologized to the Board and to Ms. Chang for making this error and causing Ms. Chang to experience these adverse effects. Ms. Chan reviewed the steps she has taken to improve her pharmacy practice after this unfortunate incident. Ms. Chan indicated that she has taken continuing education courses on error prevention and is more astute when making medication selections from drop-down screens. Ms. Chan stated that she reviews each segment of a word at input to ensure correct processing and it has helped her focus.

Ms. Cramer gave closing statements and recommendations. She recommended the Your Success Rx program and fees and costs for Ms. Chan. Considering the circumstances of this matter, she recommended a letter of reprimand for Walgreens #04855.

Mr. Graham gave closing statements and concurred with Ms. Cramer's recommendations.

The Board discussed the issues of this matter. Keith Macdonald indicated that he did not think the Your Success Rx program was appropriate in this case since Ms. Chan had already taken error prevention CE and changed her pharmacy practices. He felt the punishment was too severe and expensive.

Cheryl Blomstrom indicated that she felt comfortable with the changes Ms. Chan has already made. She feels that Ms. Chan has been very proactive and that the Your Success Rx program was not necessary.

Board Action:

Motion: Kam Gandhi moved to find Ms. Chan guilty of the First Cause of Action.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Motion: Cheryl Blomstrom moved penalize Ms. Chan with the fees and costs in this matter.

Second: Kam Gandhi

Action: Passed Unanimously

Motion: Kam Gandhi moved to find Walgreens #04855 guilty of the Second Cause of Action.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Motion: Cheryl Blomstrom moved issue a letter of reprimand to Walgreens #04855.

Second: Kam Gandhi

Action: Passed Unanimously

C. Maryanne D. Phillips, MD (10-086-CS-S)

Maryanne Phillips and Juselle Muro appeared and were sworn by President Foster prior to answering questions or offering testimony.

Dr. Phillips was represented by Alan Mulliner

Carolyn Cramer advised the Board that they had come to a stipulated agreement. Dr. Phillips admits guilt on the First Cause of Action and Board staff is dismissing the Second and Third Causes of Action. In exchange for this concession, Dr. Phillips will cancel her controlled substance registration with our Board and relinquish her DEA license effective March 1, 2011. Dr. Phillips will then apply for a new DEA license and controlled substance registration. Dr. Phillips will be on two years' probation beginning on the date of the Order. The terms and conditions of the probation will be for Dr. Phillips to pull Task Force profiles on all of her patients to ensure that she is not feeding a drug seeker's habit. Dr. Phillips will be required to maintain records showing a diagnosis for each patient. Dr. Phillips will maintain a physical office where she practices with a telephone dedicated to her practice. Dr. Phillips will be the only person to write controlled substance prescriptions in her practice. Pharmacists will speak directly with her only if there is a question on a prescription.

Ms. Cramer advised the Board that they can accept the stipulated agreement in its entirety or if they reject any part of the agreement, she and Mr. Mulliner are prepared to go to hearing.

Board Action:

Motion: Keith Macdonald moved to accept the stipulated agreement as presented.

Second: Russ Smith

Action: Passed With One Negative Vote

D. Mohamed O. Saleh, MD

(10-089-S)

Mohamed Saleh appeared and was sworn by President Foster prior to answering questions or offering testimony.

Dr. Saleh asked for a continuance of this matter to a future Board meeting as his attorney was not able to be present. Dr. Saleh was asked who his attorney was and he said it was Gordon Silver. Carolyn Cramer advised the Board that Gordon Silver was a legal group, not an attorney. Dr. Saleh indicated that he just hired him and was not sure of his name but he could not produce a business card to help him with his memory. Dr. Saleh indicated that the attorney had an emergency this morning and could not attend this hearing with him.

Board Action:

Motion: Keith Macdonald moved to continue this matter provided Dr. Saleh disclose his attorney to Carolyn Cramer within ten days and not write any controlled substance prescriptions until this matter is settled.

Second: Kirk Wentworth

Action: Passed With 2 Negative Votes

E. Sonya Campbell, PT

(10-085-PT-S)

Sonya Campbell appeared and was sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer indicated that Ms. Campbell admits guilt as presented in the Notice of Intended Action and Accusation, however she is present to make a statement. Due to the circumstances of this matter, that Ms. Campbell confessed to stealing 36 to 38 bottles of controlled substances from her employing pharmacy, Ms. Cramer recommends revocation of her pharmaceutical technician registration.

Ms. Campbell testified that she had not stolen as many controlled substances as alleged. She indicated that she agreed to confess to the theft of that many to help CVS loss prevention close this case and in return for her confession they would not have her arrested.

Board Action:

Motion: Russ Smith moved to find Ms. Campbell guilty of the alleged violations.

Second: Kam Gandhi

Action: Passed Unanimously

Motion: Keith Macdonald moved to revoke Ms. Campbell's pharmaceutical technician registration.

Second: Russ Smith

Action: Passed Unanimously

F. Jonathan Greenough, PT (10-084-PT-S)

Carolyn Cramer advised the Board that Mr. Greenough was not present even though he received the Notice of Intended Action and Accusation as proved by signature on the Certified Mail Return Receipt. A letter advising Mr. Greenough of the time of his appearance was sent to the same address and had not been returned. These documents were admitted and accepted into evidence as Exhibit 1 and Exhibit 2, respectively.

Ms. Cramer advised the Board that an internal investigation was initiated because an employee of the pharmacy advised the managing pharmacist that they thought Mr. Greenough was stealing drugs from the pharmacy. A video camera was installed and pharmacy personnel reviewed the 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. Pharmacy personnel confronted Mr. Greenough and he admitted in a written statement that he had taken Lortab for his personal use due to his addiction and mental health issues.

Board Action:

Motion: Keith Macdonald moved to find Mr. Greenough guilty of the alleged violations.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Motion: Keith Macdonald moved to revoke Mr. Greenough's pharmaceutical technician registration.

Second: Cheryl Blomstrom

Action: Passed Unanimously

4. Application for Nevada Pharmacy – Appearance:

Precision Specialty Pharmacy – Las Vegas

No one appeared to represent Precision Specialty Pharmacy.

Board Action:

Motion: Keith Macdonald moved to continue Precision Specialty Pharmacy to the March Board meeting.

Second: Kam Gandhi

Action: Passed Unanimously

5. Applications for Nevada MDEG – Appearance:

A. Access Orthopedic, LLC – Las Vegas

Access Orthopedic withdrew their application and will reapply if they change their mind and would like to pursue a license in Nevada at a later date.

B. Essentials Medical Supply – Las Vegas

Bola Lee appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Lee gave a concise account of her experience in the Medical Devices Equipment and Gasses arena. Ms. Lee also gave a complete description of her business plan and how she intends to operate Essentials Medical Supply.

Board Action:

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

Second: Jody Lewis

Action: Passed Unanimously

C. Key Medical – Reno

Robert Freeman, John Freeman and Shane Dyer appeared and were sworn by President Foster prior to answering questions or offering testimony.

They testified that they plan to provide sleep study products and respiratory equipment to patients. They currently work for Pulmonary Medicine Associates and their current employer encouraged them to open this facility. After discussion about the hours the facility administrator needed to be present, they determined how they would accommodate the Board's requirements. They were knowledgeable and described their business plan to the Board's satisfaction.

Board Action:

Motion: Kam Gandhi moved to approve the application for Key Medical.

Second: Kirk Wentworth

Action: Passed Unanimously

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

A. Cardinal Health 414, LLC – Denver, CO

Mark Fredlander appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Fredlander described the facility as a nuclear pharmacy that provides radio pharmaceuticals for clinical trials. The products have a short life span and they will be flown in from their Colorado facility, picked up at the airport and delivered to the end user. Mr. Fredlander went into detail about the facility and products they provide.

Board Action:

Motion: Keith Macdonald moved to approve the application for Cardinal Health 414.

Second: Russ Smith

Action: Passed Unanimously

B. Park Pharmacy – Irvine, CA

Dennis Saadeh appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Saadeh described the circumstances of answering yes on his application for a pharmacy. He indicated that he is the owner of Park Pharmacy and was under a great deal of stress. He was arrested for driving under the influence of narcotics and was in possession of narcotics for which he had no prescription. Mr. Saadeh testified that his license is active and without restriction in California now. He indicated that he is not the pharmacist in charge and only works a couple of days a week. Mr. Saadeh described his business model to the Board's satisfaction.

Board Action:

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

Second: Kam Gandhi

Action: Passed Unanimously

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

PGxHealth, LLC – New Haven, CT

No one appeared to represent PGxHealth.

Board Action:

Motion: Keith Macdonald Moved to continue PGxHealth to the March Board meeting.

Second: Kam Gandhi

Action: Passed Unanimously

8. CVS Pharmacy Retail Settlements – Presentation:

Roger Morris

Mr. Morris cancelled his appearance.

9. Methamphetamine Initiative – Appearance:

- A. Jerry Seevers, Nevada Coordinator
Rural Law Enforcement Methamphetamine Initiative
- B. Neil Rombardo, District Attorney, Carson City

Jerry Seevers, Neil Rombardo and Senator Sheila Leslie appeared before the Board and made a presentation regarding the need for scheduling ephedrine, pseudoephedrine and PSE products being obtained for the production of methamphetamine. Senator Leslie explained that meth use in Nevada is three times higher than the national average. It is estimated that 80% of the PSE purchased by smurfers is diverted to the black market for methamphetamine production. A cell of smurfers can produce four pounds of methamphetamine to be sold on the street. In 2010 Las Vegas pharmacies were burglarized and the only thing taken were the PSE products. Mr. Seevers and Mr. Rombardo presented slides showing statistics of the abuse and requested the Board of Pharmacy to make ephedrine, pseudoephedrine and PSE products to be prescription only medications.

Larry Pinson explained the difference between a dangerous drug and a scheduled drug. If we require it to be a dangerous drug requiring a prescription there would be no

way of tracking it. If we scheduled those products in Schedule IV the dispensing would be reported through the PMP and then could be easily tracked.

The consensus of the Board is to support the methamphetamine initiative and Senator Leslie's BDR.

10. PRN-PRN Presentation:

Larry Espadero

Larry Espadero, PRN-PRN monitor, and Gretta Woodington, PRN-PRN administrator, appeared before the Board and gave a presentation for the new Board members. They reviewed what a PRN-PRN contract consisted of, the responsibility of the PRN-PRN members, how the members were monitored and drug and alcohol tested. Ms. Woodington reviewed the financial aspect and how the Board's contribution to the program is spent. Mr. Espadero indicated that he had a counselor in the North that helped him with the monitoring process and he handled the South at Montevista Hospital where he is the director of their chemical dependency program. The Board had questions that both Mr. Espadero and Ms. Woodington answered to further enlighten the Board.

11. Request for Pharmacist License – Reciprocity – Appearance:

Magdalene Ladas, R.Ph

Magdalene Ladas appeared and was sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer explained that Ms. Ladas was present to explain the circumstances regarding answering "I have" to the question "had a license suspended, revoked or surrendered or otherwise disciplined, including any action against my license that was not made public."

Ms. Ladas explained that in 2002 while she was in pharmacy school she was licensed as a pharmaceutical technician in Illinois and added controlled substance refills to prescriptions for someone because she was being threatened. Her license was suspended for 90 days and she was put on two years probation. She graduated from pharmacy school and was licensed in Illinois, and her probation transferred from her pharmaceutical technician license to her pharmacist license. She has no restrictions on her license in Illinois now and she is also licensed in Florida where she has never had discipline. Ms. Ladas explained that she would like to reciprocate to Nevada and asked for approval to continue with the process.

Board Action:

Motion: Kam Gandhi moved to approve the application for reciprocity for Ms. Ladas.

Second: Keith Macdonald

Action: Passed Unanimously

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

A. Brian Fello

Brian Fello appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Fello explained that he was using methamphetamine and expelled from Kaplan College where he was participating in the pharmaceutical technician program.

The Board advised Mr. Fello that they could not grant a pharmaceutical technician in training registration unless he was enrolled in a school or has a job where a managing pharmacist was willing to be responsible for his training. The Board suggested that he speak with the program director at Kaplan again and check into the PRN-PRN program for an evaluation.

B. Alexander G. Frankos

Alexander Frankos appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Frankos explained that he was a student at Anthem participating in their pharmaceutical technician program. He stated that there were three separate incidents with North Las Vegas Police Department that involved his possession and use of marijuana.

Board Action:

Motion: Kirk Wentworth moved to deny Mr. Frankos application for pharmaceutical technician in training.

Second: Cheryl Blomstrom

Action: Passed Unanimously

C. Crystal A. Gebhart

Carolyn Cramer advised the Board that Ms. Gebhart was present to provide the documents that they requested at a prior appearance.

Crystal Gebhart appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Gebhart provided documents to the Board showing that charges against her were dismissed as she had indicated to the Board when she first appeared.

Board Action:

Motion: Keith Macdonald moved to approve the application for pharmaceutical technician in training for Ms. Gebhart.

Second: Kam Gandhi

Action: Passed With One Negative Vote

D. Neil G. Larrabee

Carolyn Cramer advised the Board that Mr. Larrabee was not present even though he had been noticed appropriately. Mr. Larrabee was enrolled in the pharmaceutical technician program at Pima Medical Institute and had tested positive for marijuana in a random drug screening.

Board Action:

Motion: Russ Smith moved to deny the application for pharmaceutical technician in training for Neil Larrabee.

Second: Cheryl Blomstrom

Action: Passed Unanimously

E. Chase P. Wilson

Chase Wilson appeared and was sworn by President Foster prior to answering questions or offering testimony.

NOTE: Russ Smith recused from participation as he is also an employee of Walgreens.

Mr. Wilson explained that he had a small amount of marijuana and a pipe in his car in 2007 when he was stopped for a traffic violation. Mr. Wilson indicated that he has complied with all of the provisions that were required of him.

Board Action:

Motion: Kirk Wentworth moved to deny the pharmaceutical technician in training application for Mr. Wilson.

Second: Jody Lewis

Action: Passed Unanimously

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

Angie M. Cook

Carolyn Cramer advised the Board that Ms. Cook was not present even though she had been noticed appropriately. Ms. Cook indicated on her application for a dispensing technician in training license that she had been charged with possession of marijuana and paraphernalia in 1998.

Board Action:

Motion: Keith Macdonald moved to deny the application for dispensing technician in training license for Ms. Cook.

Second: Russ Smith

Action: Passed Unanimously

14. Request for Reinstatement of Pharmacist License – Appearance:

James Ammon

Mr. Ammon cancelled his appearance and will reschedule when it is more convenient for him.

15. Requests for Reinstatement of PT License – Appearance:

A. Mayra Arreola

Carolyn Cramer advised the Board that Ms. Arreola was not present even though she had been noticed appropriately. Ms. Arreola had requested reinstatement of her pharmaceutical technician registration.

Board Action:

Motion: Kam Gandhi moved to deny the request until Ms. Arreola appears.

Second: Russ Smith

Action: Passed Unanimously

B. Shamika Banks

Shamika Banks appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Banks stated that she was present to request reinstatement of her pharmaceutical technician registration. She indicated that she had gone to court and was put on two years' probation, remanded to a court ordered treatment program, including substance abuse classes. Ms. Banks indicated that she is currently working for Allstate Insurance as a file clerk.

The Board questioned Ms. Banks about the court ordered treatment program and was asked if she brought any documentation of her completion of the program and release from probation. Ms. Banks denied any substance abuse and seemed confused. She told the Board that she was dependent on hydrocodone but she wasn't any more. Ms. Banks was advised that she would need to appear before the Board at a later date and provide them with documentation of her court order and completion of the substance abuse program that she attended before they could make a decision on her reinstatement.

Board Action:

Motion: Kirk Wentworth moved to deny the request for reinstatement of Ms. Banks pharmaceutical technician registration.

Second: Kam Gandhi

Action: Passed Unanimously

16. Board Staff Report – Non Appearance:

Jiansheng Li

Larry Pinson advised the Board that he had denied Mr. Li's request to attend Board meetings in Texas rather than in Nevada because, after looking into the Texas procedures, he found that the Texas Board of Pharmacy does not conduct their disciplinary cases in a public forum. Since it was the Board's intent that Mr. Li witness disciplinary hearings, the Texas Board meetings would not be the appropriate venue.

Mr. Pinson reported that Mr. Li completed the Your Success Rx program with Katie Johnson. Ms. Johnson met in the Reno Board office with Mr. Pinson and they had a conference call with Mr. Li. Ms. Johnson advised that Mr. Li was cooperative and positive throughout the process. Mr. Li indicated that he found the Your Success Rx program helpful in his practice of pharmacy.

17. PT Advisory Board Report

Mr. Pinson advised the Board that the PT Advisory Board met on December 7, 2010. Various issues were discussed as follows:

1. Some of the committee members would like to see certification of pharmaceutical technicians in Nevada. Mr. Pinson indicated that NABP is looking at certification of technicians and suggested that we wait to see what they do before we go further with this issue.
2. Online pharmaceutical technician courses were discussed. Mr. Pinson indicated that there is a loophole that needs to be closed because a pharmaceutical technician can take a course online, register in another state, apply to Nevada as a pharmaceutical technician with a copy of the registration certificate they hold in another state and get a pharmaceutical technician registration in Nevada without ever setting foot in a pharmacy.
3. Discussion about VA trained pharmaceutical technicians was addressed. Our laws, as they stand now, allow military trained pharmaceutical technicians to register to practice in Nevada, however we do not acknowledge the training received from the VA. They are both federal agencies; the training is excellent; and the committee would like to change our current laws to include VA trained pharmaceutical technicians.
4. Pharmaceutical technician schools were discussed again. Larry Pinson advised the Board that he was going to send a letter to the schools asking them to have applicants in the pharmaceutical technician programs register with the Board of Pharmacy before they are accepted into school to ensure they qualify for a registration with the Board first.

18. General Counsel Report:

Recent Regulatory Activities and Litigation

A. Report on Governor's Working Group on Methamphetamine Use

B. Klasch v. Walgreens – Supreme Court Case

Carolyn Cramer provided a memorandum to the Board regarding the Sanchez v. Wal-Mart and the Klatch v. Walgreens cases showing the differences between the two.

19. Discussion and Determination:

A. Visual Security of a Mechanical Device

Keith Macdonald asked Board staff to put regulations into effect to allow visual security of mechanical devices. The Board approved the UMC mechanical device in the lobby of one of their outpatient facilities because it was within the pharmacy staff's sight. It was only filled when the facility was closed so the contents were always secure. The Board discussed various scenarios and determined that if another facility wanted to follow this model, they would make a determination on a case by case basis and did not want to change the regulations.

B. Drug Distribution Agents

Presently, the Board of Pharmacy does not have a licensing category for drug distribution agents. Basically they are brokers and never have possession of drugs. Presently we register them as wholesalers which really they are not. Oregon has passed regulations to recognize drug distribution agents and Larry Pinson suggested that we model language after their regulations. Board staff was directed to bring language forward to recognize drug distribution agents.

20. Executive Secretary Report:

A. Financial Report

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

B. Temporary Licenses

One temporary license was granted since the last Board meeting.

C. Staff Activities

Larry Pinson announced that Fred Ackermann will be retiring. Mr. Pinson advised the Board that he plans to make some changes within the Board offices. He announced that the Task Force is being moved to Reno and will be housed in our office when the lease is up in Carson City. Lisa Adams will be stepping in when Joanne Quirk retires and Jeanine Davis will assist her. Ms. Davis will also be assisting Joe Depczynski with some of his investigations which should be a good fit considering her NDI background. Ray Seidlinger will be the office manager of the Las Vegas office when Mr. Ackermann retires and will only come up to Reno quarterly. Mr. Pinson will hire an investigator for the Las Vegas office to assist Danny Garcia with investigations.

1. PT Advisory Board (12/7)

The PT Advisory Board met on December 7th, 2010. See Item 17 for details.

D. Reports to Board

i. Refrigerator regulation

Mr. Pinson advised the Board that the refrigerator regulation was passed and became effective on December 16, 2010.

ii. Task Force Grant

Joanne Quirk was able to obtain another grant for the Task Force in the amount of \$400,000.00.

iii. NABP

1. PMP Hub

NABP is working on creating a Prescription Monitoring Program Hub so all states can exchange information. They asked, and we complied, for either Larry Pinson or Joannee Quirk to meet with them in Chicago to discuss the proposal. Ms. Quirk made the trip.

2. Intern Hours

Currently our statute requires 1500 intern hours, however 1740 intern hours will be the new standard. Since the 1500 hours is a requirement of statute we will need to address this issue through the legislature.

iv. Your Success Rx Report

1. Don's Pharmacy

Mr. Pinson reported that David Vasenden, owner of Don's Pharmacy, worked with Katie Johnson to create Policies and Procedures for the pharmacy with regard to the filling of one prescription from two stock bottles. Mr. Vasenden was very cooperative and dedicated time to the process. Mr. Vasenden has made changes to his computer system that will allow more than one bottle to be scanned on one prescription fill so that a repeat of the error that happened in his pharmacy will not happen again.

E. Board Related News

i. Gallop Poll

Mr. Pinson provided a copy of the latest Gallop Poll that showed pharmacists were ranked in the top three, just under military officers as being the most honest and ethical of all professions.

ii. Peoria, AZ Ordinance

A proposed dispensing ordinance for sales of Schedule II prescription drugs in Peoria was discussed. The concept would require pharmacies to submit a security plan to the police department and to have closed circuit cameras taking pictures of customers. The records would be kept for a specific period of time and available to law enforcement officers to inspect at will. Pharmacies would be required to verify the identification of the purchaser for every Schedule II product because of the growing problem with fraudulent prescriptions being passed in Arizona.

iii. USN Stats

The University of Southern Nevada is changing its name to Roseman University of Health Sciences to alleviate the confusion the "Southern Nevada" caused for a facility located in Utah.

F. Activities Report

21. Next Board Meeting:

March 2-3, 2011 – Reno, Nevada

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

There was no public comment.

OK
01/24/11

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: American HomePatient, Inc.

Physical Address: 5213 LinBar Dr. suite 400 Nashville, TN 37211
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5200 Maryland Way, suite 400

City: Brentwood State: TN Zip Code: 37027

Telephone Number: 866-775-1959 Fax Number: 615-224-2394

E-mail: Jason.Bullock@ahom.com Website: www.ahom.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7:30 to 8pm Tue: 7:30 to 8pm Wed: 7:30 to 8pm Thu: 7:30 to 8pm

Fri: 7:30 to 8pm Sat: — to — Sun: — to — Holidays: — to —

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

Name: Leslie Sperrazza

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: CPAP + Bileaf 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: _____ Telephone: _____ Page 1-2010

56042
1240

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE MDEG PROVIDER WHOLESALER
CORPORATION

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

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New MDEG <input checked="" type="checkbox"/>	Ownership Change <input type="checkbox"/>	Name Change <input type="checkbox"/>	Location Change <input type="checkbox"/>
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FACILITY INFORMATION

Facility Name: Astra Tech Inc

Physical Address: 590 Lincoln Street, Waltham MA 02451

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

Mailing Address: 590 Lincoln Street

City: Waltham State: MA Zip Code: 02451

Telephone Number: 781-890-6800 Fax Number: 781-890-6808

E-mail: ricky.lopez@astratech.com Website: www.astratech.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

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

Name: Jim Bailey, CFO

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>Urinary Catheters</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: _____

56033
1236

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: CPAP Care Club, LLC

Physical Address: 10840 Carothers Pkwy, Suite 110
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Same

City: Franklin State: TN Zip Code: 37067

Telephone Number: 800-487-5564 Fax Number: 800-494-3535

E-mail: asmith@simplexhealthcare.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

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

Name: Andrew Smith

Address: 10840 Carothers Pkwy, Suite 110

City: Franklin State: TN Zip Code: 37067

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

☒ CPAP/BiPAP 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: _____ Telephone: _____ Page 1-2010

55867
1224

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 <input checked="" type="checkbox"/>	Ownership Change <input type="checkbox"/>	Name Change <input type="checkbox"/>	Location Change <input type="checkbox"/>
--	---	--------------------------------------	--

FACILITY INFORMATION

Facility Name: HANGER PROSTHETICS + ORTHOTICS WEST, INC.

Physical Address: 4445 N. 7TH ST.
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME

City: PHOENIX State: AZ Zip Code: 85014

Telephone Number: 602-274-3625 Fax Number: 602-274-4310

E-mail: BBOSTOCK@HANGER.COM Website: HANGER.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 to 5 Tue: 8:30 to 5 Wed: 8:30 to 5 Thu: 8:30 to 5
Fri: 8:30 to 5 Sat: to Sun: to Holidays: to

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

Name: BRET BOSTOCK

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 type="checkbox"/> Other: <u> </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: BRET BOSTOCK Telephone: 602-274-3625 Page 1-2010

55912
1229

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

OK
2/15/11

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: Medtronic USA, Inc. DBA Medtronic Heart Valve

Physical Address: 1851 East Deere Avenue Santa Ana CA 92705
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 710 Medtronic Parkway LS245

City: Minneapolis State: MN Zip Code: 55432

Telephone Number: 763-514-1734 Fax Number: 763-514-2439

E-mail: melissa.fatchett@medtronic.com Website: www.medtronic.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 7:30am to 5pm Tue: 7:30am to 5pm Wed: 7:30am to 5pm Thu: 7:30am to 5pm

Fri: 7:30am to 5pm Sat: to Sun: to Holidays: to

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

Name: James Sparks

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

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

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56052
1239

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 ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: Medtronic USA, Inc.

Physical Address: 4620 North Beach Street

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

Mailing Address: same

City: Fort Worth State: TX Zip Code: 76137

Telephone Number: 817-788-6400 Fax Number: 817-788-6489

E-mail: Mark.Rainwater@medtronic.com Website: www.medtronic.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:00 to 4:30 Tue: 8:00 to 4:30 Wed: 8:00 to 4:30 Thu: 8:00 to 4:30

Fri: 8:00 to 4:30 Sat: to Sun: to Holidays: to

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

Name: Mark Rainwater

Address: 4620 North Beach Street

City: Fort Worth State: TX Zip Code: 76137

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 Prosthetics |
| <input type="checkbox"/> Diabetic Supplies X Medical device manufacturing and distribution | |

** 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: Mark Rainwater Telephone: 817-788-6400

Page 1-2010

55072
1225

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

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New MDEG X Ownership Change Name Change Location Change

FACILITY INFORMATION

Facility Name: Medtronic USA, Inc.

Physical Address: 826 Coal Creek Circle
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 826 Coal Creek Circle

City: Louisville State: CO Zip Code: 80027

Telephone Number: 720-890-3279 Fax Number: 720-890-3579

E-mail: mark.layton@medtronic.com Website: www.medtronic.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

Name: Mark Layton

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

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

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FEB 18 2011

Check Number

716

Amount

500.00

56060
1241

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: Monitor Medical, Inc
Physical Address: 12705 S. Kirkwood Rd Ste 203
(This must be a business address, we can not issue a license to a home address) Stafford, TX 774
Mailing Address: P.O. Box 2527
City: Sugar Land State: TX Zip Code: 77487
Telephone Number: 281-240-7222 Fax Number: 281-240-2383
E-mail: donna.hill@monitormedical.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 5pm Tue: 9am to 5pm Wed: 9am to 5pm Thu: 9am to 5pm
Fri: 9am to 5pm Sat: 9am to 1pm Sun: Closed Holidays: Closed

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

Name: Donna Hill

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: CPAP/BiPAP/Oxygen

** 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

55778
1220

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 ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: Park Street Health Services, LLC

Physical Address: 1000 Brickell Ave., Suite 1000
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1000 Brickell Ave., Suite 1000

City: Miami State: FL Zip Code: 33131

Telephone Number: (305) 400-8338 Fax Number: (305) 397-2809

E-mail: mmiller@parkstreethealth.com Website: www.parkstreethealth.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

FACILITY ADMINISTRATOR INFORMATION

Name: Malik Miller

Address: 1000 Brickell Ave, Suite 1000

City: Miami State: FL Zip Code: 33131

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 checked="" 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: _____ Telephone: _____ Page 1-2010

56081
1243

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 ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: RGH Enterprises, Inc., known in CA as HHI Enterprises, Inc.
Physical Address: 8595 Milliken Avenue, Suite #101, Rancho Cucamonga, CA 91730
(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: 866-528-2161 Fax Number: 330-405-6697
E-mail: rghliscensure@rghent.com Website: www.indemed.com; www.edgepark.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30AM to 5:00PM Tue: 8:30AM to 5:00PM Wed: 8:30AM to 5:00PM Thu: 8:30AM to 5:00PM
Fri: 8:30AM to 5:00PM Sat: to Sun: to Holidays: to

FACILITY ADMINISTRATOR INFORMATION

Name: Kevin Mace
Address: 8595 Milliken Avenue, Suite #101
City: Rancho Cucamonga State: CA Zip Code: 91730

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 checked="" 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> |

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56021
1232

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG PROVIDER
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New MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: Cal City Medical Supply, Inc. DBA: Smart Remedies

Physical Address: 8048 California City Blvd. California City, CA 93505
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 8048 California City Blvd.

City: California City State: CA Zip Code: 93505

Telephone Number: (760) 373-9238 Fax Number: (760) 373-9239

E-mail: maxlevineis@gmail.com Website: www.smartremedies.org

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9am to 4pm Tue: 9am to 4pm Wed: 9am to 4pm Thu: 9am to 4pm
Fri: 9am to 4pm Sat: CLOSED to Sun: CLOSED to Holidays: CLOSED to

FACILITY ADMINISTRATOR INFORMATION

Name: Max Levine

Address: 1733 NW 79th Ave

City: Coral Gables State: FL Zip Code: 33114

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

- | | |
|---|---|
| <input type="checkbox"/> Medical Gases | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment | <input type="checkbox"/> Parenteral and Enteral Equipment |
| <input type="checkbox"/> Life-sustaining equipment | <input checked="" type="checkbox"/> Orthotics and Prosthesis Non customized |
| <input checked="" type="checkbox"/> Diabetic Supplies | Other: <u>MISC. DME SUPPLIES</u> |

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55854
1223

NEVADA STATE BOARD OF PHARMACY
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New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐

FACILITY INFORMATION

Facility Name: Symbius Medical, LLC

Physical Address: 427 W. Universal Circle
(This must be a business address, we can not issue a license to a home address)

Mailing Address: same

City: Sandy State: Utah Zip Code: 84070

Telephone Number: (801) 576-8888 Fax Number: (801) 255-9090

E-mail: nfranklin@symbiusmedical.com Website: www.symbiusmedical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

Name: Joan Whiting

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

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

- ☒ Assistive Equipment (rehab)
- ☐ 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: Telephone:

Page 1-2010

56022
1231

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: TOTAL MOBILITY & MODIFICATION SERVICES

Physical Address: 719 PROGRESS WAY SANFORD, FL 32771
(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: 407-574-6429 Fax Number: 407-338-6426

E-mail: zack.craft@go-Tmms.com Website: www.go-Tmms.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8A to 5P Sat: 24hr to Sun: 24hr to Holidays: 24hr to

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

Name: Zack Craft

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 | <input type="checkbox"/> 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: _____ Telephone: _____ Page 1-2010

55988
1234

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

OK
2/15/11

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: Bond Pharmacy Inc. dba Advanced Infusion Solutions

Physical Address: 132 Fairmont Street, Suite B

Mailing Address: 132 Fairmont Street, Suite B

City: CLINTON State: MS Zip Code: 39056

Telephone Number: 601-988-1700 Fax Number: 601-988-1701

Toll Free Number: 844-443-4006

E-mail: chuck@advancedinfusionsolutions.com Website: www.advancedinfusionsolutions.com

Managing Pharmacist: CHARLES R. Bell, Jr License Number: 18267

Hours of Operation:

Monday thru Friday 8:30 am 5:00 pm

Saturday 8:00 am 12:00 pm

Sunday — am — pm

24 Hours Pharmacist on call
24/7

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: FEB 10 2011 Check Number: 213 Amount: 500.00

56057
3307

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: ALL IN ONE PHARMACY, INC.

Physical Address: 24404 S. VERMONT AVE. SUITE #310

Mailing Address: 24404 S. VERMONT AVE. SUITE #310

City: HARBOR CITY State: CA Zip Code: 90710

Telephone Number: (310) 530-6100 Fax Number: (310) 530-3794

Toll Free Number: (866) 255-6663

E-mail: EGONZALEZ@ALLIN1PHARMACY.COM Website: ALLIN1PHARMACY.COM

Managing Pharmacist: GAVIN HENDRICK YEE License Number: NV: 11115 CA: RPH45536

Hours of Operation:

Monday thru Friday 9:00 am 6:00 pm Saturday CLOSED am _____ pm

Sunday CLOSED am _____ pm 24 Hours NO

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 19 2011 Check Number: CC Amount: 500.00

55808
3272

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: DCI Pharmacy - Kansas City
Physical Address: 650 Carondelet Dr.
Mailing Address: 650 Carondelet Dr.
City: Kansas City State: MO Zip Code: 64114
Telephone Number: 816-941-2162 Fax Number: 816-941-2635
Toll Free Number: 866-383-9333
E-mail: misty.lee@dcinc.org Website: _____
Managing Pharmacist: Misty-Anne Lee License Number: MO 2006023981

Hours of Operation:

Monday thru Friday 8 am 5 pm Saturday _____ am _____ pm
Sunday _____ am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

Board Use Only

Received: JAN 24 2011 Check Number: 956 Amount: 500.00

55825
3281

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: General Home Pharmacy
Physical Address: 755 Lakefield Road, Suite D, Westlake Village, CA 91361
Mailing Address: _____
City: Westlake Village State: CA Zip Code: 91361
Telephone Number: 877-447-4276 Fax Number: 888-414-0666
Toll Free Number: 800-661-5727
E-mail: georges@ghprx.com Website: _____
Managing Pharmacist: George Suarez License Number: 57387

Hours of Operation:

Monday thru Friday 9 am 5 pm Saturday on-call am pm
Sunday on-call 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: FEB 03 2011 Check Number: 323 Amount: 500.00

55948
3296

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: MyVetDirect.com

Physical Address: 5200 Anthony Road, Suite C

Mailing Address: _____

City: Sandston State: VA Zip Code: 23150

Telephone Number: 866-345-5338 Fax Number: 804-743-5509

Toll Free Number: 866-345-5338

E-mail: kukauwa@ButlerSchein.com Website: www.myvetdirect.com

Managing Pharmacist: Ken Ukauwa License Number: 0202-209734

Hours of Operation:

Monday thru Friday 8:00 am 4:30 pm Saturday closed _____ am _____ pm
Sunday closed _____ am _____ pm 24 Hours NA

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 24 2011 Check Number: 825 Amount: 500.00

10K

55826
3284

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: PH02547)

GENERAL INFORMATION

Pharmacy Name: Vets First Choice
Physical Address: 14333 S. Hwy 31 Ste E105
Mailing Address: 14333 S Hwy 31 Ste E105
City: Hendona State: NV Zip Code: 68028
Telephone Number: 402-332-3689 Fax Number: 402-332-3687
Toll Free Number: 1-866-356-6214
E-mail: pharmacy@vetsfirstchoice.com Website: vetsfirstchoice.com
Managing Pharmacist: Jennifer O'Grady License Number: 11562

Hours of Operation:

Monday thru Friday 9 am 5 pm Saturday 9 am 3 pm ^{on call}
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: JAN 11 2011 Check Number: 1049 Amount: 500.00

55783
3257

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

GENERAL INFORMATION

Facility Name: ADSO Pharmaceuticals
Physical Address: 7930 ARJONS DR. - Suite A
Mailing Address: _____
City: SPRINGFIELD State: CA Zip Code: 92126
Telephone Number: (858) 566-6990 Fax Number: (858) 566-9590
Toll Free Number: _____
E-mail: adsoinc@aol.com Website: adso pharmaceuticals.com
Facility Manager: Joseph M. Schwimmer
Professional qualifications and experience of facility manager: Has been in business for over 25 yrs. Wholesale Pharmaceutical products

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: FEB 03 2011 Check Number: 386 Amount: 500.00

55969
2056

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

GENERAL INFORMATION

Facility Name: Allied Medical Supply, Inc.

Physical Address: 901 Old Mars Hill Highway, Suite #5

Mailing Address: 901 Old Mars Hill Highway, Suite #5

City: Weaverville State: NC Zip Code: 28787

Telephone Number: 828.645.8606 Fax Number: 305.604.1802

Toll Free Number: _____

E-mail: aminuto@alliedmedicalsupply.com Website: www.alliedmedicalsupply.com

Facility Manager: Richard Swirski

Professional qualifications and experience of facility manager: Please see attached

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: _____

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

Board Use Only

Received: FEB 03 2011 Check Number: 130 Amount: 545.00

55945
2059

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: Amgen USA, Inc.

Physical Address: Road 31, Km. 24.6, Juncos, PR 00777

Mailing Address: PO Box 4060

City: Juncos State: PR Zip Code: 00777

Telephone Number: 787.916.2000 Fax Number: 787.916.6373

Toll Free Number: N/A

E-mail: cmgarcia@amgen.com Website: www.amgen.com

Facility Manager: Carlos Garcia

Professional qualifications and experience of facility manager: Has worked in drug distribution since 1988

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: _____

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

Board Use Only

Received: FEB 02 2011 Check Number: 3025 Amount: 500.00

55946
2058

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: A.R. MEDICOM INC.

Physical Address: 4049 ALLEN STATION ROAD

Mailing Address: 4049 ALLEN STATION ROAD

City: AUGUSTA State: GA Zip Code: 30906

Telephone Number: 706-790-3227 Fax Number: 706-793-9866

Toll Free Number: —

E-mail: krice@medicom.ca Website: www.medicom.ca

Facility Manager: TIMOTHY WAYNE RICE

Professional qualifications and experience of facility manager: see resume
and additional letter enclosed

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: JAN 1st 2011 Check Number: 955 Amount: 500.00

55807
2046

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 typed or 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 ☐

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

FACILITY INFORMATION

Facility Name: Benco Dental Supply Co

Physical Address: 3424 Centennial DR

Mailing Address: 3424 Centennial DR STE 150

City: FORT WAYNE State: IN Zip Code: 46808

Telephone Number: 260-471-1714 Fax Number: 570-602-4903

E-mail: CMURRAY@Benco.Com

Facility Manager: Carl Murray

Professional qualifications and experience of facility manager: _____

(see attached document)

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 certificate)
☐ Other _____

Board Use Only

Received FEB 16 2011 Check Number 657 Amount 500.00

VAWD

56079
2574

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 typed or printed legibly

OK
07/11
2/15/11

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

FACILITY INFORMATION

Facility Name: Benco Dental Supply Co

Physical Address: 295 Center Point Blvd.

Mailing Address: 295 Center Point Blvd.

City: Pittston State: PA Zip Code: 18640

Telephone Number: 570-602-6924 Fax Number: 570-602-4903

E-mail: JSoroka@Benco.com

Facility Manager: Robert Foote

Professional qualifications and experience of facility manager: _____
(see attached Docu)

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 certificate)
☐ Other _____

Board Use Only

Received FEB 1 - 2011 Check Number 563 Amount 500.00

VAWD

56055

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

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: Tyco Healthcare Group LP d/b/a Covidien

Physical Address: 4651 East Francis Street, Ontario, CA 91761

Mailing Address: 15 Hampshire Street

City: Mansfield State: MA Zip Code: 02048

Telephone Number: 508-261-6327 Fax Number: 508-261-8461

Toll Free Number: N/A

E-mail: Kiley.Herrick@Covidien.com Website: www.Covidien.com

Facility Manager: James A. Hendricks

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: **FEB 06 2011**

Check Number: 971

Amount: 500.00

55991
2065

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: Diplomat Specialty Pharmacy
Physical Address: 4100 S. Saginaw Street
Mailing Address: 4100 S. Saginaw Street
City: Flint State: MI Zip Code: 48507
Telephone Number: 810.768.9000 Fax Number: 810.230.0123
Toll Free Number: 888.720.4450
E-mail: jrowe@diplomatpharmacy.com Website: diplomatpharmacy.com
Facility Manager: Jeffrey M. Rowe
Professional qualifications and experience of facility manager: see attached

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: _____

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

Board Use Only

Received: JAN 27 2011 Check Number: 457 Amount: 500.00

55858
2051

OK
att
2/15/11
NSE

Application must be printed legibly

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

56030
2071

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

OK
2/11/11

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: Edwards Lifesciences Technology SARL, LLC

Physical Address: State Road 402 Nrth, Km 1.4

Mailing Address: _____

City: Anasco State: PR Zip Code: 00610-1577

Telephone Number: 787-229-5429 Fax Number: 787-826-8336

Toll Free Number: _____

E-mail: federico_babilonia@edwards.com Website: http://www.edwards.com

Facility Manager: Federico Babilonia

Professional qualifications and experience of facility manager: Global Supply Chain & Logistics - Distribution Manager - Please see Resume 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: _____

Board Use Only

Received: FEB 14 2011 Check Number: 278 Amount: 500.00

PT

56031
2070

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

OK
2/15/11

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: Heel Inc.

Physical Address: 10421 Research Road SE

Mailing Address: 10421 Research Road SE

City: Albuquerque State: NM Zip Code: 87123

Telephone Number: (505) 293-3843 Fax Number: (505) 291-1454

Toll Free Number: 1-800-621-7644

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

Facility Manager: Thierry Montfort

Professional qualifications and experience of facility manager: (See Attached Resume for Thierry Montfort)

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. (See Attached)

Board Use Only

Received: FEB 14 2011

Check Number: 287

Amount: 500.00

56039
2069

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

GENERAL INFORMATION

Facility Name: Owens + Minor HEALTHCARE Logistics
Physical Address: 1651 California Street, Suite C, Redlands, CA 92374
Mailing Address: 6201 Global Distribution Way, Suite 101, Louisville, KY 40228
City: - State: - Zip Code: -
Telephone Number: 909.801.8046 Fax Number: 909.801.8049
Toll Free Number: n/a
E-mail: dwayne.caick@owens-minor.com Website: OMHCL.COM
Facility Manager: EFREM HAWKINS
Professional qualifications and experience of facility manager: resume attached

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: _____

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

Board Use Only

Received: FEB 07 2011 Check Number: 448 Amount: 500.00

10-K

55913
2060

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: Prodigy Health Supplier Corporation

Physical Address: 9417 Brodie Lane Austin, TX 78748

Mailing Address: -same-

City: _____ State: _____ Zip Code: _____

Telephone Number: 512-693-4376 Fax Number: 512-693-4067

Toll Free Number: 877-693-4376

E-mail: MBullock@phscorporation.com Website: www.phscorporation.com

Facility Manager: Ty Dishman

Professional qualifications and experience of facility manager: VP of Operations, Ty Dishman oversees all day to day aspects of distributing, receiving and storing pharmaceuticals.

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: _____

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

Board Use Only

Received: IAN 11 2011 Check Number: 281 Amount: 500.00

VAWD

55798
2039

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

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: Tyco Healthcare Group LP

Physical Address: 110 Kendall Park Lane, Atlanta, GA 30336

Mailing Address: 15 Hampshire Street

City: Mansfield State: MA Zip Code: 02048

Telephone Number: 508-261-6327 Fax Number: 508-261-8461

Toll Free Number: N/A

E-mail: Kiley.Herrick@Covidien.com Website: www.covidien.com

Facility Manager: Kenneth R. Tripp

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: FEB 09 2011 Check Number: 971 Amount: 500.⁰⁰

55994
2068

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

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: Tyco Healthcare Group LP

Physical Address: Two Ludlow Park Drive, Chicopee, MA 01022

Mailing Address: 15 Hampshire Street

City: Mansfield State: MA Zip Code: 02048

Telephone Number: 508-261-6324 Fax Number: 508-261-8461

Toll Free Number: N/A

E-mail: Kiley.Herrick@Covidien.com Website: www.covidien.com

Facility Manager: Tom Gatesman

Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

Board Use Only		
Received: <u>FEB 09 2011</u>	Check Number: <u>971</u>	Amount: <u>500.00</u>

55992
2066

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

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: Tyco Healthcare Group LP
Physical Address: 815 Tek Drive, Crystal Lake, IL 60039
Mailing Address: 15 Hampshire Street
City: Mansfield State: MA Zip Code: 02048
Telephone Number: 508-261-6327 Fax Number: 508-261-8461
Toll Free Number: N/A
E-mail: Kiley.Herrick@coviden.com Website: www.coviden.com
Facility Manager: Brian Kostka
Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: FEB 09 2011 Check Number: 971 Amount: 500

55990
2064

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

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: Tyco Healthcare Group LP
Physical Address: 1313 West Grant Boulevard, Wabasha, MN 55981
Mailing Address: 15 Hampshire Street
City: Mansfield State: MA Zip Code: 02048
Telephone Number: 508-261-6324 Fax Number: 508-261-8461
Toll Free Number: N/A
E-mail: Kiley.Herrick@Covidien.com Website: www.Covidien.com
Facility Manager: Greg Rudy
Professional qualifications and experience of facility manager: See attached resume

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: FEB 09 2011 Check Number: 971 Amount: 500.00

55993
2067

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

OK
2/15/11

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: Vet Brands International, Inc

Physical Address: 10467 N. Commerce Parkway

Mailing Address: (Same)

City: Miramar State: FL Zip Code: 33025

Telephone Number: 954-392-8072 Fax Number: 954-392-8076

Toll Free Number: 800-766-7543

E-mail: ron@vetbrands.com Website: www.vetbrands.com

Facility Manager: John Honeycutt - President : BS in chemistry + Biology

Professional qualifications and experience of facility manager: 33 yrs. in Animal Health
a Nutrition Market; 20 yrs with Vet Brands.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☒ Veterinarians

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: Veterinary OTC

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

Board Use Only

Received: FEB 16 2011 Check Number: 685 Amount: 500.00

56054
2073

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

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

56053
3309

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,
v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**ROBERT CULLIVER, R.Ph.,
Certificate of Registration #10696,**

Case No. 10-074-RPH-N

**CVS/PHARMACY #9168,
Certificate of Registration #PH00506,**

Case No. 10-074-PH-N

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.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Robert Culliver is a pharmacist licensed by the Board and CVS/Pharmacy #9168 (CVS #9168) is a pharmacy licensed by the Board, located at 1119 California Avenue in Reno, Nevada.

II.

On or about September 6, 2010, Donna Haynes picked up her prescription for the generic for Zoloft, sertraline HCL 100 mg. tablets, from CVS #9168. When Ms. Haynes was to begin taking the medication she picked up, she noticed that they were different than what she had been taking. Ms. Haynes was familiar with taking generic medications and assumed that the difference was because of a different manufacturer and began taking what she was given as prescribed. Ms. Haynes took the medication she was given for approximately one week and noticed that she had become agitated

and was experiencing panic attacks and had constant thoughts of suicide. The increased severity of the symptoms prompted her to seek medical attention at St. Mary's emergency room which resulted in a series of medical tests and physician follow-ups. Ms. Haynes eventually queried internet sites with a description of the medication she had been taking and learned what she had been dispensed was actually 75 mcg. Synthroid tablets and not the sertraline HCL she had been prescribed.

III.

During the investigation of this matter it was found that a pharmaceutical technician prepared and printed the label set for Ms. Haynes prescription. There is a consensus of which pharmaceutical technician probably processed the label set, however it is inconclusive because there were no computer records to identify the time of the fill or the filling pharmaceutical technician and since the pharmaceutical technician was not consistent in how he initialed labels he could not identify his own initials. The verifying pharmacist in this instance was Mr. Culliver who failed to notice that Ms. Haynes prescription was filled with Synthroid 75 mcg. tablets rather than the prescribed sertraline.

IV.

The Board's investigator reviewed the refill log and it was noted that the prescription labels attached to the log were roughly in the order they were filled. A Synthroid 75 mcg. prescription was filled at approximately the same time as the 100 mg. sertraline prescription. Pharmacy staff had no recollection of this incident, however it was likely both the Synthroid and the sertraline stock bottles were on the filling counter at the same time. The sertraline stock bottle was properly scanned and the prescription bottle properly labeled but the filling pharmaceutical technician inadvertently switched the Synthroid for sertraline during the filling process

FIRST CAUSE OF ACTION

V.

In failing to strictly follow the instructions of Donna Haynes' physician by verifying and filling her prescription for 60 tablets of 100 mg. sertraline with 60 tablets of 75 mcg. Synthroid, Mr. Culliver violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

VI.

In failing to be able to capture the identity of the filling pharmaceutical technician that filled the prescription for Ms. Haynes, CVS #9168 violated NRS 639.210(4) and/or NAC 639.252(1) and/or 639.945(1)(m).

THIRD CAUSE OF ACTION

VII.

In owning and operating the pharmacy in which Mr. Culliver filled and dispensed Donna Haynes' prescription for 60 mg. tablets of 100 mg. sertraline with 60 tablets of 75 mg. Synthroid, CVS #9168 violated NRS 639.210(4) and or NAC 639.945(1)(d) and (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 6th day of January, 2011.


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

ROBERT CULLIVER, R.Ph.,
Certificate of Registration #10696,

Case No. 10-074-RPH-N

Respondent.

_____ /

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

I.

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

II

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

The Board has reserved Wednesday, March 2, 2011 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 6th day of January, 2011.



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

ROBERT CULLIVER, R.Ph.,
Certificate of Registration #10696,

Case No. 10-074-RPH-N

Respondent.

_____/

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

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

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

and alleges as follows: I AM AWARE OF MY VICARIOUS

RESPONSIBILITY FOR THIS MISTAKE AND WAS ON DUTY AT THE TIME. I DO NOT RECOLLECT FILLING THIS PRESCRIPTION PERSONALLY SINCE I WAS IN A "VERIFICATION" MODE THE ENTIRE MORNING. THE PHARMACY MANAGER WAS DOING "FLU" SHOTS.

I AM SORRY THIS HAPPENED WITH THE POTENTIAL FOR HARM TO THE PATIENT. I AM UPSET BY THIS.

AFTER 30 YEARS/A MILLION PLUS PRESCRIPTIONS— THIS IS THE FIRST TIME AN ERROR WAS GONE TO THIS STAGE. I HAVE RESCUED AS MANY MISHAPS AS THE NEXT PHARMACIST OVER THE YEARS, BUT THESE HAVE BEEN FEW. I WILL OPEN EVERY BOTTLE @ VERIFICATION PROCESS FROM NOW ON. I DO CONSULT WELL ON MOST PRESCRIPTIONS WHEN ON DUTY. THIS TIME I WAS NOT PRESENT AT "PICK-UP". I HAVE RECENTLY DONE "C.E." @ MITIGATION AND PREVENTION OF ERRORS.

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 27 day of JAN, 2011.

Robert G. Culliver

Robert Culliver, R.Ph.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,
v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**ROBERT CULLIVER, R.Ph.,
Certificate of Registration #10696,**

Case No. 10-074-RPH-N

**CVS/PHARMACY #9168,
Certificate of Registration #PH00506,**

Case No. 10-074-PH-N

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.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Robert Culliver is a pharmacist licensed by the Board and CVS/Pharmacy #9168 (CVS #9168) is a pharmacy licensed by the Board, located at 1119 California Avenue in Reno, Nevada.

II.

On or about September 6, 2010, Donna Haynes picked up her prescription for the generic for Zoloft, sertraline HCL 100 mg. tablets, from CVS #9168. When Ms. Haynes was to begin taking the medication she picked up, she noticed that they were different than what she had been taking. Ms. Haynes was familiar with taking generic medications and assumed that the difference was because of a different manufacturer and began taking what she was given as prescribed. Ms. Haynes took the medication she was given for approximately one week and noticed that she had become agitated

and was experiencing panic attacks and had constant thoughts of suicide. The increased severity of the symptoms prompted her to seek medical attention at St. Mary's emergency room which resulted in a series of medical tests and physician follow-ups. Ms. Haynes eventually queried internet sites with a description of the medication she had been taking and learned what she had been dispensed was actually 75 mcg. Synthroid tablets and not the sertraline HCL she had been prescribed.

III.

During the investigation of this matter it was found that a pharmaceutical technician prepared and printed the label set for Ms. Haynes prescription. There is a consensus of which pharmaceutical technician probably processed the label set, however it is inconclusive because there were no computer records to identify the time of the fill or the filling pharmaceutical technician and since the pharmaceutical technician was not consistent in how he initialed labels he could not identify his own initials. The verifying pharmacist in this instance was Mr. Culliver who failed to notice that Ms. Haynes prescription was filled with Synthroid 75 mcg. tablets rather than the prescribed sertraline.

IV.

The Board's investigator reviewed the refill log and it was noted that the prescription labels attached to the log were roughly in the order they were filled. A Synthroid 75 mcg. prescription was filled at approximately the same time as the 100 mg. sertraline prescription. Pharmacy staff had no recollection of this incident, however it was likely both the Synthroid and the sertraline stock bottles were on the filling counter at the same time. The sertraline stock bottle was properly scanned and the prescription bottle properly labeled but the filling pharmaceutical technician inadvertently switched the Synthroid for sertraline during the filling process

FIRST CAUSE OF ACTION

V.

In failing to strictly follow the instructions of Donna Haynes' physician by verifying and filling her prescription for 60 tablets of 100 mg. sertraline with 60 tablets of 75 mcg. Synthroid, Mr. Culliver violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

VI.

In failing to be able to capture the identity of the filling pharmaceutical technician that filled the prescription for Ms. Haynes, CVS #9168 violated NRS 639.210(4) and/or NAC 639.252(1) and/or 639.945(1)(m).

THIRD CAUSE OF ACTION

VII.

In owning and operating the pharmacy in which Mr. Culliver filled and dispensed Donna Haynes' prescription for 60 mg. tablets of 100 mg. sertraline with 60 tablets of 75 mg. Synthroid, CVS #9168 violated NRS 639.210(4) and or NAC 639.945(1)(d) and (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 6th day of January, 2011.


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

**CVS/PHARMACY #9168,
Certificate of Registration #PH00506,**

Case No. 10-074-PH-N

Respondent.

_____ /

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

I.

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

II


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

The Board has reserved Wednesday, March 2, 2011 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 6th day of January, 2011.



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

**CVS/PHARMACY #9168,
Certificate of Registration #PH00506,**

Case No. 10-074-PH-N

Respondent.

_____ /

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

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

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

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

DATED this _____ day of _____, 2011.

type or print name

for CVS #9168

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

v.

**ALAYNA M. HELLESON, PT
Certificate of Registration No. PT02760,**

Case No. 10-091-PT-N

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 Helleson is a registered pharmaceutical technician with the Board.

II.

On or about December 16, 2010, Board staff was notified by David Vasenden, owner of Don's Pharmacy, located at 501 Ralston Street in Reno, that Ms. Helleson had been terminated from employment as a pharmaceutical technician. Mr. Vasenden indicated that he was notified by the Reno Police Department, after he had terminated Ms. Helleson, that they had arrested Ms. Helleson at her home and found numerous narcotic drugs that she admitted to stealing from Don's Pharmacy.

III.

Ms. Helleson's arrest was predicated on information received by Reno PD that Ms. Helleson was selling controlled substances, that she had stolen from her employer, from her home. On November 30th, 2010, an undercover detective set up a buy from Ms. Helleson at her home. He purchased 15 Norco tablets, a Schedule III narcotic,

packaged in a plastic Ziploc baggie for \$60.00. The investigation proceeded and officers arrested Ms. Helleson on December 8, 2010. The officers were given permission by Ms. Helleson to search her home and they found 20 Oxycontin 40 mg. tablets, 40 oxycodone hydrochloride 30 mg. tablets, 9 morphine sulfate SR 30 mg. tablets, 15 methadone hydrochloride 10 mg. tablets, 1 amphetamine/dextroamphetamine 20 mg. tablet, 4 methylphenidate HCl 10 mg. tablets, 63 compounded hydrocodone bitartrate 10 mg. tablets, 5 Endocet 10/325 mg. tablets, 17 suboxone 8 mg./2 mg. tablets, 6.5 acetaminophen/hydrocodone 325/10 mg. tablets, 1 suboxone 8 mg./2 mg. sublingual film and 1 fentanyl 50 mcg/hr transdermal patch. Ms. Helleson admitted that all of the drugs found in her home were taken from Don's Pharmacy without authorization.

FIRST CAUSE OF ACTION

IV.

In removing controlled substances from Don's Pharmacy, namely the drugs listed above, without a prescription therefore, Ms. Helleson 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 5th day of January, 2011.


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**

**ALAYNA M. HELLESON, PT
Certificate of Registration No. PT02760,**

Case No. 10-091-PT-N

Respondent.

_____/

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

I.

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

II.

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


III.

The Board has reserved Wednesday, March 2, 2011 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 5th day of January, 2011.


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

ALAYNA M. HELLESON, PT
Certificate of Registration No. PT02760,

Case No. 10-091-PT-N

Respondent.

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

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

I have enclosed copies of prescriptions for Suboxone 8mg from Dr. A. Assad, + a copy of Morphine 30mg from Dr. K. Pitman. Both were written in 2009-2010. The Morphine did not help w/ my pain but I held on to it anyway. The Suboxone worked great so I held on to them just in case for future use.

The only medication that I admitted to taking out of Don's Pharmacy was compounded Hydrocodone 10mg, for personal use.

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

This is an ongoing criminal case & have been advised by my attorney to say nothing else.

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 19 day of Jan, 2011.

A. Helleson
Alayna M. Helleson, PT

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**v.
STEPHANIE INGREY, R.Ph.,
Certificate of Registration #15292,**

**THOMAS TRAYNOR, R.Ph.,
Certificate of Registration #06491,**

**RALEY'S DRUG CENTER #109,
Certificate of Registration #PH00449,
Respondents.**

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

Case No. 10-063A-RPH-N

Case No. 10-063B-RPH-N

Case No. 10-063-PH-N

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 Respondents Stephanie Ingrey and Thomas Traynor are pharmacists licensed by the Board and Raley's Drug Center #109 (Raley's #109) is a pharmacy licensed by the Board, located at 1363 Highway 395 North in Gardnerville, Nevada.

II.

On or about March 13, 2009 Dr. Jim Samuelson's office staff called in a prescription for Darren Ambrose to Raley's #109. Stephanie Ingrey took the prescription for 30 tablets of 40 mg. Paxil and the prescription was input into the pharmacy computer by a pharmaceutical technician. The pharmaceutical technician's normal procedure was to retrieve the NDC from the stock bottle and enter it into the appropriate data field. By entering the NDC, the remaining fields would populate with the drug name associated with that NDC. In March of 2009, paroxetine, the generic for

Paxil, occupied adjacent shelf space to fluoxetine, the generic for Prozac. The pharmaceutical technician believes that when she went to retrieve the paroxetine stock bottle she inadvertently chose fluoxetine. She then entered the NDC on the stock bottle and incorrectly identified fluoxetine as the prescribed drug. The pharmaceutical technician did not notice this error and continued on with the data entry by adding the patient instructions, "Take one tablet by mouth every evening – generic for Paxil." She then printed the label set and staged it with the stock bottle for eventual verification by the pharmacist. Ms. Ingrey was the verifying and filling pharmacist for this prescription and she did not notice the error. Ms. Ingrey subsequently bagged the prescription for patient pickup.

III.

On or about March 14, 2009 Mr. Ambrose's wife picked up his prescription from Raley's #109. Ms. Ambrose noticed that the drug that was being dispensed looked different than what Mr. Ambrose normally received. It was not only a different named drug but the dosage form was a capsule rather than a tablet. Ms. Ambrose asked the clerk that was helping her to ask the pharmacist if this prescription was correct. The clerk went to Tom Traynor to verify that the prescription was correct. The clerk returned to Ms. Ambrose and informed her that the pharmacist confirmed that the prescription was correct and that it was just a different generic. Ms. Ambrose was not counseled and there was no indication in the counseling log that Ms. Ambrose had been counseled even though this was a new prescription. Based on what she was told, Ms. Ambrose went home and delivered the prescription to her husband.

IV.

Mr. Ambrose finished the medication from the previous fill and then began taking the medication from the new prescription that was dispensed to Ms. Ambrose. Within days of taking the newly dispensed medication Mr. Ambrose began to exhibit manic episodes and a variety of physical problems including sleep apnea and difficulty

swallowing. The manic episodes prompted Ms. Ambrose to contact Raley's #109 on April 1, 2009. Ms. Ambrose spoke with pharmacy manager, Doug Provan, and the error was discovered at that time.

FIRST CAUSE OF ACTION

V.

In failing to strictly follow the instructions of Darren Ambrose's physician by verifying and filling his prescription for 30 tablets of 40 mg. paroxetine with 30 tablets of 40 mg. fluoxetine capsules, Stephanie Ingrey violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

VI.

In failing to counsel Ms. Ambrose when she picked up Mr. Ambrose's new prescription for paroxetine, even though Ms. Ambrose had specifically questioned the difference in the name and dosage form of what was being dispensed, Thomas Traynor violated NRS 639.210(4) and/or NAC 639.707 and/or 639.945(1)(i).

THIRD CAUSE OF ACTION

VII.

In owning and operating the pharmacy in which Ms. Ingrey filled and dispensed Darren Ambrose's prescription for 30 tablets of 30 mg. paroxetine with 30 capsules of 40 mg. fluoxetine and Mr. Traynor failed to adequately counsel Ms. Ambrose when she picked up her husband's new prescription, Raley's #109 violated NRS 639.210(4) and/or 639.266 and/or NAC 639.707 and/or 639.945(1)(d) and (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 January, 2011.


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

STEPHANIE INGREY, R.Ph.,
Certificate of Registration #15292,

Case No. 10-063A-RPH-N

Respondent.

_____ /

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

I.

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

II

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

The Board has reserved Wednesday, March 2, 2011 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 7th day of January, 2011.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

**NEVADA STATE BOARD OF
PHARMACY,**

Petitioner,

vs.

**STEPHANIE INGREY, R.Ph.,
Certificate of Registration #15292,**

Respondent.

**AMENDED ANSWER AND NOTICE OF
DEFENSE**

Case No. 10-063A-RPH-N

Respondent Stephanie Ingrey, by and through William J. Stilling of and for Parsons Behle & Latimer, answers the Notice of Intended Action and Accusation ("Notice of Intent") in the above-entitled matter and declares as follows. This Amended Answer and Notice of Defense is submitted to correct the facts in Paragraph II so that they correctly state that the pharmacist, not technician, normally scans the prescription drug stock bottle and label for the prescription into the computer.

**INTRODUCTION
DEFENSES AND REQUEST FOR HEARING**

1. Respondent requests a hearing on the Notice of Intent and will be available on March 2, 2011.

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

In answer to the Notice of Intent, Respondent admits, denies, and alleges as follows.

I.

Respondent admits the allegations in Paragraph I.

II.

On or about March 13, 2009, someone from the office of Jim Samuelson called in a prescription for Darren Ambrose to Raley's #109. Stephanie Ingrey received the telephone prescription for 30 tablets Paxil 40 mg and promptly reduced it to writing onto a prescription form. The normal procedure would have been to hand the prescription form to the technician; the technician would pull the stock bottle from the shelf; the technician would enter the NDC number and the other information from the prescription form into the computer; the technician would stage the prescription so the pharmacist could complete the filling of the prescription. Stephanie Ingrey's normal process would have been to scan the bar code from the prescription label and then the stock bottle into the computer; check the prescription label against the prescription for the patient's name, the name of the medication, the dose and dosing of the medication, the number of refills, the name of the prescriber, and other information before attaching the label to the bottle; and place the prescription bottle on a shelf for dispensing. The check marks on the March 13, 2009 prescription confirms Ms. Ingrey followed her normal process.

In March 2009, stock bottles of Paxil (paroxetine) and Prozac (fluoxetine) were stored close to each other on the shelf of the pharmacy. Based on the technician's belief, the nature of the work flow, and the subsequent misdispensing, it appears the technician pulled fluoxetine from the shelf instead of paroxetine and that the normal checking process performed by Stephanie Ingrey did not catch the error before the prescription bottle was placed on the shelf for

dispensing. Respondent lacks personal knowledge of information to form a belief about the truth of the other facts alleged in Paragraph II.

III.

Respondent, Stephanie Ingrey, was not working the day Ms. Ambrose picked up the prescription in question and therefore lacks personal knowledge or information sufficient to form a belief about the truth of the facts alleged in Paragraph III.

IV.

Respondent, Stephanie Ingrey, lacks personal knowledge or information sufficient to form a belief about the truth of the facts alleged in Paragraph IV.

FIRST CAUSE OF ACTION

V.

Paragraph V does not aver factual allegations, but contains legal conclusions that are not subject to admission or denial of facts. Ms. Ingrey correctly received and reduced to writing the prescription from Jim Samuelson, P.A. and followed her normal practice of checking all information on the prescription order form against the information on the label for the prescription. Ms. Ingrey's quality control and checking practice when filling prescriptions meets or exceeds pharmacy standards, but in this instance she did not catch the error. While Ms. Ingrey admits a misdispensing occurred, a single misdispensing when the activity is performed according to regular industry practices, does not evidence conduct that is "unprofessional" or conduct that is contrary to the "public interest," or conduct that is "incompetent," "unskillful," or "negligent" as those terms are used in NRS639.210(4) and NAC 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

VI.

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

THIRD CAUSE OF ACTION

VII.

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

STATEMENT OF COMPLIANCE

Ms. Ingrey does not dispute a misdispensing occurred. She deeply regrets the misdispensing. Ms. Ingrey's careful checking procedures have allowed her to avoid errors over her career so far for the tens of thousands of prescriptions she has filled. Ms. Ingrey has taken steps to avoid such a misdispensing in the future. Unfortunately, it would be extremely rare for a pharmacist to never make a dispensing error, though Ms. Ingrey, like all pharmacists, works to achieve that goal.

RESERVATION OF RIGHTS AND GENERAL DENIAL

1. Respondent reserves the right to assert other affirmative defenses in this matter and in any civil litigation that may follow.
2. During the hearing on March 2, 2011, Respondent will provide the Board with the remedial steps she believes will minimize the likelihood of errors like this from occurring in the future.
3. To the extent Respondent lacks personal knowledge or information sufficient to form a belief about the truth of facts alleged or Respondent does not expressly and specifically admit allegations in the Notice of Intent, she denies such allegations.

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

DATED this 16th day of February, 2011.



William J. Stilling
PARSONS BEHLE & LATIMER
50 West Liberty Street, Suite 750
Reno, NV 89501
Telephone: (801) 536-6765
Facsimile: (801) 536-6111
E-mail: bstilling@parsonsbehle.com
Attorneys for Respondent Stephanie Ingrey

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**v.
STEPHANIE INGLEY, R.Ph.,
Certificate of Registration #15292,**

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

Case No. 10-063A-RPH-N

**THOMAS TRAYNOR, R.Ph.,
Certificate of Registration #06491,**

Case No. 10-063B-RPH-N

**RALEY'S DRUG CENTER #109,
Certificate of Registration #PH00449,
Respondents.**

Case No. 10-063-PH-N

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 Respondents Stephanie Ingley and Thomas Traynor are pharmacists licensed by the Board and Raley's Drug Center #109 (Raley's #109) is a pharmacy licensed by the Board, located at 1363 Highway 395 North in Gardnerville, Nevada.

II.

On or about March 13, 2009 Dr. Jim Samuelson's office staff called in a prescription for Darren Ambrose to Raley's #109. Stephanie Ingley took the prescription for 30 tablets of 40 mg. Paxil and the prescription was input into the pharmacy computer by a pharmaceutical technician. The pharmaceutical technician's normal procedure was to retrieve the NDC from the stock bottle and enter it into the appropriate data field. By entering the NDC, the remaining fields would populate with the drug name associated with that NDC. In March of 2009, paroxetine, the generic for

Paxil, occupied adjacent shelf space to fluoxetine, the generic for Prozac. The pharmaceutical technician believes that when she went to retrieve the paroxetine stock bottle she inadvertently chose fluoxetine. She then entered the NDC on the stock bottle and incorrectly identified fluoxetine as the prescribed drug. The pharmaceutical technician did not notice this error and continued on with the data entry by adding the patient instructions, "Take one tablet by mouth every evening – generic for Paxil." She then printed the label set and staged it with the stock bottle for eventual verification by the pharmacist. Ms. Ingrey was the verifying and filling pharmacist for this prescription and she did not notice the error. Ms. Ingrey subsequently bagged the prescription for patient pickup.

III.

On or about March 14, 2009 Mr. Ambrose's wife picked up his prescription from Raley's #109. Ms. Ambrose noticed that the drug that was being dispensed looked different than what Mr. Ambrose normally received. It was not only a different named drug but the dosage form was a capsule rather than a tablet. Ms. Ambrose asked the clerk that was helping her to ask the pharmacist if this prescription was correct. The clerk went to Tom Traynor to verify that the prescription was correct. The clerk returned to Ms. Ambrose and informed her that the pharmacist confirmed that the prescription was correct and that it was just a different generic. Ms. Ambrose was not counseled and there was no indication in the counseling log that Ms. Ambrose had been counseled even though this was a new prescription. Based on what she was told, Ms. Ambrose went home and delivered the prescription to her husband.

IV.

Mr. Ambrose finished the medication from the previous fill and then began taking the medication from the new prescription that was dispensed to Ms. Ambrose. Within days of taking the newly dispensed medication Mr. Ambrose began to exhibit manic episodes and a variety of physical problems including sleep apnea and difficulty

swallowing. The manic episodes prompted Ms. Ambrose to contact Raley's #109 on April 1, 2009. Ms. Ambrose spoke with pharmacy manager, Doug Provan, and the error was discovered at that time.

FIRST CAUSE OF ACTION

V.

In failing to strictly follow the instructions of Darren Ambrose's physician by verifying and filling his prescription for 30 tablets of 40 mg. paroxetine with 30 tablets of 40 mg. fluoxetine capsules, Stephanie Ingrey violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

VI.

In failing to counsel Ms. Ambrose when she picked up Mr. Ambrose's new prescription for paroxetine, even though Ms. Ambrose had specifically questioned the difference in the name and dosage form of what was being dispensed, Thomas Traynor violated NRS 639.210(4) and/or NAC 639.707 and/or 639.945(1)(i).

THIRD CAUSE OF ACTION

VII.

In owning and operating the pharmacy in which Ms. Ingrey filled and dispensed Darren Ambrose's prescription for 30 tablets of 30 mg. paroxetine with 30 capsules of 40 mg. fluoxetine and Mr. Traynor failed to adequately counsel Ms. Ambrose when she picked up her husband's new prescription, Raley's #109 violated NRS 639.210(4) and/or 639.266 and/or NAC 639.707 and/or 639.945(1)(d) and (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 January, 2011.


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

THOMAS TRAYNOR, R.Ph.,
Certificate of Registration #06491,

Case No. 10-063B-RPH-N

Respondent.

_____ /

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

I.

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

II

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

The Board has reserved Wednesday, March 2, 2011 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 7th day of January, 2011.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

**NEVADA STATE BOARD OF
PHARMACY,**

Petitioner,

vs.

**THOMAS TRAYNOR, R.Ph.,
Certificate of Registration #06491,**

Respondent.

ANSWER AND NOTICE OF DEFENSE

Case No. 10-063B-RPH-N

Respondent Thomas Traynor, by and through William J. Stilling of and for Parsons Behle & Latimer, answers the Notice of Intended Action and Accusation ("Notice of Intent") in the above-entitled matter and declares as follows.

**INTRODUCTION
DEFENSES AND REQUEST FOR HEARING**

1. Respondent requests a hearing on the Notice of Intent and will be available on March 2, 2011.

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

In answer to the Notice of Intent, Respondent admits, denies, and alleges as follows.

I.

Respondent admits the allegations in Paragraph I.

II.

Respondent, Thomas Traynor, was not working the day the events recited in Paragraph 2 occurred and he therefore lacks personal knowledge or information sufficient to form a belief about the truth of the facts alleged in Paragraph II.

III.

Mr. Traynor reviewed the prescription records that document the dispensing of prescription #6723045 for Darren Ambrose. Based on those records, it appears that the prescription was the same drug, "generic for Paxil," that Mr. Ambrose had received on or about February 22, 2009. Because the prescription called for the same medication as Mr. Ambrose had previously received, "N" for "no" was checked next to the word "Counsel" on the receipt that Ms. Ambrose signed for the prescription. Accordingly, Respondent believed no counseling was required for prescription #6723045 because it was for the same medication Mr. Ambrose received the previous month from Raley's Drug Center #109. Respondent lacks personal knowledge or information sufficient to form a belief about the truth of the other facts alleged in Paragraph III.

IV.

Respondent, Thomas Traynor, lacks personal knowledge or information sufficient to form a belief about the truth of the facts alleged in Paragraph IV.

FIRST CAUSE OF ACTION

V.

Paragraph V relates to another respondent and does not aver factual allegations, but contains legal conclusions that are not subject to admission or denial of facts.

SECOND CAUSE OF ACTION

VI.

Paragraph VI does not aver factual allegations, but contains legal conclusions that are not subject to admission or denial of facts. Respondent, Thomas Traynor, denies violating NRS 639.210(4), NAC 639.707, or 639.945(1)(i). The alleged violation of NAC 639.707 underpins the alleged violation of NRS 639.210(4) and NAC 639.945(1)(i). Respondent did not violate NAC 639.707 because the regulation requires that “a pharmacist shall verbally provide a patient or person caring for the patient with information about each prescription drug or device dispensed to the patient that: (a) Has not been previously dispensed to the patient from that pharmacy; or” Respondent understood that the drug being dispensed to Mr. Ambrose was “generic for Paxil.” Generic Paxil had been previously dispensed and the counseling section of the receipt indicated counseling was not necessary because the drug had been previously dispensed. Respondent acted in accordance with his belief that the same drug was being dispensed and, therefore, counseling was not required. Accordingly, Respondent did not violate NAC 639.707 and did not violate NRS 639.210(4) or NAC 639.945(1)(i).

THIRD CAUSE OF ACTION

VII.

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

STATEMENT OF COMPLIANCE

Mr. Traynor regrets Mr. Ambrose received paroxetine instead of fluoxetine. Mr. Traynor has changed his practice so he interacts with patients more often regardless of whether counseling is indicated on the prescription documentation. Additionally, because Raley’s Drug


Center #109 has changed the way medications are arranged on the shelves of the pharmacy, the likelihood of this type of misdispensing has been minimized.

RESERVATION OF RIGHTS AND GENERAL DENIAL

1. Respondent reserves the right to assert other affirmative defenses in this matter and in any civil litigation that may follow.
2. Respondent will provide the Board with the remedial steps he believes will minimize the likelihood of errors like this from occurring in the future.
3. To the extent Respondent lacks personal knowledge or information sufficient to form a belief about the truth of facts alleged or Respondent does not expressly and specifically admit allegations in the Notice of Intent, he denies such allegations.

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

DATED this 4th day of February, 2011.



William J. Stilling
PARSONS BEHLE & LATIMER
50 West Liberty Street, Suite 750
Reno, NV 89501
Telephone: (801) 536-6765
Facsimile: (801) 536-6111
E-mail: bstilling@parsonsbehle.com
Attorneys for Respondent Thomas Traynor

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**STEPHANIE INGREY, R.Ph.,
Certificate of Registration #15292,**

**THOMAS TRAYNOR, R.Ph.,
Certificate of Registration #06491,**

**RALEY'S DRUG CENTER #109,
Certificate of Registration #PH00449,
Respondents.**

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

Case No. 10-063A-RPH-N

Case No. 10-063B-RPH-N

Case No. 10-063-PH-N

_____/

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 Respondents Stephanie Ingrey and Thomas Traynor are pharmacists licensed by the Board and Raley's Drug Center #109 (Raley's #109) is a pharmacy licensed by the Board, located at 1363 Highway 395 North in Gardnerville, Nevada.

II.

On or about March 13, 2009 Dr. Jim Samuelson's office staff called in a prescription for Darren Ambrose to Raley's #109. Stephanie Ingrey took the prescription for 30 tablets of 40 mg. Paxil and the prescription was input into the pharmacy computer by a pharmaceutical technician. The pharmaceutical technician's normal procedure was to retrieve the NDC from the stock bottle and enter it into the appropriate data field. By entering the NDC, the remaining fields would populate with the drug name associated with that NDC. In March of 2009, paroxetine, the generic for

Paxil, occupied adjacent shelf space to fluoxetine, the generic for Prozac. The pharmaceutical technician believes that when she went to retrieve the paroxetine stock bottle she inadvertently chose fluoxetine. She then entered the NDC on the stock bottle and incorrectly identified fluoxetine as the prescribed drug. The pharmaceutical technician did not notice this error and continued on with the data entry by adding the patient instructions, "Take one tablet by mouth every evening – generic for Paxil." She then printed the label set and staged it with the stock bottle for eventual verification by the pharmacist. Ms. Ingrey was the verifying and filling pharmacist for this prescription and she did not notice the error. Ms. Ingrey subsequently bagged the prescription for patient pickup.

III.

On or about March 14, 2009 Mr. Ambrose's wife picked up his prescription from Raley's #109. Ms. Ambrose noticed that the drug that was being dispensed looked different than what Mr. Ambrose normally received. It was not only a different named drug but the dosage form was a capsule rather than a tablet. Ms. Ambrose asked the clerk that was helping her to ask the pharmacist if this prescription was correct. The clerk went to Tom Traynor to verify that the prescription was correct. The clerk returned to Ms. Ambrose and informed her that the pharmacist confirmed that the prescription was correct and that it was just a different generic. Ms. Ambrose was not counseled and there was no indication in the counseling log that Ms. Ambrose had been counseled even though this was a new prescription. Based on what she was told, Ms. Ambrose went home and delivered the prescription to her husband.

IV.

Mr. Ambrose finished the medication from the previous fill and then began taking the medication from the new prescription that was dispensed to Ms. Ambrose. Within days of taking the newly dispensed medication Mr. Ambrose began to exhibit manic episodes and a variety of physical problems including sleep apnea and difficulty

swallowing. The manic episodes prompted Ms. Ambrose to contact Raley's #109 on April 1, 2009. Ms. Ambrose spoke with pharmacy manager, Doug Provan, and the error was discovered at that time.

FIRST CAUSE OF ACTION

V.

In failing to strictly follow the instructions of Darren Ambrose's physician by verifying and filling his prescription for 30 tablets of 40 mg. paroxetine with 30 tablets of 40 mg. fluoxetine capsules, Stephanie Ingrey violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and (i).

SECOND CAUSE OF ACTION

VI.

In failing to counsel Ms. Ambrose when she picked up Mr. Ambrose's new prescription for paroxetine, even though Ms. Ambrose had specifically questioned the difference in the name and dosage form of what was being dispensed, Thomas Traynor violated NRS 639.210(4) and/or NAC 639.707 and/or 639.945(1)(i).

THIRD CAUSE OF ACTION

VII.

In owning and operating the pharmacy in which Ms. Ingrey filled and dispensed Darren Ambrose's prescription for 30 tablets of 30 mg. paroxetine with 30 capsules of 40 mg. fluoxetine and Mr. Traynor failed to adequately counsel Ms. Ambrose when she picked up her husband's new prescription, Raley's #109 violated NRS 639.210(4) and/or 639.266 and/or NAC 639.707 and/or 639.945(1)(d) and (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 January, 2011.


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

**RALEY'S DRUG CENTER #109,
Certificate of Registration #PH00449,**

Case No. 10-063-PH-N

Respondent.

_____ /

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

I.

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

II

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

The Board has reserved Wednesday, March 2, 2011 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 7th day of January, 2011.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

<p>NEVADA STATE BOARD OF PHARMACY,</p> <p style="text-align: center;">Petitioner,</p> <p>vs.</p> <p>RALEY'S DRUG CENTER #109 Certificate of Registration #PH00449</p> <p style="text-align: center;">Respondent.</p>	<p>ANSWER AND NOTICE OF DEFENSE AND REQUEST FOR HEARING</p> <p>Case No. 10-063-PH-N</p>
--	--

Respondent RALEY'S DRUG CENTER, by and through Raymond R. Gates, Esq. of Lauria Tokunaga Gates & Linn, LLP, answers the Intended Action and Accusation in the above-entitled matter and declares as follows:

I.

Respondent admits that the Nevada State Board of Pharmacy has jurisdiction over this matter.

II.

Respondent believes that fluoxetine was inadvertently pulled from the shelf instead of paroxetine during the staging and filling of the subject prescription. Respondent believes this inadvertent error was not discovered. Respondent lacks personal knowledge or information sufficient to form a belief regarding the truth of the additional facts alleged in paragraph II and therefore denies.

III.

Respondent lacks personal knowledge or information sufficient to form a belief about the truth of the facts alleged in paragraph III. Respondent believes no counseling was required for prescription number 6723045 because the same medication had been received by Darren Ambrose on previous dates at Raley's Store 109.

IV.

Respondent denies that the medication dispensed by RALEY's to Darren Ambrose on March 13, 2009 caused the alleged physical injuries. Respondent believes the subject error was determined by RALEY's after consultation with Ms. Ambrose nineteen days after the prescription was picked up by Ms. Ambrose on April 1, 2009.

FIRST CAUSE OF ACTION

V.

Respondent states that the allegations in paragraph V do not include facts but legal conclusions and therefore respondent does not have sufficient knowledge or information upon which to base a belief as to the truth of the allegations therein and, upon said ground, denies each and every allegation contained therein. Respondent admits a single mis-dispensing occurred but denies any allegation that this was a result of unprofessional conduct, negligent or incompetent or contrary to the public interests as set forth in NRS 639.210(4) or NAC 639.945(1)(d) & (i).

SECOND CAUSE OF ACTION

VI.

Respondent states that the allegations in paragraph VI do not include facts but legal conclusions and therefore respondent does not have sufficient knowledge or information upon which to base a belief as to the truth of the allegations therein and, upon said ground, denies each and every allegation contained therein. Respondent believes no counseling was required for prescription number 6723045 because the same medication had been received by Darren Ambrose on previous dates at Raley's Store 109. Respondent therefore denies its employees violated NRS 639.210(4), NAC 639.707, or 639.945(1)(i) because paxil had previously been dispensed to Darren Ambrose prior to March 13, 2009.

THIRD CAUSE OF ACTION

VII.

Respondent admits it owned and operated the subject pharmacy where the inadvertent mis-dispensing occurred. Respondent states the Third Cause of Action does not include factual allegations but legal conclusions and therefore respondent does not have sufficient knowledge or information upon which to base a belief as to the truth of the allegations therein and, upon said ground, and therefore denies each and every offer allegation contained therein. Answering respondent admits that a single dispensing error occurred at its subject pharmacy on March 13, 2009.

RESERVATION OF RIGHTS AND AFFIRMATIVE DEFENSES

1. Respondent denies allegations in the Notice of Intended Action that the subject inadvertent mis-dispensing caused injury.
2. Respondent alleges that Darren Ambrose alleged injuries pre-existed the March 14, 2009 dispense date.
3. The answering respondent denies any and all allegations not specifically addressed in its Answer.
4. Respondent asserts that remedial actions were enacted once it learned of the dispensing error that has prevented any similar error from occurring.
5. Respondent asserts the involved employees utilized their normal customary practice in the staging and filling process that was within acceptable pharmacy standards and that simple human error resulted in a single inadvertent mis-dispensing occurrence.
6. Respondent asserts that the pharmacy activity performed was in accord with regular industry practices.
7. Respondent asserts that the damages alleged by Darren Ambrose were not the result of any acts or omission, commission or negligence of the respondents.
8. Respondent asserts that the damages alleged by Darren Ambrose were solely the result of a pre-existing condition and forces of nature over which respondents had no control.

STATEMENT OF COMPLIANCE

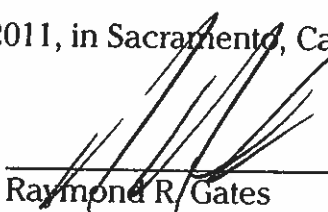
Respondent admits that a single mis-dispensing occurred and that corrective measures were taken to avoid future error.

REQUEST FOR HEARING

Respondent requests a hearing on the Notice of Intended Action and Accusation ("Notice of Intent") and will attend and present evidence at the March 2, 2011 scheduled hearing.

I attest the above to be true and correct to the best of my knowledge, under penalty for perjury and under the laws of the States of California and Nevada. If called upon to testify regarding any of the matters set forth above, I would and could competently do so.

Dated this 4th day of February 2011, in Sacramento, California.



Raymond R. Gates
LAURIA TOKUNAGA GATES & LINN, LLP
Attorneys for Respondent
RALEY'S DRUG CENTER

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. <u>PGxHealth Holding, Inc.*</u> | %: <u>100%</u> |
| 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.

Patton, Deanna

From: Gadea, John [John.Gadea@ct.gov]
Sent: Thursday, October 14, 2010 2:59 PM
To: Patton, Deanna
Subject: FW: PGxHealth, LLC Application for Drug Wholesaler (CSW2495) - withdraw, refund and exempt letter


Hi Deanna,

The information you were provided is correct in that the company PGxHealth, LLC is in fact a manufacturer and not a wholesaler. Since it is located outside the state of Connecticut it is not required to register as a wholesaler. Please accept this notification as being notified that due to your actual manufacturing and distribution is located outside of the State of Connecticut you are not required to be registered with us or be subject to a registration fee.

Thank you,

John

John Gadea, Jr., Director
Drug Control Division
Department of Consumer Protection
165 Capitol Avenue
Hartford, CT 06106-1630
work: 860-713-6079
fax: 860-706-1243
john.gadea@ct.gov

 *Go Green! Please don't print this e-mail unless you really need to.*

From: Patton, Deanna [mailto:DPatton@beckloff.com]
Sent: Wednesday, October 13, 2010 6:13 PM
To: Gadea, John
Cc: Manga, Cheryl
Subject: FW: PGxHealth, LLC Application for Drug Wholesaler (CSW2495) - withdraw, refund and exempt letter

John—

The Drug Control Division has been very helpful with my request to withdraw PGxHealth's LLC's application for Drug Wholesaler licensure (CSW2495). When I talked with Sharon Wilhelm (I previously referred to her as Sharon Wilhouse, but I believe I misunderstood her last name) about the status of this application, she explained that PGxHealth would be exempt from CT licensure because PGxHealth is a virtual pharmaceutical company and its products are not being distributed from its Connecticut facility. With no product being physically distributed from PGxHealth's New Haven headquarters, Connecticut Drug Wholesaler licensure was not required. Sharon advised that I could send a fax to Cheryl Manga requesting that PGxHealth's application be withdrawn and that my company (Beckloff Associates) be refunded the application we paid on behalf of PGxHealth. In a telephone conversation with Cheryl, I know that she is in the process of withdrawing the application and refunding the fee.

In addition, I requested that the Drug Control Division send me (or PGxHealth, LLC if you prefer to issue directly to my client) a letter of exemption that could included with all of PGxHealth's applications to other state licensing agencies. As you know, it's standard practice that other state licensing agencies require proof of resident state

10/25/2010

licensure prior to awarding licensure. In cases where the resident state does not require licensure, the other states then require proof from the resident state licensing agency that the applicant does not require a license.

Could you please review the attached copy of the fax I sent Cheryl as well as review PGxHealth, LLC's application and issue a letter of exemption? From my experience, I know that other state licensing agencies will accept the exemption in email form.

Thanks,

Deanna Patton
State Licensing
Beckloff Associates, Inc.
Commerce Plaza II, Suite 300
7400 W. 110th Street
Overland Park, KS 66210
913-661-3867 (direct)
913-451-3955 (main)
913-451-3848 (fax)

From: Patton, Deanna
Sent: Monday, October 11, 2010 11:18 AM
To: 'cheryl.manga@ct.gov'
Subject: RE: PGxHealth, LLC Application for Drug Wholesaler (CSW2495) - withdraw, refund and exempt letter

Cheryl—

Were you able to discuss this with the Director? Do I need to talk with the Director?

Please advised on next steps.

Thanks,

Deanna Patton
State Licensing
Beckloff Associates, Inc.
Commerce Plaza II, Suite 300
7400 W. 110th Street
Overland Park, KS 66210
913-661-3867 (direct)
913-451-3955 (main)
913-451-3848 (fax)

From: Patton, Deanna
Sent: Friday, October 08, 2010 10:47 AM
To: 'cheryl.manga@ct.gov'
Subject: PGxHealth, LLC Application for Drug Wholesaler (CSW2495) - withdraw, refund and exempt letter

Cheryl—

Thank you for returning my phone call today. Attached is a copy of the fax I sent you on 10/1 as directed by Sharon Wilhouse. It provides the information that you and the Director need.

PGxHealth, LLC will need a letter of exemption from Connecticut because other states require either a copy of the resident state license OR a letter of exemption if licensure is not required. PGxHealth will not be able to obtain licenses in other states without documentation from Connecticut that it is exempt and therefore does not have CT licensure.

Please let me know what the next steps are.

Thanks,

10/25/2010

Blank

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 02393)

(OUT OF STATE)
TO IN STATE.

GENERAL INFORMATION

Pharmacy Name: GUIDED ALLIANCE PHARMACY, INC.
Physical Address: 9290 PROTOTYPE DRIVE, SUITE A
Mailing Address: 5190 NEIL ROAD, SUITE #430 RENO NV 89502
City: RENO State: NV Zip Code: 89521
Telephone Number: 775-333-5938 Fax Number: 775-329-0852
Toll Free Number: N/A
E-mail: TIMMCFADDEN@GUIDEDALLIANCE.COM Website: WWW.GUIDEDALLIANCE.COM

Managing Pharmacist: GREG WARE (PIC) License Number: RPH 45009

*CALIFORNIA BRANCH. (CURRENT) CA Board of Pharmacy Registered Pharmacist.

Hours of Operation:

Monday thru Friday 9 am 5 pm Saturday am pm
Sunday am pm 24 Hours AS NEEDED

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 ☒ Specialty Pharmacy
☐ Long Term Care

Board Use Only

Received: FEB 15 2011 Check Number: 3043 Amount: 500.00

56056
3308

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATIONState of Incorporation: DELAWARE

Parent Company if any: _____

Corporation Name: GUIDED ALLIANCE Pharmacy, IncMailing Address: 5190 NEIL ROAD Suite # 430City: RENO State: NV Zip: 89502Telephone: 775-333-5938 Fax: 775-329-0852License Contact Person: Timothy McFadden, PresidentProfessional Compliance Contact Person: Timothy McFadden, President**Name and title of each officer and director** (Use separate sheet if necessary)**Officer or director name****Officer or director title**Timothy McFaddenPresident / DirectorMary McFaddenVP / Director

For any corporation non publicly traded, disclose the following:

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

a) McFadden Family Trust DATED 10/17/03 24342 SANTA CLARA Ave① BARBARA SANCHEZ NameAddress DANA Point, CA 92629

b) _____ Name Address

c) _____ 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. 1500 ② 503) What was the price paid per share? 0 Par Value \$10,000.004) What date did the corporation actually receive the cash assets? 7/17/2007

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

- 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) _____
 Name Address

 Business
 b) _____
 Name Address

 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.

① a) GUIDED Alliance Pharmacy, Inc
 Name Address
24632 SAN JUAN AVE, SUITE #220 DANA POINT, CA 92629
 Business
 b) GUIDED Alliance HEALTHCARE SERVICES, Inc DANA
 Name Address
24632 SAN JUAN AVE, SUITE #210 DANA POINT, CA 92629
 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

2-11-2011
Date

Timothy McFADDEN, PRESIDENT
Print or Type name and title

**STATEMENT OF RESPONSIBILITY
NON PUBLICLY TRADED CORPORATION**


I, Timothy McFadden
Corporate Officer of Guided Alliance Pharmacy, 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 or operation of a pharmacy in Nevada.

I further acknowledge and understand that upon the change of managing pharmacist in the pharmacy, the corporation must assure that an accountability audit of all controlled substances shall be performed jointly by the departing managing pharmacist and the new managing pharmacist.


Signature Timothy McFadden, President

2-11-2011
Date

RE: Application for Licensure

Tim McFadden [timmcfadden@guidedalliance.com]

Sent: Tuesday, February 15, 2011 11:19 AM

To: Pharmacy Board

We agree 110%.

Thanks for setting us up for March Board Meeting. We understand this will be stipulated.

We should have one hired by then but understand the Nevada Requirement.

Regards,
Tim



"Bringing Quality Care Home To You"

timmcfadden@guidedalliance.com

CONFIDENTIALITY STATEMENT:

This email is covered by the Electronic Communications Privacy Act, 18 U.S.C. 2510-2521.

This information is confidential and is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.

If you have received this communication in error, please notify the sender by reply transmission and delete the message without copying or disclosing it.

Thank you.

From: Pharmacy Board [mailto:pharmacy@pharmacy.nv.gov]

Sent: Tuesday, February 15, 2011 11:16 AM

To: timmcfadden@guidedalliance.com

Subject: Application for Licensure

Mr. McFadden,

We re in receipt of your application and there is a problem. Greg Ware is not licensed in Nevada as a pharmacist.

I can schedule the application for an appearance at the March board meeting, however the license will not be issued until your have a Nevada pharmacist.

I am leaving and noon today. If you any questions, please feel fee to contact me.

Candy Nally
Licensing Specialist
Nevada State Board of Pharmacy



Timothy McFadden, President

34145 Pacific Coast Highway #195, Dana Point, CA 92629 Telephone (949) 496-4106 Fax: (866) 210-9757

February 11, 2011

Nevada Board of Pharmacy
431 W Plumb Lane
Reno, NV 89509

RE: GARx Application for Nevada Pharmacy License Non Publicly Traded Corporation

Candy Nally,

Enclosed is our completed Application for Nevada Pharmacy License Non Publicly Traded Corporation for Guided Alliance Pharmacy, Inc. (GARx).

We truly appreciate the support of Carolyn Cramer and Jeri for sending the application to our company today due to Magellan forcing GARx to in-state dispense product versus using our current Nevada Pharmacy License PH02393 which is current and Active until October 31, 2012.

Please contact me with any questions at 949-496-3906, 949-433-4424 (Cell) or Email: timmcfadden@guidedalliance.com.

Regards,

A handwritten signature in black ink, appearing to read "Tim McFadden", written over the word "Regards,".

Tim McFadden
GARx President

Attached: GARx Application for Nevada Pharmacy License Non Publicly Traded Corporation

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: 702-401-9835 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)

<u>Officer or director name</u>	<u>Officer or director title</u>
<u>Igor Tsybouski</u>	<u>Manager, Resident Agent</u>
<u>Eugene Rosenman</u>	<u>Director-Trustee</u>

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, 1095 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
-----------------------------------	----------

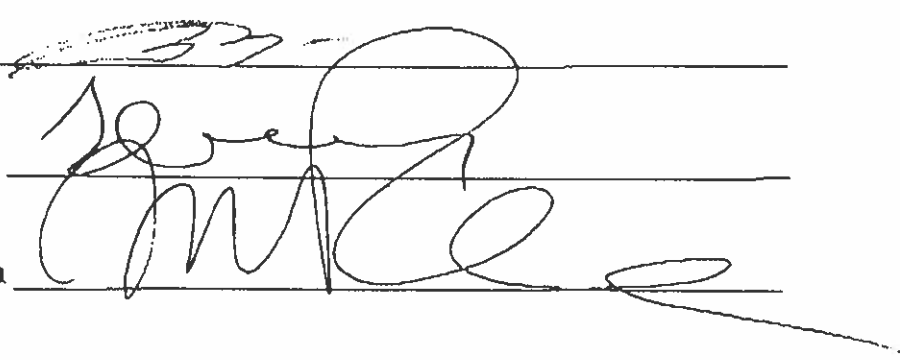
Michael Rosenman, Shareholder	5 Shares
-------------------------------	----------

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

Michael 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:

Tsyboutski 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 #100A Las Vegas NV 89146
 Present Business Address City State/Zip
Manager Oct 2010-present
 Occupation Dates
 Phone: + Minsk, Belarus Residence Business Fax
 Date of Birth 53 Place of Birth (City, County, State)
 Age 61 Social Security Number BLN Sex M
GRN BLN Fair 200 Slim 5'6
 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. 616109

If naturalized, certificate No. See attached Date 6/6/09

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) ^{Date} Alena Tsybulskaya ^{City, County} Minsk ^{S.S. No.}
 Date of Birth Place of Birth
 Resident address 1402 Santa Margarite #Flas Vegas NV 89146
 Telephone: Residence Business W/A
 Spouse's employer Housewife Occupation
 Address of employer

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 A.T.

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 <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>n/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	<u>Minsk State</u>	<u>Minsk</u>	<u>9.1.1983-</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>
University	<u>Pedagogical Institute Belarus</u>		<u>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 BACollege or university where obtained Minsk State Pedagogical InstituteApplicant's initial HL

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>21</u>	<u>na</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 LT

- 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	84101 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

1.1

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	Eugene 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
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.

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>Roquea Smith</u>	Home					
Employer <u>Desert Behavioral Health</u>	Business					
Name <u>Kenia Lucero</u>	Home	<u>2775 S Jones #101</u>	<u>Las Vegas NV</u>			
Employer <u>Desert Behavioral Health</u>	Business					
Name <u>Romaya Turner</u>	Home					
Employer <u>Desert Behavioral Health</u>	Business					
Name <u>Marilyn Lamaster</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 I.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.

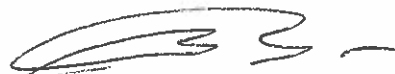
STATE OF Nevada

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.



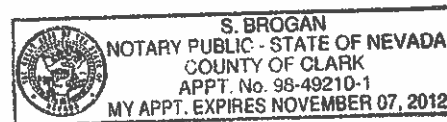
Signature of Applicant

Subscribed and Sworn to before me this 28th day of

December 2010



Notary Public



(seal)

Applicant's initial

I.T.

PERSONAL HISTORY RECORD

Date 12/21/2010

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 an material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provide 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.

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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
2775 S. Jones, Ste 100A, LV, NV 89146
 Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

ROSENMAN EBENE
 Last Name First Name Middle Name

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

109 S. Rink 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 MAIAK, Belarus
 Date of Birth Place of Birth (City, County, State) Residence Business Fax

39 MAIAK
 Age Sex
Green brown Heavy 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

A. Current Marriage 2.28.2004 Las Vegas, Clark, NV
 Date City, County, S.S. No.
 Spouse's full name (Maiden) Alexandra Grigorieva
 Date of Birth Sverdlovsk Place of Birth Russia
 Resident address 109 S Rink Dove Dr Las Vegas NV 89144
 Street City State Zip
 Telephone: Residence 1 Business 0
 Spouse's employer Desert Behavioral Health Occupation CPA
 Address of employer 2775 S. Jones Blvd #62 Las Vegas 89146
 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>Tomara Chechenetz</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>Tomara Chechenetz</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 h/a

Address

Contact person

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parent-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 92604	retired
Father-in-Law Dleg Grigoriev	7.18.1945	Moscow, Russia	retired
Mother-in-Law Ludmila Grigorieva	1.4.1950	Moscow, Russia	retired

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 Vegas NV 89109	MD

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 University	Minsk State Medical Institute	Minsk, Belarus	9.1.1987-6.30.1993	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 2/11/11	NB police Dept
				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 89144
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	Name/Mailing Address of Employer/Business	Reason for Leaving
7.1.2004	Eubank Roseman, MD 2775 S. Jones #101	Current
Title	Description of Duties	Name of Supervisor
MD	Physician	Self

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
9.1.2009	Desert Behavioral Health 2775 S. Jones #101	Current
Title	Description of Duties	Name of Supervisor
Medical Director	Medical Supervision	Self

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7.1.2004	SWAHS, State of NV 6161 W. Charleston Las Vegas NV 89146	Current
Title	Description of Duties	Name of Supervisor
MD	Senior Psychiatrist	Alistar Barron, MD

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7.1.2000	University of Iowa 200 Hawkins Dr Iowa City, IA	Finished residence
Title	Description of Duties	Name of Supervisor
MD resident	resident physician	Dr Woodman

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12.1.1998	South Bronx Medical, Bronx NY	Moved to IA
Title	Description of Duties	Name of Supervisor
Office manager	office manager	Mike Renee

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10.1994	Guard System, Inc Santa Ana CA	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>Tordan 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 Ravn</u>	Home	<u>Las Vegas NV</u>				
Employer <u>SARAH</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 TARDIE ROSENTHAL MD, LTD ERROR
never applied for license outside of State of N

Applicant's initial

ER

Page

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

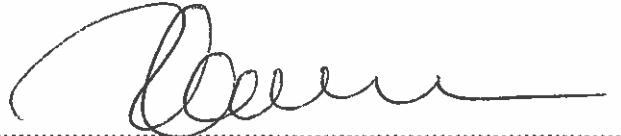
STATE OF Nevada

SS.

COUNTY OF Clark

I, Frederic 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.



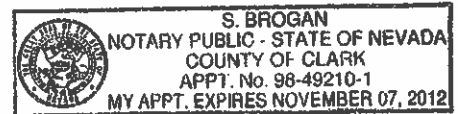
Signature of Applicant

Subscribed and Sworn to before me this 28th day of

December 2010



Notary Public



(seal)

Applicant's initial FR

Page 1

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, 2775 S. Jones, Ste 100A, Las Vegas, NV 89146
N/A
 Name and Address of Establishment for Which License Is Requested
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

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

Scars, tattoos or distinguishing marks and/or characteristics N.O.

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

If naturalized, certificate No 1995 Date

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

2. MARITAL INFORMATION:

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

A. **Current Marriage** na 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, Clark Nevada

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

Name	Street	City	State	Zip	Telephone
na					

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 Drive Dr. Lk NV 89144	MD
Spouse Alexandra Grigorova		101 South Ring Drive Dr. Lk 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	MINSK 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 *MR*

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

Several medical malpractice proceedings				

Applicant's initial *we*

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		last year	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. Paradise #2702 IV, 1	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			

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 01/2010 - Now	Name/Mailing Address of Employer/Business Nevada Pediatric Specialists 3201 S. MARKLAND #608 LV NV 89109	Reason for Leaving u/c
Title MD	Description of Duties Pediatric Services	Name of Supervisor
Month and Year 06/2006 - 12/2009	Name/Mailing Address of Employer/Business Toothills Pediatric	Reason for Leaving partnership dispute
Title MD, Partner	Description of Duties Pediatric Services	Name of Supervisor u/a
Month and Year 11/1996 - 06/2006	Name/Mailing Address of Employer/Business MICHAEL ROSSMAN, MD LTD	Reason for Leaving merging of company
Title MD, President	Description of Duties Pediatric Services	Name of Supervisor u/a
Month and Year 04/1995 - 09/1996	Name/Mailing Address of Employer/Business University of Texas, San Antonio TX	Reason for Leaving finished resid
Title MD, resident	Description of Duties pediatric Services	Name of Supervisor Robert Novak, MD
Month and Year 07/1992 - 12/1993	Name/Mailing Address of Employer/Business Children's Hospital of Orange County	Reason for Leaving finished inter
Title MD resident	Description of Duties Pediatric Services	Name of Supervisor Robert Long, MD
Month and Year 12/1990 - 06/1992	Name/Mailing Address of Employer/Business UCLA, Dept of Medicine	Reason for Leaving start internship
Title staff, research associate, MD, Research	Description of Duties	Name of Supervisor Bob Lehrer, MD
Month and Year 7/1984 - 8/1989	Name/Mailing Address of Employer/Business Nevada Pediatric Hospital #1	Reason for Leaving leaving the County
Title MD, intern, resident, staff physician	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

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 <u>Laurie Larson</u>	Home <u>3701</u>	<u>2857 S. Paradise</u>	<u>LR</u>	<u>NV</u>	<u>89109</u>	<u>2 years</u>
Employer <u>Self</u>		Business <u>urology</u>				
Name <u>Slavis, Scott MD</u>	Home <u>LR</u>	<u>NV</u>				<u>7 years</u>
Employer <u>Self</u>		Business <u>urology MD</u>				
Name <u>Sheldon Freedman</u>	Home <u>MD</u>	<u>urology MD</u>				
Employer <u>Self</u>		Business				
Name <u>Bob Dickerson</u>	Home	Business <u>attorney at law</u>				
Employer <u>Self</u>		Business <u>LR</u>	<u>NV</u>			
Name <u>Trevor Hall</u>	Home	Business <u>CPA</u>	<u>LR</u>	<u>NV</u>		<u>36</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

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

uel

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 W.R.

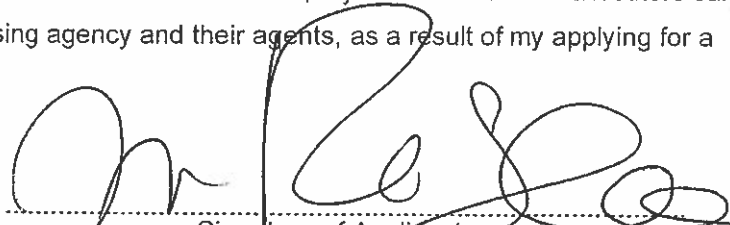
STATE OF Nevada

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,

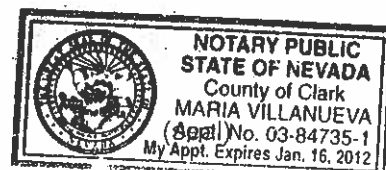
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can shall or may have against the State of Nevada, the licensing agency and their 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 an material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provide 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
Name and Address of Establishment for Which License Is Requested 8914
N/A
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

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

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

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

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

Age 41 Social Security Number _____ Sex Female

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

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

A. Current Marriage

N/A

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
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	MO	63766	513-243-1957

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, parent 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 Gear	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 <u>None</u>		312 N. Twelfth St, Charleston, IL 61920	Retired Truck Driver
Joseph Robert Rickelman Spouse <u>Marcella Rickelman</u>		8 Vermont Circle Bellevue, IL 60440	Retired Psychologist
Sammy Ruth Rickelman Spouse <u>None</u>		8 Vermont Circle Bellevue, IL 60440	Retired Grocery Man
		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 AD

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

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.

(K) (C) Questioned by Metro Police in investigation of Endoscopy Center Hepatitis C case.

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

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

Applicant's initial (K)

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 Hepatitis C Cases	Las Vegas, Clark, NV	Settled by Insurance Co.
Bankruptcy	April 2002		Las Vegas, Clark, NV	Discharged Bankruptcy 71

- 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
CarA 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

MT

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
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
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

AM

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 Consultants</u>	Business <u>3208 Harbor Vista</u>	<u>Las Vegas, NV</u>	<u>89117</u>			<u>19 yrs</u>
Name <u>Gazala Khan</u>	Home <u>2747 Paradise Rd #2106</u>	<u>Las Vegas, NV</u>	<u>89109</u>			<u>16 yrs</u>
Employer <u>Sundrise Hosp. Pharmacy</u>	Business <u>3186 Maryland Pkwy</u>	<u>Las Vegas, NV</u>	<u>89106</u>			<u>5 yrs</u>
Name <u>Wendy Kazel</u>	Home <u>6039 Dawn View Lane</u>	<u>Las Vegas, NV</u>	<u>89031</u>			<u>5 yrs</u>
Employer <u>Kazel Law</u>	Business <u>501 S. Rancho Dr #102</u>	<u>Las Vegas, NV</u>	<u>89106</u>			<u>43 yrs</u>
Name <u>Cheryl Whitings</u>	Home <u>998 SW 81st Dr</u>	<u>Arvada, CO</u>	<u>80005</u>			<u>24 yrs</u>
Employer <u>VA Medical Center</u>	Business <u>1055 Clermont</u>	<u>Denver, CO</u>	<u>80220</u>			<u>5 yrs</u>
Name <u>Elizabeth Ackerman</u>	Home <u>2877 Paradise Rd Penthouse 2703</u>	<u>Las Vegas, NV</u>	<u>89109</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

RA

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 *12/21/2010*

Applicant's initial *PH*

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,

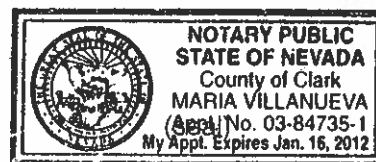
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can shall or may have against the State of Nevada, the licensing agency and their 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
Page 9

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-RPh-
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 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: Home Care Services, Inc.
Physical Address: 55 Liberty Street, Metuchen, NJ 08840
Mailing Address: 55 Liberty Street
City: Metuchen State: NJ Zip Code: 08840
Telephone Number: (732) 906-9201 Fax Number: (732) 632-3260
Toll Free Number: (800) 383-8393
E-mail: wmolokie@kabafusion.com Website: www.homeservicesinc.org
Managing Pharmacist: Walter Molokie License Number: NJ: 28RI01799400

Hours of Operation:

Monday thru Friday 8:30 am 5:00 pm Saturday On Call am _____ pm
Sunday On Call 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: FEB 6 2011 Check Number: 9036 Amount: 500.00

55 989
3300

OWNERSHIP IS A CORPORATION

State of Incorporation: New Jersey

Parent Company if any: Kabafusion Holdings, LLC

Corporation Name: Home Care Services, Inc.

Mailing Address: 55 Liberty Street

City: Metuchen State: NJ Zip: 08840

Telephone: (732) 906-9201 Fax: (732) 632-3260

License Contact Person: Stacie Neroni, Esq. - (310) 551-8124

Professional Compliance Contact Person: Walter Molokie

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>Kabafusion Holdings, LLC</u> | %: <u>100</u> |
| 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: _____

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.

Kabafusion Holdings, LLC, Florida (See attached for list of officers)

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

1-28-2011

Date

Sohail Masood, CEO

Print or Type name and title

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Sohail Masood

Corporate Officer of Home Care Services, 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.


Signature

1-28-2011
Date



CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
Board of Pharmacy
124 Halsey Street, 6th Floor, Newark, NJ 07102



PAULA T. DOW
Attorney General

SHARON M. JOYCE
Acting Director

VERIFICATION OF LICENSURE Pharmacy

November 01 -2010

California State Board Of Pharmacy
1625 North Market Blvd. N219
Sacramento, CA 95834

Mailing Address:
P.O. Box 45013
Newark, NJ 07101
(973) 504-6450

Name: *Home Care Services, Inc.*

License Status: *28RS00669700*

Issue: *05-14-2007*

Expiration Date: *06-30-2011*

Obtained By: *Application*

Disciplinary: *Yes*

License Status: *Active*

Joanne Boyer

*Joanne Boyer Rph, Executive Director of
The New Jersey State Board of Pharmacy*



Blank

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

Ownership Change ☐

Name Change ☐

Location Change ☐

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

GENERAL INFORMATION

Facility Name: Pacific Medical Prosthetics and Orthotics

Physical Address: 961 Matley Lane, Suite 160, Reno, NV 89502

Mailing Address: 1700 N. Chrisman Road

City: Tracy State: CA Zip Code: 95304-9314

Telephone Number: 800.726.9188 Fax Number: 209.830.4614

Toll Free Number: 800.726.9188

E-mail: vnishimoto@pacmedical.com Website: www.pacmedical.com

Facility Manager: John Petlaneky

Professional qualifications and experience of facility manager: CEO

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)

☐ Parenterals

☒ Other: durable medical equipment, specializing in orthotics and prosthetics

Board Use Only

Received: FEB 02 2011 Check Number: 685 Amount: 500.00

55947
2057

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: California
Parent Company if any: N/A
Corporation Name: Pacific Medical, Inc.
Mailing Address: 1700 N. Chrisman Road
City: Tracy State: CA Zip: 95304-9314
Telephone: 866.726.9180 Fax: 209.830.4614
License Contact Person: Vangie Nishimoto
Professional Compliance Contact Person: Mark Weaver

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

Officer or director name

Officer or director title

John Pettlansky - owner/CEO
Jeff Leonard - CEO

For any corporation non publicly traded, disclose the following:

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

a) John Pettlansky 3411 S. Kesson Road, Tracy, CA 95304
Name Address

b) _____
Name Address

c) _____
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% owned by John Pettlansky
- 3) What was the price paid per share? N/A
- 4) What date did the corporation actually receive the cash assets? N/A
- 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

- 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) N/A

Name	Address
------	---------

Business

b)

Name	Address
------	---------

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) N/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 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.


Signature of corporation officer

Date

8/6/10

Mark Weaver, General Counsel and C.O.O.
Print or Type name and title

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA MDEG WHOLESALER

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

FACILITY INFORMATION

Facility Name: KCI USA, Inc.

Physical Address: 6265 S. Valley View Blvd., Suite B C, Las Vegas, NV 89118
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 6103 Farinon Dr. Attn: HCC-Minerva Mendoza

City: San Antonio State: TX Zip Code: 78249

Telephone Number: (210) 255-6524 Fax Number: (210) 255-6121

E-mail: Minerva.Mendoza@kci1.com Website: www.kci1.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8a to 5p Sat: on to call Sun: on to call Holidays: on to call

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

Name: Russ Geiman

**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 type="checkbox"/> Orthotics and Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>Wound V.A.C. (Vacuum Assisted Closure)</u> |

Board Use Only

Received FEB 04 2009

Check Number 576

Amount 500-

55917
1320

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Kinetic Concepts, Inc.

Corporation Name: KCI USA, Inc.

Mailing Address: 6103 Farinon Dr. Attn: HCC-Minerva Mendoza

City, State and Zip: San Antonio, TX 78249

Telephone Number: (210) 255-6524

Fax Number: (210) 255-6121

License Contact Person: Minerva Mendoza

Professional Compliance Contact Person: Nancy Scheifele, VP Health Care Compliance

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

Officer or director name

Officer or director title

Please see attached

For any corporation non publicly traded, disclose the following:

Kinetic Concepts, Inc. owns KCI USA, Inc. 100%

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

a) Kinetic Concepts, Inc. 8023 Vantage Dr. San Antonio, TX 78230

Name

Address

b)

Name

Address

c)

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. _____

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.

Kinetic Concepts, Inc. Incorporated in Texas

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

MCR # 0445090105 MCD # 003302666

- 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) _____
Name Address

Business

b) _____
Name Address

Business

c) _____
Name Address

Business

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

___ 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 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.


Signature of corporation officer

01/20/2011
Date

Jason R. Cone - Sr. VP, Quality, Regulatory, Safety and Compliance
Type name and title

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

Date 11/7/11

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 MDEG Wholesaler
.....
Nature of MDEG
KCI USA, Inc. 6265 S. Valley View Blvd, Ste. B C, Las Vegas, NV 89118
.....
Name and Address of Business for Which MDEG Administrator Is Requested
KCI USA, Inc.
.....
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

JUAREZ

Last Name

KENNETH

First Name

MARIO

Middle Name

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

8992 DUSSELDORF WAY - LAS VEGAS NV 89147

Present Residence Address-Street or RFD

City

State/Zip

6265 S. VALLEVIEW BLVD

Dates

LAS VEGAS NV

89118

Present Business Address-Suite B & C

City

State/Zip

MANAGING SUPERVISOR

Dates

Present Position with the MDEG

Phone: ()

Fax: ()

Email address:

KENNETH.JUAREZ@KC11.COM

LOS ANGELES, CALIF

Place of Birth (City, County, State)

44

Age

M

Sex

BROWN

Color of Eyes

BLACK

Color of Hair

240

Weight

6' 2"

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

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.

KCI USA INC
6-1990 6265 S. VALLEY VIEW BLVD SUITE B³C 174,720
Month and Year LAS VEGAS NV 89118 No of Employed Hours
MANAGING SUPERVISOR- RUN DAILY OPERATION KENNETH JUAREZ
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

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: State: _____
b) Date: _____

Case Number: _____

c) Criminal Action: State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4. Will you be actively involved in and an operation of the MDEG?

Yes ☒ No ☐

5. Will you be employed fulltime with the

Yes ☒ No ☐

6. Will you be present at the site of the M during its normal operating hours?

Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please

.....
.....
.....
.....
.....



on.

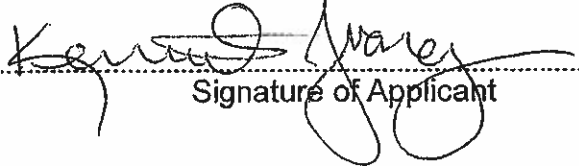
RAPH

LAST

Date of photograph 1/7/11

I, KENNETH JUAREZ, 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

Blank

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA MDEG WHOLESALER

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

FACILITY INFORMATION

Facility Name: KCI USA, Inc.

Physical Address: 1360 Greg St., Suite 106-107 Sparks, NV 89431-6093
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 6103 Farinon Dr. Attn: HCC-Minerva Mendoza

City: San Antonio State: TX Zip Code: 78249

Telephone Number: (210) 255-6524 Fax Number: (210) 255-6121

E-mail: Minerva.Mendoza@kci1.com Website: www.kci1.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8a to 5p Tue: 8a to 5p Wed: 8a to 5p Thu: 8a to 5p
Fri: 8a to 5p Sat: on to call Sun: on to call Holidays: on to call

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

Name: Harry Boniface

**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

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment
- ☐ Orthotics and Prosthetics
- Other: Wound V.A.C. (Vacuum Assisted Closure)

Board Use Only
Received FEB 13 2011 Check Number 577 Amount 500.00

56034
1238

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware

Parent Company if any: Kinetic Concepts, Inc.

Corporation Name: KCI USA, Inc.

Mailing Address: 6103 Farinon Dr. Attn: HCC-Minerva Mendoza

City, State and Zip: San Antonio, TX 78249

Telephone Number: (210) 255-6524

Fax Number: (210) 255-6121

License Contact Person: Minerva Mendoza

Professional Compliance Contact Person: Nancy Scheifele, VP Health Care Compliance

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

Officer or director name

Officer or director title

Please see attached

For any corporation non publicly traded, disclose the following:

Kinetic Concepts, Inc. owns KCI USA, Inc. 100%

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

a) Kinetic Concepts, Inc. 8023 Vantage Dr. San Antonio, TX 78230

Name

Address

b)

Name

Address

c)

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. _____

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.

Kinetic Concepts, Inc. Incorporated in Texas

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

MCR # 0445090118 MCD # 003316024

- 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) _____
Name Address

Business

b) _____
Name Address

Business

c) _____
Name Address

Business

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

Non practicing Physician

James Leininger

___ Practitioner

Name: _____

___ Advanced Practitioner of Nursing

Name: _____

___ Physician's Assistant

Name: _____

___ Physical Therapist

Name: _____

___ Occupational Therapist

Name: _____

___ Registered Nurse

Name: _____

___ Respiratory Therapist

Name: _____

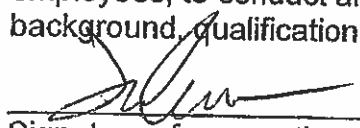
Within the last five (5) years:

- 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 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.


Signature of corporation officer

2/2/2011
Date

Jason R. Cone - Sr. VP, Quality, Regulatory, Safety and Compliance
Type name and title

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 1/11/2011

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 MDEG Administrator

Nature of MDEG

KCI USA, Inc. 1360 Greg St., Suite 106-107 Sparks, NV 89431-6093

Name and Address of Business for Which MDEG Administrator Is Requested

KCI USA, Inc.

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

BONIFACE^{III}
Last Name

HARRY
First Name

ANTHONY
Middle Name

NONE
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

10030 GABRO ST RENO NV 89506
Present Residence Address-Street or RFD City State/Zip

1360 GREG ST Dates 5-16-04 - PRESENT SPARKS NV 89431
Present Business Address City State/Zip

WORKING SUPERVISOR Dates 5-16-04 - PRESENT
Present Position with the MDEG

Phone: Fax:

Email address: HARRY.BONIFACEIII@KCIL.COM

HoxLoke, MA
Date of Birth Place of Birth (City, County, State)

52 MALE
Age Sex

HAZEL BROWN 182 Lbs 5'9"
Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics TATTOO, left shoulder on
back of a bulldog with SEMPER PARVUS underneath

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.

5-16-2004 - Present	KCI 1360 GREG ST SPARKS NV 89431	13,520 hours
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Working Supervisor	Service Center Supervisor	JAMES NOONAN
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

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 ☐

provide a written letter of explanation.



ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph 1-11-2011

MDEG Administrator

I, HARRY ANTHONY BONIFACE III, 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.

Harry A Boniface III
Signature of Applicant

Blank

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA MDEG PROVIDER

SOLE 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 MDEG ☒ Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: Orthopedic Motion, Inc.

Physical Address: 3233 W. Charleston Blvd, Suite #111
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3233 W. Charleston Blvd, #111

City: Las Vegas State: NV Zip Code: 89102

Telephone Number: 702-697-7070 Fax Number: 702-697-7077

E-mail: _____ Website: www.orthopedicmotion.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: 24-Hour On-Call Services, 7 days a week Sun: _____ Holidays: _____

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

Name: Brittany Stryker

**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 Prosthesis |
| <input type="checkbox"/> Diabetic Supplies | Other: _____ |

Board Use Only

Received FEB 6 2011 Check Number 534 Amount 500.00

OWNERSHIP IS A SOLE OWNER. All information relates to the person listed as the owner.

Owner's Name: Alan J. Goodin

List all previous names: _____

Social Security Number: _____

Date of Birth: _____

Place of Birth: _____ State: _____ Country: Korea

Citizenship: USA X other _____

If applicable, list Naturalization Number: _____ Passport Number: _____

Current residence address: 4316 Jordan Court

City: Las Vegas State: NV Zip Code: 89129

Telephone Number: _____ Fax Number: _____

Previous address (last 5 years): Same as above

Address: _____ City: _____ State: _____ Zip Code: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Business Name: Orthopedic Motion, Inc.

Current Business Address: 2800 E. Desert Inn Road, #250

City: Las Vegas State: NV Zip Code: 89121

Telephone Number: 702-697-7070 Fax Number: 702-697-7077

Previous Employment (last 5 years):

Name: Same Address: _____

City: _____ State: _____ Zip Code: _____

Name: Same Address: _____

City: _____ State: _____ Zip Code: _____

Name: Same Address: _____

City: _____ State: _____ Zip Code: _____

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

Medicare 0618600001

Medicaid 003302088

- 1) Do you 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) 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 you are a health professional?

___ Practitioner
___ Advanced Practitioner of Nursing
___ Physician's Assistant
___ Physical Therapist
___ Occupational Therapist
___ Registered Nurse
___ Respiratory Therapist

Within the last five (5) years:

- 4) Have you 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) Have you ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 6) Have you ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 7) Have you, 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) Have you 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 owner

01.19.2011
Date

Alan J. Goodin
Type name

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

Date 01.19.11

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.

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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 Nevada MDEG Wholesaler
Nature of MDEG
Orthopedic Motion, Inc. 3233 W. Charleston Blvd. Suite #111, Las Vegas, NV 891
Name and Address of Business for Which MDEG Administrator Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Stryker. Brittany Rose
Last Name First Name Middle Name

Brittany ROSE Bennett (Maiden Name)
Alias(es, nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

10464 Bay Ginger Lane Las Vegas NV 89135
Present Residence Address-Street or RFD City State/Zip

2000 E. Desert Inn Road 2/19/2008-present Las Vegas NV 89121
Present Business Address Dates City State/Zip

Practice Manager 2/19/2008-present
Present Position with the MDEG

Phone: _____ Fax: _____

Email address: _____

Las Vegas, NV (Clark County)
Date of Birth _____ Place of Birth (City, County, State)

21 Female
Age Sex

Blue Blonde 160 5'7"
Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics NA

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.

02/2008-present	Orthopedic Motion, Inc.) 2800 E. Desert Inn Road, Suite 121 Las Vegas, NV 89121	40+ hrs/week · 3 years = 5
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Cert. Orthotist/Prosthetist + Practice Manager	Manage all locations; provide orth. + pros. care to patients	Alan Goodin, Sr.
Title	Description of Duties	Name of Supervisor
12/2006-02/2008	Hanger Prosthetics + Orthotics 526 South Tonopah Drive # 120	40+ hrs/week · 14 mths = 2
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Orthotist, Resident	fitted patients w/ custom + off-the-shelf devices	Edward Sisson
Title	Description of Duties	Name of Supervisor
05/2006-08/2006	Barnes-Jewish Hospital 1 Barnes-Jewish Hospital Plaza St. Louis, MO	480 hrs.
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
OT Rotation	residency tailored to at-risk children; assisting in treatment + recovery for patients	
Title	Description of Duties	Name of Supervisor
05/2005-08/2005	Health South Rehab 1250 South Valley View Drive, Las Vegas, NV	480+ Hours
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
OT Rotation	geriatric orthopedic rehab + pediatric neuro. rehab.	
Title	Description of Duties	Name of Supervisor
03/2004	Procare (15664 W. Maple Road Omaha NE)	160 + Hours
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
OT Rotation	geriatric orthopedic rehab. + pediatric neuro. rehab.	
Title	Description of Duties	Name of Supervisor
10/2003	Bergan Mercy Hospital 1500 Mercy Road Omaha, NE	160 + Hours
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
OT Rotation	geriatric orthopedic Rehab	
Title	Description of Duties	Name of Supervisor
	pediatric neuro. rehab	

I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse,

1. I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.
3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

If you checked "I have" to questions 1, 2 and/or 3, please include the following information and provide a written explanation and/or documents.

a) Board Administrative Action: State: _____
b) _____

Date: _____

Case Number: _____

c) Criminal Action: State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4. Will you be actively involved in and aware of the daily operation of the MDEG?

Yes ☒ No ☐

5. Will you be employed fulltime with the MDEG?

Yes ☒ No ☐

6. Will you be present at the site of the MDEG during its normal operating hours?

If you answer No to questions 4, 5 or 6 please provide a written letter of

ATTACH P

TAKEN V

30 DAY

Date of photograph



I, Brittany Stryker, 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.

Brittany Stryker
Signature of Applicant

PERSONAL HISTORY RECORD

Date 01.19.2011

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 Nevada MDEG Wholesaler
Orthopedic Motion, Inc. ^{Nature of License} 3233 W. Charleston Blvd, Suite 111, 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:

Grodin Alan John
Last Name First Name Middle Name

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

4316 Jordan Court Las Vegas NV 89129
Present Residence Address-Street or RFD City State/Zip

2000 E. Desert Inn Rd. 4/1993-present Las Vegas, NV 89121
Present Business Address Suite 250 City State/Zip

Owner + President 4/1993-present 702-697-7070
Occupation Dates Phone:

Residence 702
Business 702
Fax 702

Pusan, Korea

Place of Birth (City, County, State)

49 Male
Age Sex

Brown Black White 210 Medium 6' 1"
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

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial AG

MARITAL INFORMATION-Continued

A. **Current Marriage** 09/25/1999 Kalamazoo Portage, Michigan
 Spouse's full name (Maiden) MARCI ANN HOZEK
 Date of Birth _____ Place of Birth Kalamazoo, Michigan
 Resident address 1111 W. Las Vegas NV 89129
 Telephone: Residence (702) 256-0530 Business () _____
 Spouse's employer N/A Occupation _____
 Address of employer _____

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
Rebecca	1998	1995	Divorce	Negril, Jamaica
Cynthia	1989	1981	Divorce	Las Vegas, NV
Tammy	1984	1982	Divorce	Las Vegas, NV

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

Name	Street	City	State	Zip	Telephone
Rebecca	unknown				
Cynthia	unknown				
Tammy	555 Keen Drive	Grants Pass, OR	91521	54.956	

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

List all children, including step-children and adopted children and give the following information:

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 AG

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, parent-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father <u>John F. Goodin</u>			Policeman deceased
Mother <u>Jae Lee</u>		<u>2924 Copper Beach Ct. Las Vegas, NV 89117</u>	Business owner
Father-in-Law <u>Thomas Husek</u>		<u>482 Shadetree Trail Mason, MI 48854</u>	GM Manager Retired
Mother-in-Law <u>Connie Husek</u>		<u>482 Shadetree Trail Mason, MI 48854</u>	Salesperson

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>Sharon Goodin</u>		<u>3582 Red First Las Vegas, NV 89135</u>	Business owner

Spouse

<u>Linda Goodin</u>	<u>7169 Sugar Leaf Place Las Vegas, NV 89148</u>	Business owner
---------------------	--	----------------

Spouse

Spouse

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	<u>IS 51</u>	<u>Staten Island, NV</u>	<u>13-77</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	<u>Clark</u>	<u>Las Vegas, NV</u>	<u>77-79</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	<u>Clark County</u>			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
University	<u>Community College</u>	<u>Las Vegas, NV</u>	<u>79-81</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any _____

College or university where obtained _____

Applicant's initial AG

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 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 violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citation) 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 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

AG

Page

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

- 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
12/99 - Present	4316 Jerdon Court	Las Vegas	NV
9/2/92 - 12/99	7612 Belondo Ln.	Las Vegas	NV
84 - 92	1012 Interlude Dr.	Las Vegas	NV
82 - 84	5613 Bartlett Ave.	Las Vegas	NV
77 - 82	3763 Topana St.	Las Vegas	NV
72 - 77	322 Woodbiner	Staten Island	NY

Applicant's initial AG

5. 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 <u>04/93-present</u>	Name/Mailing Address of Employer/Business <u>Orthopedic Motion, Inc.</u> <u>2800 E. Desert Inn Road, Suite 250 Las Vegas, NV 89121</u>	Reason for Leaving <u></u>
Title <u>Owner</u>	Description of Duties <u>Owner</u>	Name of Supervisor <u></u>
Month and Year <u>12/85-12/95</u>	Name/Mailing Address of Employer/Business <u>Desert Orthopedic Center</u> <u>2800 Desert Inn Rd Ste #100 LV NV 89121</u>	Reason for Leaving <u>To run business</u>
Title <u>Orthopedic assistant</u>	Description of Duties <u>assist in surgery & see patients</u>	Name of Supervisor <u>Milce Pendel</u>
Month and Year <u>12/81-12/85</u>	Name/Mailing Address of Employer/Business <u>UMC</u> <u>1100 W. Charleston LV NV</u>	Reason for Leaving <u>New Job</u>
Title <u>Surg. Tech</u>	Description of Duties <u>Assist Surgeon in O.R.</u>	Name of Supervisor <u>Starr</u>
Month and Year <u>09/81-12/81</u>	Name/Mailing Address of Employer/Business <u>Valley Hospital</u> <u>1020 Shadow Lane LV NV</u>	Reason for Leaving <u>To work for UMC</u>
Title <u>Orderly</u>	Description of Duties <u>transport patients</u>	Name of Supervisor <u>can't remember</u>
Month and Year <u>10/79-09/81</u>	Name/Mailing Address of Employer/Business <u>Sunrise Hospital</u> <u>3186 Maryland Pkwy LV NV</u>	Reason for Leaving <u>School</u>
Title <u>Orderly</u>	Description of Duties <u>Transport patients</u>	Name of Supervisor <u>can't remember</u>
Month and Year <u>12/78-09/79</u>	Name/Mailing Address of Employer/Business <u>Seas Maryland Pkwy LV NV</u>	Reason for Leaving <u>Hours</u>
Title <u>Night Janitor</u>	Description of Duties <u>cleaning of the store</u>	Name of Supervisor <u>can't remember</u>
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 AB Page

5. 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>Mark Barry MD</u>	<u>Home</u>				()	
Employer <u>D.O.C.</u>		Business <u>2800 E. Desert Inn</u>	<u>LV NV</u>	<u>89121</u>	()	<u>8+</u>
Name <u>Johnathan Camp MD</u>	<u>Home</u>				()	
Employer <u>Self</u>		Business <u>1525 Windmill Ln</u>	<u>LV NV</u>	<u>89123</u>	()	<u>8+</u>
Name <u>Thomas Dunn MD</u>	<u>Home</u>				()	
Employer <u>D.O.C.</u>		Business <u>2800 Desert Inn</u>	<u>LV NV</u>	<u>89121</u>	()	<u>8+</u>
Name <u>Jaswinder Grover MD</u>	<u>Home</u>				()	
Employer <u>Nevada Spine</u>		Business <u>7140 Smoke Ranch</u>	<u>LV NV</u>	<u>89128</u>	()	<u>8+</u>
Name <u>Troy Watson MD</u>	<u>Home</u>				()	
Employer <u>D.O.C.</u>		Business <u>2800 Desert Inn</u>	<u>LV NV</u>	<u>89121</u>	()	<u>8+</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 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 AG

Page

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada, 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, occupation 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

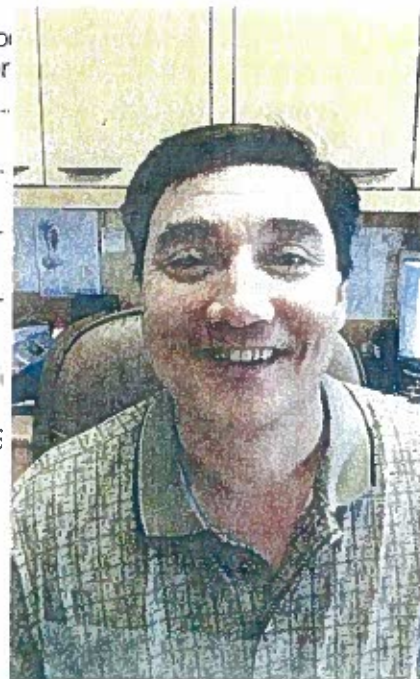
16. Have you or any person with whom you have been a participant in any group ever been found guilty, plead guilty or entered a plea of nolo contendere to any offense, federal or state, related to prescription drugs and/ controlled substances? Yes ☐ No ☒ If yes, please provide details and a written explanation.

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 the pharmaceutical or drug related industry? Yes ☐ No ☒ If yes, please provide details and written explanation.....

ATTACH PHOTOGRAPH

WITHIN LAST 60 DAYS



Date of photograph 11/18/2011

Applicant's initial AG

Page

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NEVADA STATE BOARD OF PHARMACY
431 W. Plumb Lane ~ Reno, NV 89509 ~ (775) 850-1440
**APPLICATION FOR AUTHORITY TO DISPENSE CONTROLLED SUBSTANCES
OR DANGEROUS DRUGS OR BOTH**

(This application can not be used by PA's or APN's)

Registration Fee: \$300.00 (non-refundable)

New Dispensing Location ☒

Address Change ☐

(Please check one)

The undersigned practitioner, licensed to practice his or her profession in the State of Nevada, applies to the Board of Pharmacy for authorization to dispense, for profit, controlled substances (Nevada Controlled Substance Registration and DEA Registration required at the same address) or dangerous drugs or both, to his or her own patients, in the manner allowed and as required by Nevada and Federal law.

First: Ryan Middle: Eric Last: Mitchell Degree: DO

Practice Name (if any): _____

Work Address: 3041 West Horizon Ridge Parkway, Suite 165

City: Henderson State: NV Zip Code: 89052

Telephone: 702-263-1294 Fax: _____

E-mail Address: rymitchell@mac.com

Check Type of Practice: Solo ☒ Partnership ☐ Clinic ☐

- 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 provide an explanation:

- a) Board Administrative Action State: NV Date: 12/9/09 Case Number: 51-09-114191
and/or State: MI Date: 5/2/10 Case Number: 08CR14675
- b) Criminal Action State: NV Date: 10/26/08 Case Number: 09CR001545
State: NV Date: 7/30/09 Case Number: 09CR001545

County: Clark Court: Municipal

- 5) Are you familiar with the Nevada Laws that govern practitioners dispensing of controlled substances or dangerous drugs that include but are not limited to record keeping requirements, labeling requirements and that dispensing must be by the practitioner only and may not be delegated to office staff? Yes ☒ No ☐

I hereby certify that the answers given in this application are true and correct to the best of my knowledge. I understand that the approval of this application provides me alone with the authority to dispense controlled substance or dangerous drugs or both to my own patients at the address stated on the application. I further understand that I may not delegate this authority to any other person. I further agree to abide by all statutes, rules or regulations governing practitioner dispensing and understand that a violation of any such statute, rules or regulations may be grounds for suspension or revocation of this permit of authorization.

Signature: Ryan E. Mitchell, DO #1113

Date: 1/4/11

Board Use Only
Received: JAN 20 2011 Check Number: 653 Amount: 300.00

27962
Revised 6/4/2007
1102

1. Yes. However I am not impaired now and my previous alcohol and substance abuse will not impair my ability to perform the essential functions of my license.

I sought counseling, intensive inpatient treatment, and subsequent outpatient treatment and monitoring for addiction. In October 2008, I sought outpatient treatment with Dr. Michael Levy. While the program helped me stop using my drug of choice, I was still using other drugs and alcohol. Since then, I have taken many measures to ensure sobriety. Beginning in February 2009, I participated in a five-week inpatient program under the care of Dr. Melvin Pohl, Medical Director of the Las Vegas Recovery Center (LVRC). At the conclusion of the LVRC inpatient program, I continued to participate in an outpatient program for 18 three-hour sessions and five individual one-hour sessions as well as attending regular 12-step meetings. In addition, I participated in a 5-day evaluation at Marworth in Pennsylvania to assess my recovery. The Marworth multi-disciplinary team confirmed that I did not need further inpatient treatment. I am currently a participant in good standing, in a diversion program administered by Mr. Larry Espadero, Director of Addictive Disease, Monte Vista Hospital. This PRN-PRN Program provides counseling, treatment and monitoring, and has been approved by the Nevada State Board of Osteopathic Medicine. I have been compliant with the diversion program requirements. This is a five-year commitment. My last date of any drug or alcohol use was 2/12/08.

2. Yes. On October 21, 2008, while under the influence of a drug, I was arrested for domestic violence, a misdemeanor. I was convicted of Domestic Battery. This was a completely isolated incident. On January 29, 2009 I was arrested for misdemeanor driving under the influence. On July 30, 2009 I was convicted of the DUI. Since that time I have completed all of the sanctions imposed upon me regarding these convictions. Please see enclosed letters from the court indicating my completion of the imposed sentences.

3. Yes. On July 27, 2009, I voluntarily placed my Nevada Medical license #1113 into "Inactive" status. On October 5, 2009, my request to go from inactive to active Status was denied by the Nevada State Board of Osteopathic Medicine. Subsequently, on December 8, 2009 my Nevada license #1113 was granted active status by the above said medical board. In addition, on that same day, December 8, 2009 the Nevada State Board of Osteopathic Medicine issued me a letter of reprimand for Unprofessional Conduct. Specifically, I was issued this letter of reprimand for falsely answering no on a question of my 2009 renewal application when the answer was in fact yes. Please see the enclosed Settlement agreement with the Nevada Board of Osteopathic Medicine.

4. Yes. My Michigan medical license was temporarily suspended due to the exact same circumstances that occurred in Nevada. I have not practiced medicine in Michigan, nor do I have a current active license to practice in Michigan. All of my transgressions occurred in Nevada. However because I am licensed in Michigan the Department of Community Health, Board of Osteopathic Medicine and Surgery still

followed suit with discipline due to my actions in Nevada. Since that time, the suspension has been lifted. The Michigan Department of Community Health has issued a consent order (please see enclosed consent order) that has placed me on probation until 6/8/14.

2. This is an explanation regarding the dispensing site. I have spoken multiple times with Carolyn Cramer regarding my intentions and plans for a dispensing license. My attorney, Maria Nutile is composing a contract for this venture but it is not yet complete. I have a solo medical practice. I wholly own the practice. I will be seeing some patients from the "Bouari Clinic", formally known as "A New Me". The records for the patients that I see are mine and belong to my medical practice. No one will have access to controlled substances or dangerous drugs except myself and an RN who I wish to train to perform prescription dispensing functions.

1 BEFORE THE NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE
2 IN THE MATTER OF THE COMPLAINT
3 AGAINST
4 RYAN MITCHELL, D.O., LIC. # 1113
5 RESPONDENT.

NEVADA STATE BOARD OF
OSTEOPATHIC MEDICINE

DEC 09 2009

Filed **FILED**
[Signature]
Executive Director

7 **WRITTEN NOTICE OF ENTRY OF SETTLEMENT AGREEMENT AND ORDER**

8 PLEASE TAKE NOTICE that the Nevada State Board of Osteopathic Medicine has
9 approved the settlement agreement entered into by the above-name Respondent and the
10 Enforcement Division of the Board. A copy of that agreement is attached.

11 NEVADA STATE BOARD OF
12 OSTEOPATHIC MEDICINE

13 By *[Signature]*
14 Dianna Hegeduls, Executive Director -
15 Board Counsel
16 Dated: 12-9-09

17 **CERTIFICATE OF MAILING**

18 On the 9th day of December, 2009, the undersigned served a
19 copy of this notice along with the settlement agreement and order upon Respondent, at his
20 last known address, postage thereon prepaid, addressed as follows:

21 Maria Natile, Esq.
22 NUTILE PITZ & ASSOCIATES
23 1070 W. Horizon Ridge, Suite 210
24 Henderson, NV 89012
25 Attorney for Respondent

26 *[Signature]*
27 An employee of the Nevada State Board of Osteopathic
28 Medicine

BEFORE THE NEVADA STATE BOARD OF OSTEOPATHIC MEDICINE

IN THE MATTER OF)

**NV STATE BOARD OF
OSTEOPATHIC MEDICINE**

RYAN MITCHELL, D.O.,)
License No. 1113)

DEC 09 2009

FILED

SETTLEMENT AGREEMENT & ORDER

I. PARTIES

This Settlement Agreement ("Agreement") is made by and between the Nevada State Board of Osteopathic Medicine ("the Board") through their Counsel and Executive Director, Dianna Hegeduis, Esq., Investigating Board Member, Daniel Curtis, D.O., and Ryan Mitchell, D.O. ("Physician") through his counsel, Maria Nutile, Esq., (collectively referred to as "the Parties").

II. RECITALS

As a preamble to this Agreement, the Parties agree to the following:

- A. WHEREAS, the Physician has engaged in certain conduct that resulted in criminal charges being filed against him in Henderson, Nevada, once in 2008 and once in 2009. All such criminal charges have since been resolved. In renewing his license for the calendar year 2009, Physician responded "no" to certain questions regarding any investigations conducted of him by various entities, when in fact there had been an investigation
- C. WHEREAS, the Parties understand that this Agreement will be signed by the respective parties and will then be offered to the Board for the entire Board's approval at the next Board meeting, with the recommendation of Board Counsel that this Agreement be approved with such modifications as the Board and Physician mutually agree. The Agreement shall become effective the date it has been approved by the Board.
- D NRS 633.131(1) defines "unprofessional conduct" as including "willfully making a false . . . statement . . . in applying for a license to practice osteopathic medicine or in applying for renewal of a license to practice osteopathic medicine." Pursuant to NRS 633.511(1), "unprofessional conduct" is a ground for initiating a formal disciplinary proceeding; and

1 pursuant to NRS 633.651, such discipline may include public reprimands, the suspension
2 of the license to practice osteopathic medicine in the State of Nevada, and even the
3 revocation of the license to practice osteopathic medicine in the State of Nevada.

4 E. NAC 633.350 (9) states that "a licensee engages in unethical conduct if he . . . engages in
5 any other conduct that the Board determines constitutes [an] unfitness to practice
6 osteopathic medicine."

7 F. NRS 622.400(1) states that a "regulatory body [such as this Board] may recover from a
8 person reasonable attorney's fees and costs that are incurred by the regulatory body as
9 part of its investigative, administrative and disciplinary proceedings against the person if
10 the regulatory body" either enters a final order or enters into a settlement agreement.

11 G. WHEREAS, the parties have agreed to settle this matter, rather than requiring the Board
12 to file a formal disciplinary complaint regarding the inaccurate/incomplete application for
13 renewal.

14 H. WHEREAS, the parties understand that this Agreement will be signed by the respective
15 parties and will then be offered to the Board for the entire Board's approval at the next
16 Board meeting, with the recommendation of the Investigating Board Member that this
17 matter be settled. The Agreement shall not become effective until it has been approved
18 by a majority of the Board and endorsed by a representative member of the Board.

19 I. WHEREAS, the Physician understands that the Board is free to accept or reject this
20 Agreement and, if rejected by the Board, a formal disciplinary complaint will be filed and
21 a hearing scheduled on the same. The Board members who review this matter for
22 approval of this Agreement may be the same members who ultimately hear the
23 disciplinary complaint if this Agreement is not approved by the Board. Physician hereby
24 agrees to waive any rights he might have to challenge the impartiality of the Board to
25 hear the disciplinary complaint, based on prior knowledge obtained by the Board through
26 consideration of this Agreement, if after review by the Board, this Agreement is rejected.
27 Furthermore, if the Board does not accept the Agreement, it shall be regarded as null and
28 void.

- 1 J. WHEREAS, Physician acknowledges that the Board will retain jurisdiction over this
2 matter until all terms and conditions set forth in this Agreement and Order have been met
3 to the satisfaction of the Board.
- 4 K. WHEREAS, Physician acknowledges that the Board had a reasonable basis to believe
5 that the statutes and/or regulations regulating the practice of osteopathic medicine in the
6 State of Nevada may have been violated.
- 7 L. WHEREAS, in order to resolve the matter prior to it becoming a disciplinary proceeding
8 and to save further costs and expenses, Physician has elected to enter into this Agreement
9 to resolve this matter, and this matter only.
- 10 M. WHEREAS, Physician acknowledges that once accepted by the Board, this Agreement
11 and all associated documentation become a matter of public record.
- 12 N. WHEREAS, Physician has had the opportunity to obtain the advice from competent
13 counsel of his choice concerning the terms and conditions of this Agreement and the
14 execution thereof. No coercion has been exerted upon Physician, nor have any promises
15 been made other than those reflected in this Agreement. Physician freely and voluntarily
16 entered into this agreement, motivated only by a desire to resolve the issues addressed
17 herein. Physician has executed this Agreement only after a careful reading of it and a full
18 understanding of all its terms.
- 19 O. WHEREAS, Physician is fully aware of his rights to contest the charges pending against
20 him. These rights include: representation by an attorney at his own expense, the right to a
21 public hearing on any charges or allegations filed, the right to confront and cross-examine
22 witnesses called to testify against him, the right to present evidence on his own behalf,
23 the right to compulsory process to secure the attendance of such witnesses, the right to
24 testify on his own behalf, the right to receive written findings of fact and conclusions of
25 law supporting the decision on the merits of the complaint and the right to obtain judicial
26 review of the Board's decision. Should the Board accept this Agreement, Physician
27 voluntarily waives these rights.
- 28

1 P. WHEREAS, this Agreement and Order shall be construed in accordance with the laws of
2 the State of Nevada.

3 Q. WHEREAS, this Agreement and Order contains a complete description of the agreement
4 between the parties and it supersedes any previous agreements between the parties. All
5 material representations, understandings and promises of the parties are contained in this
6 Agreement. Any modifications must be set forth in writing, signed by all the parties, and
7 approved by the Board.

8 **III. TERMS OF THE AGREEMENT**

9 A. Physician acknowledges that violating NRS 633.131(1)(a), NRS 633.131(1)(h), and NAC
10 633.350(9) is grounds for discipline. The parties have agreed to resolve this matter
11 without the necessity of filing a formal disciplinary complaint by entering into this
12 Agreement. In exchange for the Board not pursuing an administrative action and
13 Physician not pursuing subsequent reviews by the appropriate appellate Courts, the
14 parties have agreed to resolve the current matter, and only this matter. Physician will
15 henceforth insure that all matters involving him will be timely and accurately reported to
16 the Board, and the failure to do so may result in the Board bringing a disciplinary action
17 against the osteopathic medical license issued by the Board to Dr. Mitchell.

18 B. The Board will issue to the Physician a letter of public reprimand in the form attached,
19 for violation of NRS 633.131(1)(a) and NRS 633.511(14) for willfully making a false or
20 fraudulent statement in applying for renewal of a license to practice osteopathic
21 medicine.

22 C. Physician agrees to pay the sum of ^{\$}15,600 Dollars (\$15,600⁰⁰) as the fine imposed for
23 having violated certain provisions of NRS and NAC chapters 633. This sum includes all
24 fees and costs incurred by the Board up to and including the approval of this Settlement
25 Agreement by the Board at its next scheduled Board meeting. Physician shall pay this
26 amount in 18 monthly installments of \$ 833³³, commencing one year from the date
27 of the Board's approval of this Agreement.
28

- 1 D. Should the Physician fail to satisfy and pay the indebtedness in a timely manner as
2 discussed herein, Physician understands and agrees that he will be considered in default
3 of this Agreement, and this Agreement will be null and void, with the Respondent
4 receiving credit for payments made to date. The Board may take whatever action it
5 deems appropriate, including but not limited to reducing the balance to judgment
6 pursuant to NRS chapter 353C.
- 7 E. The Physician agrees to bear his own fees and costs, including the fees and expenses of
8 his own attorney(s) if applicable.
- 9 F. This Agreement and Order shall inure to the benefit of and be binding upon each of the
10 parties hereto and their respective heirs, personal representatives, assigns and successors
11 in interest of each party.
- 12 G. This Agreement and Order shall be construed in accordance with the laws of the State of
13 Nevada.
- 14 H. This Agreement consists of eight (8) pages and embodies the entire agreement between
15 the Board and the osteopathic physician. It may not be altered, amended or modified
16 without the express consent of the parties, and any subsequent alteration, amendment, or
17 modification shall be in writing and subject to approval by the Board.
- 18 I. In consideration for the execution of this Agreement, Physician hereby releases and
19 forever discharges the State of Nevada, the Board of Osteopathic Medicine, and the
20 Nevada State Attorney General's Office (as counsel for the Board), and each of their
21 representatives, investigators, and employees, in their individual and representative
22 capacity (collectively the State of Nevada Agencies) from any and all manner of actions,
23 causes of actions, suits, debts, judgments, executions, claims, and demands whatsoever
24 known or unknown, in law and in equity, that he may have had, now has, may have had,
25 or claim to have against any and all of the persons and entities named in this paragraph
26 arising out of, or by reason of, the investigation of the allegations raised in this matter.
- 27 J. Physician, for himself, his heirs, executors, administrators, successors and assigns, hereby
28 indemnifies and holds harmless the State of Nevada, the Nevada State Board of

1 Osteopathic Medicine, the Nevada Attorney General's office and each of their members,
2 agents and employees in their individual and representative capacities against any and all
3 claims, suits, demands, actions, debts, damages, costs, charges, and expenses, including
4 court costs and attorney's fees against any persons or entities as well as all liability,
5 losses, and damages of any nature whatsoever that the persons and entities named in this
6 paragraph shall have or may at any time sustain or suffer by reason of this investigation,
7 this disciplinary action, this Agreement or its administration.

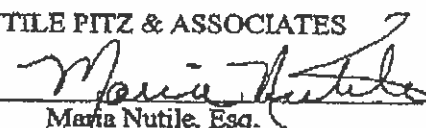
8 K. This document may be prepared in multiple counterparts. Each counterpart, whether it be
9 originally typed, a carbon, photocopy, facsimile or other type of copy, shall be deemed an
10 original hereof if executed by each of the Parties hereto.

11 L. Lastly,, by executing this agreement, Respondent Physician hereby expressly, knowingly,
12 and intentionally waives the 21-working days notice requirement pursuant to Nevada's
13 Open Meeting Law and acknowledges that this Agreement shall be on the agenda for the
14 Board's approval in the month of December, 2009.

15 RYAN MITCHELL, D.O.

NUTILE PITZ & ASSOCIATES

16 
17 Ryan Mitchell, D.O.

16 
17 Maria Nutile, Esq.
Attorney for Dr. Ryan Mitchell

19 NEVADA STATE BOARD OF
20 OSTEOPATHIC MEDICINE

NEVADA STATE BOARD OF
OSTEOPATHIC MEDICINE

21 By 

22 Dianna Hegeduis, Esq.
23 Board Counsel / Executive
24 Director

By 

22 Daniel Curtis, D.O., Investigative
23 Board Member

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
BUREAU OF HEALTH PROFESSIONS
BOARD OF OSTEOPATHIC MEDICINE AND SURGERY
DISCIPLINARY SUBCOMMITTEE

In the Matter of

RYAN ERIC MITCHELL, D.O.
License No. 51-01-013974

Complaint No. 51-09-114191

CONSENT ORDER AND STIPULATION

CONSENT ORDER

An administrative complaint was filed with the Disciplinary Subcommittee of the Board of Osteopathic Medicine and Surgery on February 2, 2010, charging Ryan Eric Mitchell, D.O. (Respondent) with having violated sections 16221(a), (b)(ii), (b)(iii), (b)(v), (b)(x) and (b)(xi) of the Public Health Code, 1978 PA 368, as amended, MCL 333.1101 *et seq.*

Based on Respondent's convictions alleged in the administrative complaint and pursuant to section 16233(5) of the Public Health Code, the Michigan Department of Community Health (Department) summarily suspended Respondent's license to practice osteopathic medicine and surgery by order dated February 2, 2010. Based on the parties' stipulation, the administrative hearing officer entered an order dissolving summary suspension on April 15, 2010.

The parties have stipulated that the Disciplinary Subcommittee may enter this consent order. The Disciplinary Subcommittee has reviewed the stipulation contained in this document and agrees that the public interest is best served by resolution of the outstanding complaint. Therefore, the Disciplinary Subcommittee finds that the allegations of fact contained in the

complaint are true and that Respondent has violated sections 16221(a), (b)(ii), (b)(iii), (b)(v), (b)(x) and (b)(xi) of the Public Health Code.

Accordingly, for these violations, IT IS ORDERED:

Respondent shall be placed on PROBATION commencing on the effective date of this order. Respondent shall be automatically discharged from probation on June 8, 2014, provided he has complied with the terms of this order. The conditions of probation are as follows:

- A. The Settlement Agreement and Order of the Board (Exhibit A) and the Remediation Agreement and Order of the Board (Exhibit B), both of which were entered by the Nevada State Board of Osteopathic Medicine (Nevada Board) on December 8, 2009 (Nevada Board Orders), are incorporated by reference as if fully set forth here. Respondent shall comply with the terms of the Nevada Board Orders.
- B. Respondent shall document his compliance with the Nevada Board's Orders at six month intervals. He shall file the first documentation six months from the effective date of this Order, and subsequent reports at six-month intervals until he is discharged from probation by this Board or the Nevada Board.
- C. Respondent shall immediately report in writing to the Department any change in status of his osteopathic license in Nevada.
- D. If during the period of probation Respondent seeks to return to Michigan for the purpose of residing here, Respondent shall notify the Department at least 60 days in advance. Upon return to the state of Michigan, the Department shall monitor Respondent's probation.

Any violation of the Public Health Code by Respondent during the period of probation shall be deemed a violation of probation and constitute grounds for further disciplinary action.

Respondent shall direct any communications to the Department that are required by the terms of this order to: Sanction Monitoring Unit, Bureau of Health Professions, Department of Community Health, P.O. Box 30670, Lansing, Michigan 48909.

Respondent shall be responsible for the timely compliance with the terms of this consent order, including the timely filing of any documentation. Failure to comply within the time limitations provided will constitute a violation of this order.

If Respondent violates any term or condition set forth in this order, Respondent will be in violation of 1996 AACPS, R 338.1632, and section 16221(h) of the Public Health Code.

Signed on 6.1., 2010

Michigan Board of Osteopathic Medicine and Surgery

By Kathleen Carney
Chairperson, Disciplinary Subcommittee

STIPULATION

The parties stipulate as follows:

1. Respondent does not contest the allegations of fact and law in the complaint. Respondent understands that, by pleading no contest, he does not admit the truth of the allegations but agrees that the Disciplinary Subcommittee may treat the allegations as true for resolution of the complaint and may enter an order treating the allegations as true.

2. Respondent understands and intends that, by signing this stipulation, he is waiving the right under the Public Health Code, rules promulgated under the Public Health Code, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended, MCL 24.201 *et seq*, to require the Department to prove the charges set forth in the complaint by presentation of evidence and legal authority, and to present a defense to the charges before the Disciplinary Subcommittee or its authorized representative. Should the Disciplinary Subcommittee reject the proposed consent order, the parties reserve the right to proceed to hearing.

3. The Disciplinary Subcommittee may enter the above consent order, supported by Board conferee Steven A. Acker, D.O. Dr. Acker or an attorney from the Licensing and Regulation Division may discuss this matter with the Disciplinary Subcommittee in order to recommend acceptance of this resolution.

4. Dr. Acker and the parties considered the following factors in reaching this agreement:

- A. Respondent has completed all requirements of the Henderson Municipal Court regarding his charge of Domestic Battery outlined in the administrative complaint.
- B. Respondent has completed his sentencing requirements of attending a DUI Victim Impact Panel and Driving Under the Influence School for his charge of DUI, which occurred on January 29, 2009.
- C. On June 8, 2009, Respondent entered into a 5-year participation contract with the Professional Recovery Network (Exhibit C), which is administered by the Director of Addictive Disease at Montevista Hospital in Las Vegas, Nevada. This program provides monthly status reports to the Nevada Board regarding Respondent's progress, participation, and drug monitoring status. Since entering the contract, Respondent has complied with its terms.
- D. Respondent must comply with the terms of the Nevada Board Orders, in order to continue to practice in the State of Nevada.

E. Respondent does not intend to return to the State of Michigan to practice at the present time.

By signing this stipulation, the parties confirm that they have read, understand and agree with the terms of the consent order.

AGREED TO BY:

Kelly K. Elizondo
Kelly K. Elizondo (p45534)
Assistant Attorney General
Attorney for Complainant
Dated: 5-4-2010

AGREED TO BY:

Ryan E. Mitchell D.O.
Ryan Eric Mitchell, D.O.
Respondent

Dated: 5/2/10.

E. David Brockman
E. David Brockman (P11224)
Attorney for Respondent
Dated: 4-28-10



JUDGE DOUGLAS W. HEDGER
MUNICIPAL COURT JUDGE
DEPARTMENT 2

November 23, 2009

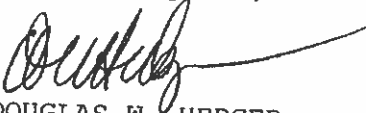
Michigan Department of Community Health
Bureau of Health Professions
Board of Osteopathic Medicine & Surgery
P. O. Box 30670
Lansing, Michigan 48909-8170

RE: Ryan Mitchell

Dear Sirs:

Please be advised that on November 16, 2009, Ryan Mitchell completed all requirements of the Henderson Municipal Court regarding his charge of Domestic Battery which occurred on October 26, 2008.

Sincere regards,


DOUGLAS W. HEDGER
Municipal Court Judge

trb

cc: Peter J. Christiansen, Esq.

HENDERSON MUNICIPAL COURT
243 WATER STREET HENDERSON, NV 89015
(702) 267-3354 - Office (702) 267-3351 - Fax



JUDGE MARK STEVENS
MUNICIPAL COURT JUDGE
DEPARTMENT 1

August 25, 2010

Re: Ryan Mitchell, Case #09CR1545

To Whom It May Concern:

Please be advised that Mr. Mitchell completed all his sentencing requirements in a satisfactory and timely manner and this case is now closed.

Sincerely,

Mark Stevens
Municipal Court Judge
Department 1
Henderson Municipal Court
Henderson, Nevada

MS:lb

HENDERSON MUNICIPAL COURT
243 WATER STREET HENDERSON, NV 89015
(702) 267-3350 – Office (702) 267-3401 – Fax

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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: Andrea Middle: Kristin Last: Boucher
Home Address: 347 Occidental Drive Apt #: NA
City: Dayton State: NV Zip Code: 89403
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: Walmart Pharmacy Store #: 11648
Address: 3770 S. Highway 395 / Tapscott Lane
City: Carson City State: NV Zip Code: 89701
Signature of Managing Pharmacist: _____ Lic #: 13981 Date: 9/23/10

(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.

Signature

Date

Board Use Only
Received: _____

OCT 06 2010

Check Number: MO

Amount: 40.00

55171
14131

HAL TAYLOR
ATTORNEY AT LAW
Professional Licensing Law – Social Security Disability
NevadaLicenseLawyer.com
223 Marsh Avenue
Reno, Nevada 89509

Licensed to Practice in:
NEVADA
CALIFORNIA
ILLINOIS

PHONE: (775) 825-2223
FAX: (775) 329-1113

December 14, 2010

(By fax [850-1444] & regular mail)
Nevada State Board of Pharmacy
431 West Plumb Lane
Reno, NV 89509

Attn: Larry L. Pinson
Executive Secretary

Re: Jiansheng Li, R.Ph.
Reg.#17707
Case Nos.: 10-052-RPH-N (CVS)
10-060-RPH-N

Dear Larry:

Mr. Li will be attending the March 2nd meeting in partial completion of the requirements of his disciplinary order. He will be attending a meeting today of the Texas State Board of Pharmacy, and would like to report on that meeting to the Board. This should not take more than 5-10 minutes.

Please place his report on the agenda for the March 2nd meeting. I would suggest something along the lines of "Report on Disciplinary Matters at the Texas State Board of Pharmacy - J. Li." As soon as you have some idea of the time when he may be able to present his report, please advise so that he can finalize his travel arrangements.

Please feel free to contact me if you have any questions.

Sincerely,

Hal Taylor, Esq.

HRt/tmr
cc: Client
Carolyn J. Cramer, Esq.



National Association of Boards of Pharmacy Foundation

1600 Feehanville Drive • Mount Prospect, IL 60056

Tel: 847/391-4406 • Fax: 847/391-4502

Web Site: www.nabp.net

TO: EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY

FROM: Carmen A. Catizone, MS, RPh, DPh, Executive Director/Secretary

DATE: January 6, 2011

RE: Official Delegate Certificate and Travel Grant Program for NABP's 107th Annual Meeting, May 21-24, 2011, San Antonio, Texas

NABP BYLAWS

ARTICLE I, Section 3. – Credentialing Delegates

“Each active and associate member shall furnish credentials for the delegate and alternate delegates of the board to the Annual Meeting of this Association on a blank furnished by the Executive Director/Secretary and returned to the Association at least thirty (30) days prior to the Annual Meeting.”

In accordance with the above stated bylaw, attached is your 2011 Official Delegate's Certificate form. We ask that you list the name of the person who will serve as the official delegate for your Board and the name of the person who will serve as the official alternate delegate.

Also attached are the Procedures for Delegates and Alternates information sheet, which should be reviewed with your board's official delegate and alternate delegate. Please remember that the official delegate is the voting delegate and is responsible for voting at the Association's business sessions and transmitting your board's position on all matters brought before the convention. Each active member board of pharmacy in good standing represented at the annual meeting shall have one vote. No voting by proxy shall be permitted.

Only affiliated members of NABP, pharmacy board members or administrative officers, may be listed as delegates or alternate delegates. Further, only affiliated members may participate in the discussions during the business sessions.

EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY

January 6, 2011

Page 2

All official-voting delegates will be identified by a special **red** ribbon attached to their badge. Alternate delegates will be identified by a **white** ribbon and will be authorized to act and vote for the official delegate (in his or her absence) if so authorized in writing and official recognition of this fact is conveyed to the chair. An **orange** ribbon will identify non-voting delegates (associate members).

Procedures for delegate acknowledgment will be announced at the start of the Business sessions at the Meeting. *Robert's Rules of Order*, current edition, and the *NABP Constitution and Bylaws* will be in effect for the business sessions.

Travel Grant Program

NABP is pleased to once again offer the Annual Meeting Travel Grant Program. Available funding offered this year is \$1500.00 to the voting delegate of the member boards of pharmacy needing financial assistance to attend NABP's Annual Meeting in San Antonio, TX. For further information on the Annual Meeting Travel Grant Program, please refer to the attached information.

I am looking forward to a successful convention in San Antonio and working with your board in furthering the objectives of the Association. Please mail the completed Delegate Certificate and the Annual Meeting Travel Grant Application to Dana Oberman, at NABP Headquarters or via fax at 847/391-4500.

PROCEDURES FOR DELEGATES AND ALTERNATES

Annual Meeting National Association of Boards of Pharmacy

1. Each delegate and alternate(s) will receive a nomination booklet which will include a ribbon indicating that they are the official voting delegate for their state.
2. Each official voting delegate will receive a **RED** ribbon to be attached to his or her badge.
3. The designated alternate delegate will receive a **WHITE** ribbon to be attached to his or her badge.
4. Voting will take place at the business sessions designated in the program.
5. During the business sessions, delegates should sit in the aisle seats next to their designated state sign.
6. Delegates and alternates are responsible for keeping order during meetings.
7. All affiliated members in attendance may participate in the discussions of any subject considered by this Association. However, **only the official voting delegate can vote** on issues put to a vote of the members of the Annual Meeting of this Association.
8. Each associate member will receive an **ORANGE** ribbon to be attached to his or her badge. Associate members may not vote.

NABP is a professional organization whose members will want to conduct business in a professional manner. Procedures and protocol are in place to see that all members are treated equally, that all members will be heard, that due process will be served, and that the Association is informed to make the proper decisions in the interest of its members and the public we serve.

Blank

EXECUTIVE SECRETARY REPORT – MARCH 2011

A) FINANCIAL REPORT

- i. Treasurer's Report

B) TEMPORARY LICENSES

C) STAFF ACTIVITIES

- i. CPhA Meeting (2/13)

D) REPORT TO BOARD

- i. Letter to Tech Schools

E) BOARD RELATED NEWS

F) ACTIVITIES REPORT

TEMPORARY LICENSES
(Issued since last board meeting)

No temporary licenses have been issued since the last board meeting.



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

February 4, 2010

Community College of Southern Nevada
6375 West Charleston Boulevard – W3K
Las Vegas, NV 89146

Dear Pharmacy Technician Program Administrator,

The Nevada State Board of Pharmacy serves to protect the citizens of Nevada by promoting safe and effective prescription drug practices as well as help control the abuse and misuse of prescription and illicit drugs. Board staff as well as the Board itself has become increasingly troubled by the sheer number of pharmaceutical technicians (PT's) that must appear before the Board for disciplinary action due to theft of controlled substances for resale on the street, or for personal use. Of equal concern is the number of students enrolled in your program that must appear before us to explain past criminal activity or who have tested positive for a controlled substance upon random screening, some of whom may not be granted registration as a result. This is particularly bothersome to the Board knowing that the student before them had spent considerable time, effort and money to attend your program.

A few years ago I requested that the Board form a "Pharmaceutical Technician Advisory Committee" made up of PTs and a Board member, to address these concerns as well as establish a conduit between PTs and the Board. That committee was so formed and has been productive through its recommendations. A recommendation that came out of the December, 2010 meeting of the PT Advisory Committee, which the Board itself then condoned, was to request that I correspond with each of you with the following request:

An applicant to a PT Training Program makes application for his/her Pharmaceutical Technician in Training Registration with the Board of Pharmacy upon entering the training program or no later than 30 days after the beginning of that program.

This would afford the student the knowledge that he/she is eligible for registration prior to spending the money and effort to complete the program.

Thank you for considering our request as we encourage you to give thoughtful consideration to the future acceptance of candidates to your program.

Sincerely,

A handwritten signature in blue ink, which appears to read "Larry L. Pinson".

Larry L. Pinson, Pharm. D.
Executive Secretary



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

NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

JANUARY 11 & 12, 2011 BOARD MEETING HELD IN LAS VEGAS, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the January 2011 Board meeting.

Licensing Activity:

- 11 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 12 licenses were granted for Out-of-State pharmacies.
- 5 licenses were granted for Out-of-State wholesalers.
- 1 license was granted for a Nevada pharmacy (pending inspection).
- 2 licenses were granted for a Nevada MDEG company (pending inspection).

Disciplinary Action:

- Pharmacist JC and Pharmacy WG were disciplined for filling a Provera prescription with a steroid and alleged harm to the patient.
- Physician MP will surrender her controlled substance registration for a time and alter her prescribing practices with respect to those drugs (improved record keeping; staff controls).
- Physician MS (a Florida licensed physician) was granted a continuance after agreeing to cease prescribing controlled substances in Nevada.
- Pharmaceutical Technician JG was revoked for theft of controlled substances for personal use.
- Pharmacist ML was granted a reciprocal license after demonstrating recovery from illicit drug use.
- 7 Pharmaceutical Technician registrations were denied for use and abuse of illicit drugs.

Other Activity:

- Presentations were made by the Methamphetamine Initiative (Senator Leslie; Jerry Seevers and Neil Rombardo, DA Carson City) and by Larry Espadero from PRN-PRN.
- The usual Board business reports were given including a report from the PT Advisor Committee.

PROPOSED REGULATION OF THE

STATE BOARD OF PHARMACY

LCB File No. R156-10

January 12, 2011

EXPLANATION – Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted.

AUTHORITY: §1, NRS 453.146 and 639.070.

A REGULATION relating to controlled substances; revising the substances listed as controlled substances in schedule I; and providing other matters properly relating thereto.

Section 1. NAC 453.510 is hereby amended to read as follows:

453.510 1. Schedule I consists of the drugs and other substances listed in this section by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including, without limitation, their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation:

Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidiny]-N-phenylacetamide);

Acetylmethadol;

Allylprodine;

Alphacetylmethadol (except levo-alphacetylmethadol, commonly referred to as levo-alpha-acetylmethadol, levomethadyl acetate or "LAAM");

Alphameprodine;

Alphamethadol;

Alphamethylfentanyl (N-[1-(alpha-methyl-beta-phenyl)ethyl-4-piperidyl] propionanilide; 1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);

Alpha-methylthiofentanyl (N-[1-methyl-2-(2-thienyl)ethyl-4-piperidiny]-N-phenylpropanamide);

Benzethidine;

Betacetylmethadol;

Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl)-4-piperidiny]-N-phenylpropanamide);

Beta-hydroxy-3-methylfentanyl (other name: N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-piperidiny]-N-phenylpropanamide);

Betameprodine;

Betamethadol;

Betaprodine;

Clonitazene;

Dextromoramide;

Diampromide;

Diethylthiambutene;

Difenoxin;

Dimenoxadol;
Dimepheptanol;
Dimethylthiambutene;
Dioxaphetyl butyrate;
Dipipanone;
Ethylmethylthiambutene;
Etonitazene;
Etoxeridine;
Furethidine;
Hydroxypethidine;
Ketobemidone;
Levomoramide;
Levophenacymorphan;
3-Methylfentanyl (N-[3-methyl-1-(2-phenylethyl)-4-piperidyl]-N-phenylpropanamide);
3-Methylthiofentanyl (N-[(3-methyl-1-(2-thienyl)ethyl)-4-piperidiny]-N-phenylpropanamide);
Morpheridine;
MPPP (1-methyl-4-phenyl-4-propionoxypiperidine);
Noracymethadol;
Norlevorphanol;
Normethadone;
Norpipanone;

Para-fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidinyl]propanamide);
PEPAP (1-(2-phenethyl)-4-phenyl-4-acetoxypiperidine);
Phenadoxone;
Phenampromide;
Phenomorphane;
Phenoperidine;
Piritramide;
Proheptazine;
Propiridine;
Propiram;
Racemoramide;
Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidinyl]-propanamide);
Tilidine; or
Trimeperidine.

3. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Acetorphine;
Acetyldihydrocodeine;

Benzylmorphine;
Codeine methylbromide;
Codeine-N-Oxide;
Cyprenorphine;
Desomorphine;
Dihydromorphine;
Drotebanol;
Etorphine (except hydrochloride salt);
Heroin;
Hydromorphenol;
Methyldesorphine;
Methyldihydromorphine;
Morphine methylbromide;
Morphine methylsulfonate;
Morphine-N-Oxide;
Myrophine;
Nicocodeine;
Nicomorphine;
Normorphine;
Pholcodine; or
Thebacon.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following hallucinogenic substances, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Alpha-ethyltryptamine (some trade or other names: ET, Trip);

Alpha-methyltryptamine (some trade or other names: AMT);

1,4-Butanediol (some trade or other names: 1,4-buteneglycol, dihydroxybutane, tetramethylene glycol, butane 1,4-diol, SomatoPro, Soma Solutions, Zen);

4-bromo-2,5-dimethoxyamphetamine (some trade or other names: 4-bromo-2,5-dimethoxy-alpha-methylphenethylamine; 4-bromo-2,5-DMA);

4-bromo-2,5-dimethoxyphenethylamine (some trade or other names: Nexus, 2C-B);

1-Butyl-3-(1-naphthoyl)indole-7173 (some trade or other names: JWH-073);

2,5-dimethoxyamphetamine (some trade or other names: 2,5-dimethoxy-alpha-methylphenethylamine; 2,5-DMA);

2,5-dimethoxy-4-ethylamphet-amine (some trade or other names: DOET);

2,5-dimethoxy-4-(n)-propylthiophenethylamine (some trade or other names: 2C-T-7);

5-(1,1-Dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7297 (some trade or other names: CP-47,497);

5-(1,1-Dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7298 (some trade or other names: cannabicyclohexanol; CP-47,497 C8 homologue);

4-methoxyamphetamine (some trade or other names: 4-methoxy-alpha-methylphenethylamine; para-methoxyamphetamine; PMA);

5-methoxy-3,4-methylenedioxyamphetamine;

5-methoxy-N, N-diisopropyltryptamine (some trade or other names: 5-meO-DIPT);

4-methyl-2,5-dimethoxyamphetamine (some trade or other names: 4-methyl-2,5-dimethoxy-alpha-methylphenethylamine; “DOM”; “STP”);

3,4-methylenedioxyamphetamine;

3,4-methylenedioxymethamphetamine (MDMA);

3,4-methylenedioxy-N-ethylamphetamine (commonly referred to as N-ethyl-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-ethyl MDA, MDE, MDEA);

1-[2-(4-Morpholinyl)ethyl]-3-(1-naphthoyl)indole-7200 (some trade or other names: JWH-200);

N-hydroxy-3,4-methylenedioxyamphetamine (commonly referred to as N-hydroxy-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-hydroxy MDA);

1-Pentyl-3-(1-naphthoyl)indole-7118 (some trade or other names: JWH-018; AM678);

3,4,5-trimethoxyamphetamine;

Bufotenine (some trade or other names: 3-(beta-dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethyl-aminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N, N-dimethyltryptamine; mappine);

Diethyltryptamine (some trade or other names: DET; N,N-Diethyltryptamine);

Dimethyltryptamine (some trade or other names: DMT);

Gamma ~~{butyrolactone}~~ *butyrolactone* (some trade or other names: GBL, Gamma Buty Lactone, 4-butyrolactone, dihydro-2(3H)-furanone, tetrahydro-2-furanone, Gamma G, GH Gold);

Gamma ~~{hydroxybutyrate}~~ *hydroxy butyric acid* (some trade or other names: GHB);

Ibogaine (some trade or other names: 7-ethyl-6, 6 beta, 7, 8, 9, 10, 12, 13-octahydro-2-methoxy-6, 9-methano-5H-pyrido (1',2':1,2) azepino (5,4-b) indole; *Tabernanthe iboga*);

Lysergic acid diethylamide;

Marijuana;

Mescaline;

Parahexyl (some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran; Synhexyl);

Peyote (meaning all parts of the plant presently classified botanically as *Lophophora williamsii* Lemaire, whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds or extracts);

N-benzylpiperazine (some trade or other names: BZP, 1-benzylpiperazine);

N-ethyl-3-piperidyl benzilate;

N-methyl-3-piperidyl benzilate;

Psilocybin;

~~{Psilocyn;}~~ *Psilocin*;

Tetrahydrocannabinols (synthetic equivalents of the substances contained in the plant, or in the resinous extractives of *Cannabis*, sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity such as the following:

Delta 1 cis or trans tetrahydrocannabinol, and their optical isomers,

Delta 6 cis or trans tetrahydrocannabinol, and their optical isomers,

Delta 3, 4 cis or trans tetrahydrocannabinol, and its optical isomers;
since nomenclature of these substances is not internationally standardized, compounds
of these structures, regardless of numerical designation of atomic positions covered);

Ethylamine analog of phencyclidine (some trade or other names: N-ethyl-1-
phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl)
ethylamine; cyclohexamine; PCE);

Pyrrolidine analog of phencyclidine (some trade or other names: 1-(1-phenylcyclohexyl)-
pyrrolidine; PCPy; PHP);

1-(1-(2-thienyl)-cyclohexyl)-pyrrolidine (some trade or other names: TCPy); or

Thiophene analog of phencyclidine (some trade or other names: 1-(1-(2-thienyl)-
cyclohexyl)-piperidine; 2-thienyl analog of phencyclidine; TPCP; TCP).

For the purposes of this subsection, “isomer” includes, without limitation, the optical, position or
geometric isomer.

5. All parts of the plant presently classified botanically as *Datura*, whether growing or not,
the seeds thereof, any extract from any part of such plant or plants, and every compound,
manufacture, salt derivative, mixture or preparation of such plant or plants, its seeds or extracts,
unless substances consistent with those found in such plants are present in formulations that the

Food and Drug Administration of the United States Department of Health and Human Services has approved for distribution.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of phencyclidine, mecloqualone or methaqualone having a depressant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation.

7. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers:

Aminorex;

Cathinone (some trade or other names: 2-amino-1-phenyl-1-propanone; alpha-aminopropiophenone; 2-aminopropiophenone; norephedrone);

Fenethylamine;

Methamphetamine;

Methcathinone (some trade or other names: N-Methylcathinone, cat);

(±)cis-4-methylaminorex ((+)cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazoline);

N,N-dimethylamphetamine (commonly referred to as N,N-alpha-trimethylbenzeneethanamine; N,N-alpha-trimethylphenethylamine); or

N-ethylamphetamine.

8. Unless specifically listed in another schedule, coca leaves, cocaine base or free base, or a salt, compound, derivative, isomer or preparation thereof which is chemically equivalent or identical to such substances, and any quantity of material, compound, mixture or preparation which contains coca leaves, cocaine base or cocaine free base or its isomers or any of the salts of cocaine, except decocainized coca leaves or extractions which do not contain cocaine or ecgonine.

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**PROPOSED REGULATION OF THE
STATE BOARD OF PHARMACY**

LCB File No. R157-10

January 12, 2011

EXPLANATION – Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted.

AUTHORITY: §1, NRS 453.146 and 639.070.

A REGULATION relating to controlled substances; adding certain substances to the controlled substances listed in schedule II; and providing other matters properly relating thereto.

Section 1. NAC 453.520 is hereby amended to read as follows:

453.520 1. Schedule II consists of the drugs listed in this section, by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any of the following substances, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by combination of extraction and chemical synthesis, is hereby enumerated in schedule II:

(a) Opium and opiate, and any salt, compound, derivative or preparation of opium or opiate, excluding apomorphine, thebaine-derived butorphanol, dextrophan, nalbuphine, nalmefene, naloxone and naltrexone, and their respective salts, but including:

Codeine;

Diprenorphine;
Ethylmorphine;
Etorphine hydrochloride;
Granulated opium;
Hydrocodone;
Hydromorphone;
Metopon;
Morphine;
Opium extracts;
Opium fluid;
Powdered opium;
Raw opium;
Oxycodone;
Oxymorphone;
Thebaine; and
Tincture of opium.

(b) Any salt, compound, isomer, derivative or preparation thereof which is chemically equivalent or identical with any of the substances referred to in paragraph (a) if they do not include the isoquinoline alkaloids of opium.

(c) Opium poppy and poppy straw.

(d) Cocaine hydrochloride salt prepared by a registered chemical or pharmaceutical manufacturer of the Drug Enforcement Administration of the Department of Justice which is properly labeled, including lot numbers, and is available for medicinal purposes through a distribution system approved by the Drug Enforcement Administration.

(e) Benzoylcegonine or ecgonine.

(f) Concentrate of poppy straw (meaning the crude extract of poppy straw in either liquid, solid or powder form and containing the phenanthrene alkaloids of the opium poppy).

3. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation (dextrophan and levopropoxyphene excepted), are hereby enumerated on schedule II:

Alfentanil;

Alphaprodine;

Anileridine;

Bezitramide;

Bulk dextropropoxyphene (in nondosage forms);

Carfentanil;

Dihydrocodeine;

Diphenoxylate;

Fentanyl;

Isomethadone;

Levo-alpha-acetylmethadol (some trade or other names: levo-alpha-acetylmethadol;
levomethadyl acetate; LAAM);

Levomethorphan;

Levorphanol;

Metazocine;

Methadone;

Methadone-Intermediate, 4-cyano-2-dimethylamino-4, 4-diphenylbutane;

Moramide-Intermediate, 2-methyl-3-morpholino-1, 1-diphenylpropane-carboxylic acid;

Pethidine (meperidine);

Pethidine-Intermediate-A, 4-cyano-1-methyl-4-phenylpiperidine;

Pethidine-Intermediate-B, ethyl-4-phenylpiperidine-4-carboxylate;

Pethidine-Intermediate-C, 1-methyl-4-phenylpiperidine-4-carboxylic acid;

Phenazocine;

Piminodine;

Racemethorphan;

Racemorphan;

Ramifentanil; ~~for~~

Sufentanil ~~for~~ ; *or*

Tapentadol.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system is hereby enumerated on schedule II:

- (a) Amphetamine, its salts, optical isomers and salts of optical isomers;
- (b) Phenmetrazine and its salts;
- (c) Unless specifically excepted, any preparation which contains any quantity of methamphetamine, including its salts, isomers and salts of isomers, prepared by a registered chemical or pharmaceutical manufacturer of the Drug Enforcement Administration of the Department of Justice, which is properly labeled, including lot numbers, and is available for medicinal purposes through a distribution system approved by the Drug Enforcement Administration; ~~{or}~~
- (d) Methylphenidate ~~{-}~~ ; *or*
- (e) *Lisdexamfetamine.*

5. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation, is hereby enumerated on schedule II:

Amobarbital;

Glutethimide;

Pentobarbital; or

Secobarbital.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances is hereby enumerated on schedule II:

(a) Immediate precursors to phencyclidine (PCP):

1-Phenylcyclohexylamine; or

1-piperidinocyclohexanecarbonitrile (PCC).

(b) Immediate precursors to amphetamine and methamphetamine:

Phenylacetone (some trade or other names: phenyl-2-propanone; P2P; benzyl methyl ketone; methyl benzyl ketone).

7. Any material, compound, mixture or preparation which contains any quantity of Nabilone (commonly referred to as: (+)-trans-3-(1,1-dimethylheptyl)-6, 6a, 7,8,10,10a-hexahydro-1-hydroxy-6,6-dimethyl-9H- dibenzol[b,d]pyran-9-one) is hereby enumerated on schedule II.

**PROPOSED REGULATION OF THE
STATE BOARD OF PHARMACY**

LCB File No. R158-10

January 12, 2011

EXPLANATION – Matter in *italics* is new; matter in brackets [~~omitted material~~] is material to be omitted.

AUTHORITY: §1, NRS 453.146 and 639.070.

A REGULATION relating to controlled substances; correcting the spelling of sibutramine; and providing other matters properly relating thereto.

Section 1. NAC 453.540 is hereby amended to read as follows:

453.540 1. Schedule IV consists of the drugs and other substances listed in this section, by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation containing any of the following narcotic drugs, including, without limitation, their salts, calculated as the free anhydrous base of alkaloid, is hereby enumerated on schedule IV, in quantities:

(a) Not more than 1 milligram of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit; or

(b) Dextropropoxyphene (alpha-(+)-4-dimethylamino-1,2-diphenyl-3-methyl-2-propionoxy-butane).

3. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances, including, without limitation, their salts, isomers and salts of isomers, is hereby enumerated on schedule IV, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Alprazolam;
Barbital;
Bromazepam;
Butorphanol;
Camazepam;
Carisoprodol;
Chloral betaine;
Chloral hydrate;
Chlordiazepoxide;
Clobazam;
Clonazepam;
Clorazepate;
Clotiazepam;
Cloxazolam;
Delorazepam;
Diazepam;

Dichloralphenazone;
Estazolam;
Ethchlorvynol;
Ethinamate;
Ethyl loflazepate;
Fludiazepam;
Flunitrazepam;
Flurazepam;
Halazepam;
Haloxazolam;
Ketazolam;
Loprazolam;
Lorazepam;
Lormetazepam;
Mebutamate;
Medazepam;
Meprobamate;
Methohexital;
Methylphenobarbital (mephobarbital);
Midazolam;
Nimetazepam;
Nitrazepam;

Nordiazepam;
Oxazepam;
Oxazolam;
Paraldehyde;
Petrichloral;
Phenobarbital;
Pinazepam;
Prazepam;
Quazepam;
Temazepam;
Tetrazepam;
Triazolam;
Zaleplon;
Zolpidem; or
Zopiclone.

4. Any material, compound, mixture or preparation which contains any quantity of fenfluramine, including, without limitation, its salts, isomers and salts of such isomers, whenever the existence of such salts, isomers and salts of isomers is possible, is hereby enumerated on schedule IV. For the purposes of this subsection, "isomer" includes, without limitation, the optical, position or geometric isomer.

5. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, is hereby enumerated on schedule IV:

Cathine ((+)-norpseudoephedrine);
Diethylpropion;
Fencamfamin;
Fenproporex;
Mazindol;
Mefenorex;
Modafinil;
Pemoline (including organometallic complexes and chelates thereof);
Phentermine;
Pipradrol;
~~Siputramine;~~ *Sibutramine*; or
SPA ((-)-dimethylamino-1,2-diphenylethane).

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of pentazocine, including, without limitation, its salts, is hereby enumerated on schedule IV.

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**PROPOSED REGULATION OF THE
STATE BOARD OF PHARMACY**

LCB File No. R159-10

January 12, 2011

EXPLANATION – Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted.

AUTHORITY: §1, NRS 453.146 and 639.070.

A REGULATION relating to controlled substances; revising the substances listed in schedule V; and providing other matters properly relating thereto.

Section 1. NAC 453.550 is hereby amended to read as follows:

453.550 1. Schedule V consists of the drugs and other substances listed in this section, by whatever official, common, usual, chemical or trade name designated.

2. ~~{Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation containing buprenorphine, including its salts.~~

~~—3.—~~ Any compound, mixture or preparation containing any of the following narcotic drugs or their salts calculated as the free anhydrous base alkaloid, containing one or more nonnarcotic active medicinal ingredients in sufficient proportion to confer upon the compound, mixture or preparation valuable medicinal qualities other than those possessed by the narcotic drug alone, in quantities:

- (a) Not more than 200 milligrams of codeine per 100 milliliters or per 100 grams;
- (b) Not more than 100 milligrams of dihydrocodeine per 100 milliliters or per 100 grams;

- (c) Not more than 100 milligrams of ethylmorphine per 100 milliliters or per 100 grams;
- (d) Not more than 2.5 milligrams of diphenoxylate and not less than 25 micrograms of atropine sulfate per dosage unit;
- (e) Not more than 100 milligrams of opium per 100 milliliters or per 100 grams; or
- (f) Not more than 0.5 milligram of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit.

~~{4.}~~ 3. Unless specifically excepted or excluded or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of pyrovalerone having a stimulant effect on the central nervous system, including their salts, isomers and salts of isomers.

~~{5.}~~ 4. Unless specifically excepted or excluded or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of pregabalin having a depressant effect on the central nervous system, including their salts, isomers and salts of isomers.

5. *Lacosamide.*

**PROPOSED REGULATION OF THE
STATE BOARD OF PHARMACY**

LCB File No. R160-10

January 12, 2011

EXPLANATION – Matter in *italics* is new; matter in brackets ~~[omitted material]~~ is material to be omitted.

AUTHORITY: §1, NRS 639.070 and 639.0745.

A REGULATION relating to prescriptions; providing that the requirements of certain federal regulations must be satisfied before a prescription is transmitted electronically; and providing other matters properly relating thereto.

Section 1. NAC 639.7105 is hereby amended to read as follows:

639.7105 Except as otherwise provided in NAC 639.711:

1. A prescription for:
 - (a) A controlled substance listed in schedule II must not be transmitted electronically.
 - (b) A dangerous drug or a controlled substance listed in schedule III, IV or V may be transmitted electronically by a practitioner to a pharmacy.
2. A practitioner shall not transmit a prescription electronically to a pharmacy unless:
 - (a) He is the only person who will have access to the prescription until it is received by the pharmacy; ~~{and}~~
 - (b) The patient:
 - (1) Consents to the transmission of the prescription electronically; and
 - (2) Approves the pharmacy where the prescription will be transmitted ~~{+}~~ ; *and*

(c) All requirements of 21 C.F.R. Part 1311 are satisfied.

3. In addition to the requirements set forth in NRS 639.2353 and 639.2589, a prescription that is transmitted electronically to a pharmacy must include:

(a) The registration number from the Drug Enforcement Administration of the prescribing practitioner if the prescription is for a controlled substance;

(b) The telephone number of the practitioner;

(c) The time and date of the transmission; and

(d) The name of the pharmacy to which the prescription is sent.

4. A pharmacist who receives a prescription that is transmitted electronically shall:

(a) Print a copy of the prescription on paper that is of sufficient quality to last for at least 2 years; and

(b) Keep a copy of the prescription for at least 2 years after he receives the prescription.

5. A pharmacist shall not dispense a prescription that is transmitted electronically until he determines that the prescription complies with the requirements of state and federal law.

6. A prescription that is transmitted electronically and complies with the provisions of this section shall be deemed an original prescription.