

March 30, 2011

AGENDA

◆ PUBLIC NOTICE ◆

NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

at the

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

Wednesday, April 13, 2011 – 9:00 am

Thursday, April 14, 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.

## April 2011 Board Meeting Agenda

- \* 1. Approval of March 2-3, 2011, Minutes
- \* 2. Applications for Out-of-State MDEG – Non Appearance:
  - A. Alere Home Monitoring, Inc. – Livermore, CA
  - B. American Medical Supplies, Inc. – Boca Raton, FL
  - C. Apria Healthcare, Inc. – Cedar City, UT
  - D. Apria Healthcare, Inc. – Salt Lake City, UT
  - E. Apria Healthcare, Inc. – St George, UT
  - F. Medtronic USA, Inc. – Littleton, MA
  - G. NormaTec – Newton Center, MA
  - H. Oxford Diabetic Supply, Inc. – Hampton, NJ
  - I. One Source Medical Supply, LLC – West Palm Beach, FL
  - J. RGH Enterprises, Inc. – Tualatin, OR
  - K. Telcare Medical Supply Inc. – Concord, MA
  - L. Village Medical Supplies, Inc. – Boca Raton, FL

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

- M. Advanced Pharmacy, LLC – Piedmont, SC
- N. A-Med Health Care – Huntington Beach, CA
- O. Franklin Pharmacy LLC – Russellville, AL
- P. High Point Pharmacy – Arlington, TX
- Q. Hometech Therapies, Inc. – Sharon Hill, PA
- R. Oncology Plus, Inc. – Brandon, FL
- S. Veterinary Mart. Corp – Hialeah, FL
- T. Westwood Pharmacy Clinical Services – Richmond, VA

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

- U. Macoven Pharmaceuticals, LLC – Magnolia, TX
- V. Medi-Media, LLC – Carlstadt, NJ
- W. Professional Hospital Supply Inc. – Temecula, CA

### Applications for Nevada Pharmacy – Non Appearance

- X. Innovative Procedural and Surgical Center – Las Vegas
- Y. Sierra HealthMart-Downtown – Reno
- Z. Sierra HealthMart-Incline Village – Incline Village
- AA. Sierra HealthMart-South – Reno
- BB. Walgreens #12488 – Fernley

## April 2011 Board Meeting Agenda

Applications for Nevada Wholesaler – Non Appearance:

- CC. Exel, Inc. – Sparks
- DD. MD Logistics, Inc. – Reno

### ◆ 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. Victor A. Beraja, R.Ph (09-099-RPH-S)
  - B. Victory Pharmacy (09-099-PH-S)
  - C. Joel Forman, R.Ph (10-020-RPH-S)
  - D. CVS/pharmacy #8812 (10-020-PH-S)
  - E. Miguel Martinez, R.Ph (10-088-RPH-S)
  - F. CVS/pharmacy #8807 (10-088-PH-S)
  - G. Thai Vo, R.Ph (11-003-RPH-S)
  - H. CVS/pharmacy #8807 (11-003=PH-S)
  
- \* 4. Request for Pharmaceutical Technician in Training License – Appearance:
  - Michelle Lambert
  
- \* 5. Application for Nevada Wholesaler – Appearance:
  - Benco Dental Supply Co. – Sparks
  
- \* 6. Applications for Out-of-State Pharmacy – Appearance:
  - A. Biomed Pharmaceuticals – Lenexa, KS
  - B. Cantrell Drug Company – Little Rock, AR
  - C. Specialty Therapeutic Care – Houston, TX
  
- \* 7. Request for Controlled Substance License – Appearance:
  - Mohamed O. Saleh, MD
  
- \* 8. Request for Reinstatement of Pharmacist License – Appearance:
  - Matthew Osayaren

## April 2011 Board Meeting Agenda

\* 9. Request for Reinstatement of Pharmaceutical Technician License – Appearance:

Mayra Arreola

\*10. Applications for Nevada MDEG – Appearance:

- A. Global Orthopedics, LLC – Las Vegas
- B. Health Essentials, LLC – Las Vegas
- C. Next Step Medical LLC – Las Vegas
- D. United Seating and Mobility LLC – Las Vegas

\*11. Applications for Nevada Pharmacy – Appearance:

- A. Institutional Pharmacy Solutions – Las Vegas
- B. Valley View Surgery Center – Las Vegas

\*12. Presentation of 50 Year Pharmacist Certificate:

Gerald Mandel, R.Ph

\*13. General Counsel Report

\*14. Executive Secretary Report:

- A. Financial Report
  - i. Personal check issues
- B. Temporary Licenses
- C. Staff Activities
  - i. CE in Reno (3/12)
    - 1. Will repeat in September in Las Vegas
    - 2. CC in June
  - ii. Washoe County Child Death Review Team (4/1)
  - iii. Cancer Drug Donation Program
- D. Reports to Board
  - i. Hillberby Report
  - ii. University of Utah Alcohol & Drug Abuse School
- E. Board Related News
  - i. PMP Interconnect Development – NABP
  - ii. CPE Monitoring Services – NABP
  - iii. AWARxE – added to Website
- F. Activities Report

## April 2011 Board Meeting Agenda

### \*15. Discussion and Determination:

Disciplinary Process

### 16. Next Board Meeting:

June 1, 2011 – Reno

### \*17. 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.

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

Airport Plaza Hotel  
1981 Terminal Way  
Reno

March 2 and 3, 2011

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

### Board Members Present:

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

### Board Members Absent:

### Board Staff Present:

Larry Pinson	Jeri Walter	Carolyn Cramer	Keith Marcher
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## CONSENT 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
  
- 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

Discussion:

The consent agenda applications and supporting documents were reviewed.

Board Action:

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

Second: Kam Gandhi

Action: Passed Unanimously.

Motion: Kirk Wentworth found the minutes accurate and complete and moved for approval.

Second: Kam Gandhi

Action: Passed Unanimously.

### REGULAR AGENDA

3. Disciplinary Actions:

- A. Robert Culliver, R.Ph (10-074-RPH-N)
- B. CVS/pharmacy #9168 (10-074-PH-N)

NOTE: Jody Lewis recused from participation in this matter as she is an employee of CVS.

Mike Dyer was present to represent CVS and Mr. Culliver represented himself.

Carolyn Cramer presented a settlement agreement for the Board's consideration. The details include that Mr. Culliver will plead guilty to the First Cause of Action and CVS will pay a fine of \$1,000.00 on his behalf. For the Second Cause of Action, CVS will work to correct its computer inadequacy and report the results to Board staff. There is no contest from CVS on the Third Cause of Action in owning and operating the pharmacy in which the error in this matter was made.

Mr. Dyer described the procedures CVS requires in their pharmacies and he noted that pharmacy staff did not follow the policies and procedures. CVS will augment their policies and procedures, re-educate pharmacy staff and have them read and initial that they have read and understand the procedures to ensure they are knowledgeable in the standards CVS will implement.

Keith Marcher advised the Board that they could accept or reject the settlement agreement. If they reject the agreement then the parties will begin the hearing process. If they chose to accept the agreement then they need to make a motion.

Board Action:

Motion: Cheryl Blomstrom moved to accept the settlement agreement as presented.

Second: Kam Gandhi

Action: Passed Unanimously

Carolyn Cramer noted for the record that Alayna Helleson had been noticed appropriately, however was not present. Ms. Cramer continued and called Scott Smith to testify.

Scott Smith, detective for the Reno Police Department, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Smith testified that an undercover agent had purchased Norco for \$60.00 from Alayna Helleson. Another buy was arranged but was not effectuated. Officers from the Reno Police Department went to Ms. Helleson's home where Ms. Helleson gave them permission to search her residence. Mr. Smith testified that officers found thirteen different types of drugs in various locations of her home. Officers also questioned Ms. Helleson's boyfriend separately from Ms. Helleson and he showed the officers where drugs were located in her home.

Ms. Cramer presented the Reno Police Department arrest report, which was marked Exhibit 1, and was accepted into the record.

David Vasenden, owner of Don's Pharmacy, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Vasenden testified that Ms. Helleson worked for him and was terminated from employment just prior to Ms. Helleson's arrest. Police officers advised him of her arrest for selling drugs to an undercover agent. Mr. Vasenden indicated that he began to notice controlled substance losses from the pharmacy and was investigating but could not determine how or who was taking the drugs. Ultimately he found that Ms. Helleson was stealing the drugs by putting them in the garbage and taking them out of the pharmacy in that manner. Mr. Vasenden estimated his loss of approximately \$15,000.00 worth of drugs.

Board Action:

Motion: Kam Gandhi moved to find Alayna Helleson guilty of the alleged violations.

Second: Russ Smith

Action: Passed Unanimously

Motion: Kam Gandhi moved to revoke Alayna Helleson's pharmaceutical technician registration.

Second: Russ Smith

Action: Passed Unanimously

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)

Bill Stilling was present to represent Ms. Ingrey and Mr. Traynor. Ray Gates was present to represent Raley's Drug Center #109.

Carolyn Cramer presented a settlement agreement to the Board for their consideration. Ms. Ingry will plead guilty to the First Cause of Action and pay a fine of \$1,000.00 for the alleged violation. Mr. Traynor will plead guilty to the Second Cause of Action and participate in the Your Success Rx program for the alleged violation. Raley's Drug Center #109 will plead guilty to the Third Cause of Action and pay a fine of \$1,000.00 for owning and operating the pharmacy in which the alleged violations occurred.

Mr. Stilling and Mr. Gates agreed that Ms. Cramer accurately represented the settlement agreement.

Board Action:

Motion: Kirk Wentworth moved to accept the settlement agreement as presented.

Second: Cheryl Blomstrom

Action: Passed Unanimously

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

PGxHealth, LLC – New Haven, CT

Deanna Patton appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Patton explained that they do outsourcing of drugs however the Nevada Board of Pharmacy does not have a category for this type of process so they have applied as an out of state wholesaler. PGxHealth does not have drugs and they do not have a physical hands on process – it is all a virtual process from computer to computer. Ms. Patton explained the details of the process to the Board's satisfaction.

Board Action:

Motion: Keith Macdonald moved to approve the out of state wholesaler application for PGxHealth.

Second: Russ Smith

Action: Passed Unanimously

5. Applications for Nevada Pharmacy – Appearance:
  - A. Guided Alliance Pharmacy, Inc. – Reno

Tim McFadden appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. McFadden advised the Board that they provide one patient in Nevada hemophilia products. The patient's insurance provider, Magellan, will not provide payment for the medication unless the patient's pharmacy is physically located in Nevada. Thus, the application, so he can provide the Nevada patient with health care.

Board Action:

Motion: Kam Gandhi moved to approve the application for Nevada pharmacy for Guided Alliance Pharmacy.

Second: Russ Smith

Action: Passed Unanimously

- B. Precision Specialty Pharmacy – Las Vegas

Kelly Green, the managing pharmacist, Eugene Roseman, shareholder, and Mary Grear, pharmacist consultant, appeared and were sworn by President Foster prior to answering questions or offering testimony.

Mr. Green explained that he is a 22 year pharmacist that worked as a pharmacist in the military and 13 years at Merck Medco. Precision Specialty is a compounding pharmacy and he described the products they plan to compound.

Mr. Roseman is a shareholder and stated that he owns the building that they intend to use for the pharmacy. The Board questioned Mr. Roseman about Igor Tsyboulski's participation in Precision Specialty Pharmacy. Mr. Roseman indicated that Mr. Tsyboulski is an investor and chose to help fund this endeavor. Mr. Roseman was asked about his brother, Michael's, malpractice issue. Mr. Roseman indicated that he thought it was an insurance company issue where billing was being done under his wife's name rather than his own. Mr. Roseman assured the Board that patients were being seen and it was an insurance issue.

Board Action:

Motion: Keith Macdonald moved to approve the application for Nevada pharmacy for Precision Specialty Pharmacy.

Second: Jody Lewis

Action: Passed Unanimously

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

Home Care Services, Inc. – Metuchen, NJ

Mike Rigas, chief clinical pharmacist, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Rigas described the business model of Home Care Services and their shipping procedures. They will ship into Nevada from New Jersey and they have almost completed the licensing process in California. They are ACHA accredited and they maintain a JACHO approved clean room. Mr. Rigas indicated that they ship the IVIG products directly to the patient which are then administered by a home care agent.

Board Action:

Motion: Kam Gandhi moved to approve the application for out of state pharmacy to Home Care Services.

Second: Keith Macdonald

Action: Passed Unanimously

7. Application for Nevada Wholesaler – Appearance:

Pacific Medical Prosthetics and Orthotics – Reno

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

It was determined that the wrong application was submitted and the application was tabled until Board staff receives the appropriate paperwork.

8. Applications for Nevada MDEG – Appearance:

A. KCI USA, Inc. – Las Vegas

B. KCI USA, Inc. – Sparks

Harry Boniface appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Boniface described the KCI USA business model and answered questions from the Board to their satisfaction.

Board Action:

Motion: Kam Gandhi moved to accept both Nevada MDEG provider applications for KCI USA.

Second: Cheryl Blomstrom

Action: Passed Unanimously

C. Orthopedic Motion, Inc. – Las Vegas

Brittany Stryker appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Stryker described the Orthopedic Motion business model and answered questions from the Board to their satisfaction.

Board Action:

Motion: Kam Gandhi moved to accept the Nevada MDEG provider application for Orthopedic Motion.

Second: Kirk Wentworth

Action: Passed Unanimously

9. Application for Practitioner Dispensing – Appearance:

Ryan E. Mitchell, DO

Ryan Mitchell and Larry Espadero, PRN-PRN monitor, appeared and were sworn by President Foster prior to answering questions or offering testimony.

Dr. Mitchell was invited to appear before the Board to explain the circumstances of his answering all of the questions on the application for a dispensing license in the affirmative.

Dr. Mitchell explained that he was an impaired physician because of alcohol and substance abuse but he has been sober for two years. Dr. Mitchell advised that he has been in Mr. Espadero's group for almost two years and is in compliance with his

contract. He reviewed the reasons for his arrest in Nevada and indicated that the Michigan Board of Osteopathic Medicine paralleled the action taken by Nevada. Dr. Mitchell discussed the type of dispensing practice he would like to open and planned to dispense age management products, Latisse and other non-narcotic products.

Larry Espadero reported that Dr. Mitchell has accepted responsibility for his recovery and he has consistently produced negative UA's. Mr. Espadero indicated that he has spoken with Dr. Mitchell's previous monitor and they both feel comfortable with his progress. He also indicated that Dr. Mitchell had his family's support in his recovery process.

Board Action:

Motion: Kam Gandhi moved to approve the application for dispensing practitioner for Dr. Mitchell and would like him to report back to the Board upon completion of the PRN-PRN program.

Second: Russ Smith

Action: Passed Unanimously

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

Andrea K. Boucher

NOTE: Keith Macdonald recused from participation as he is an employee of Wal-Mart.

Andrea Boucher appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Boucher advised the Board that there was a misunderstanding with Wal-Mart and she will have a job in the Carson City South Wal-Mart pharmacy. She informed the Board that she was a heroin addict and that she goes to a methadone clinic to maintain her sobriety. Ms. Boucher has a counselor at the clinic where goals are set and attained on a monthly basis. She indicated that she is drug tested regularly and she has been successfully titrating down on her methadone doses. Ms. Boucher indicated that she should complete her program at the methadone clinic in approximately one year at the rate she is decreasing her methadone dosage. Ms. Boucher stated that she had serious issues in her life that led her to begin using heroin, but she was doing well now.

The Board tabled Ms. Boucher's request for a pharmaceutical technician in training application until she is evaluated by PRN-PRN. Ms. Boucher was also asked to provide documentation from the methadone clinic verifying her progress.

11. Your Success Rx Presentation:

Katie Johnson, R.Ph

Katie Johnson gave a presentation for the benefit of the new Board members to enlighten them on the Your Success Rx program.

12. Request for Waiver:

Al Carter – Walgreens

Mr. Carter cancelled his request for an appearance.

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

Jiansheng Li, R.Ph

Hal Taylor and Jiansheng (Jason) Li appeared to report on the Texas Board of Pharmacy disciplinary procedures. Mr. Taylor explained the Texas model, allowing that they do not have disciplinary hearings in a public forum. Mr. Li advised that he attended one of the Texas meetings and they addressed licensing issues, thieving technician problems, and the Board president gave an overview of discipline. Mr. Li advised the Board that he feels he is a more responsible pharmacist now and has used this circumstance as a learning experience.

14. NABP Annual Meeting:

Elect Delegates

Board Action:

Motion: Kirk Wentworth moved to elect Russ Smith as the Delegate for the NABP Annual Meeting and himself for the Alternate.

Second: Kam Gandhi

Action: Passed Unanimously

15. General Counsel Report:

Legislative Update

Carolyn Cramer reported that the Nevada Board of Pharmacy has been asked to review several bill draft requests to provide fiscal impact statements to the legislature. Ms. Cramer also reported that she testified in support of SB 114, the bill that was forwarded to the Legislative Committee on Health Care from the Interim Study Group that was

formed by AB 326 to address prescription drug abuse in Nevada. Larry Pinson also testified before the Committee in support of SB 37.

16. Executive Secretary Report:

A. Financial Report

1. Treasurer's Report

Larry Pinson gave the financial report to the Board's satisfaction. Keith Macdonald detailed his meeting with Board staff regarding his inspection of the financial records.

B. Temporary Licenses

There were no temporary licenses issued since the last Board meeting.

C. Staff Activities

1. CPhA Meeting (2/13)

Mr. Pinson advised the Board that he spoke at the CPhA meeting in Palm Springs regarding our Inspecting for Safety practices. While attending that meeting, he was invited to speak in Montreal, however he was unable to accept that invitation due to scheduling conflicts.

D. Reports to Board

1. Letter to Tech Schools

Mr. Pinson noted that he sent a letter to the pharmaceutical technician schools addressing the issue of qualifying students before accepting them into their programs. He suggested that the students apply for technician in training registrations with the Board of Pharmacy prior to enrollment to ensure they meet the requirements. Mr. Pinson advised that the suggestion was well received.

E. Board Related News

Larry Pinson noted that he sent a letter to Governor Sandoval requesting approval to move forward with the Public Hearing since he had issued an Executive Order establishing a freeze on proposed regulations. Mr. Pinson believed that the regulations under consideration would qualify for the exemption detailed in the Executive Order because they affect public health and safety as well as being necessary to comply with federal law. We did get verbal approval to conduct the Public Hearing from the Governor's office.

The Board was provided with Fred Hillerby's report on legislative activities.

Mr. Pinson advised the Board that he hired Ken Scheubert to fill the investigator vacancy in the Las Vegas office caused by Fred Ackermann's retirement. He also indicated that he asked Ray Seidlinger to manage the office and that he enthusiastically accepted the assignment.

Russ Smith reported that he, Cheryl Blomstrom and Keith Macdonald visited the Task Force. He commended Joanee Quirk, Lisa Adams and Jenine Davis for their presentation to enlighten them about the purpose and function of the Task Force. They feel it is a good program and pleased that it is not law enforcement driven.

President Foster reported that she had the opportunity to meet with Governor Sandoval at the VA Hospital Pharmacy. She indicated that he was very supportive of their work and future plans for growth for the hospital and pharmacy. Governor Sandoval also praised Larry Pinson and the Board for their continuing work to ensure public safety.

F. Activities Report

17. Discussion and Determination – Appearance:

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

Mr. Ferrari appeared and noted that he was not in favor of scheduling pseudoephedrine as proposed in a BDR that is currently being presented by Senator Sheila Leslie during this legislative session. He indicated it would impact pharmacy staff and make it inconvenient and costly for the public to have to see their physician to get a prescription if they get a cold. Mr. Ferrari indicated that he represents the Consumer Healthcare Products Association (CHPA) and he is promoting the National Precursor Log Exchange (NPLEx) Tracking System. He stated that it is a multi-state e-tracking system that has been implemented by ten states nationwide and is supported by law enforcement. Mr. Ferrari described how the system worked to stop smerfers from obtaining large quantities of products necessary to make methamphetamine.

Mr. Pinson advised Mr. Ferrari that the Board had agreed to support Senator Leslie's bill draft to schedule pseudoephedrine at the January Board meeting. After discussion, the following motion was made.

Board Action:

Motion: Keith Macdonald moved to support any effective mechanism, such as the prescription monitoring program or NEPLEx, to control illegal sales of pseudoephedrine in Nevada.

Second: Cheryl Blomstrom

Action: Passed Unanimously

PUBLIC HEARING

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.

President Foster opened the Public Hearing.

Diane Machen, Washoe County Sheriff's Forensic Science Department, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Machen expressed support for adopting this amendment and indicated that there will be additional compounds arise that will require scheduling as time goes on. Ms. Machen brought additional examples of purchases she had made from head shops in town that contain the products being considered for adoption today. She also indicated they are seeing more abuse in Washoe County.

President Foster closed the Public Hearing and asked for a motion.

Board Action:

Motion: Cheryl Blomstrom moved to adopt this regulation amendment as presented.

Second: Keith Macdonald

Action: Passed Unanimously

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.

President Foster opened the Public Hearing.

There was no public comment.

President Foster closed the Public Hearing and asked for a motion.

Board Action:

Motion: Kam Gandhi moved to adopt this regulation amendment as presented.

Second: Cheryl Blomstrom

Action: Passed Unanimously

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

President Foster opened the Public Hearing.

There was no public comment.

President Foster closed the Public Hearing and asked for a motion.

Board Action:

Motion: Russ Smith moved to adopt this regulation amendment as presented.

Second: Jody Lewis

Action: Passed Unanimously

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

President Foster opened the Public Hearing.

There was no public comment.

President Foster closed the Public Hearing and asked for a motion.

Board Action:

Motion: Keith Macdonald moved to adopt this regulation amendment as presented.

Second: Kirk Wentworth

Action: Passed Unanimously

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.

President Foster opened the Public Hearing.

There was no public comment.

President Foster closed the Public Hearing and asked for a motion.

The Board discussed the pros and cons of electronic prescribing. Mr. Pinson noted that the DEA was very close to approving at least one of the two agencies that would be authorized to transmit prescriptions electronically. If the prescription being electronically prescribed by the practitioner is through one of the DEA authorized agents the prescription is good.

Board Action:

Motion: Keith Macdonald moved to adopt this regulation amendment as presented.

Second: Cheryl Blomstrom

Action: Passed Unanimously

19. Next Board Meeting:

April 13-14, 2011 – Las Vegas

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

Liz Macmenamin came to the table to request that the Board prepare an emergency regulation with reference to the Wal-Mart v. Sanchez matter that has been brought to the Board's attention numerous times. President Foster noted that when Ms. Macmenamin and Mr. Amodei appeared at the December 2010 Board meeting it was determined that Board staff would work with interested parties by forming a committee and to meet with Brenda Erdoes at the Legislative Counsel Bureau. Larry Pinson formed a committee of Liz Macmenamin, Mark Amodei, Cheryl Blomstrom, Fred Hillerby and Beth Foster. First and foremost, Carolyn Cramer and Mark Amodei will meet with Brenda Erdoes and after that meeting a committee meeting will be called to discuss the findings. To date, Mark Amodei has not contacted Carolyn Cramer to affect a meeting with Brenda Erdoes.

Robert Long appeared and asked the Board when they planned to begin working on updating the hospital regs. He stated that he was asked to be on a committee to begin the process, however he had not heard when that process was slated to begin. Mr. Long was advised that the committee had not met as yet, and that the Governor has put a freeze on all regulations until 2012. Mr. Long also asked about the Telepharmacy regulations and he was advised that they had been adopted and that we would provide him with a copy of them.

Keith Macdonald directed Board staff to include a Discussion and Determination item on the agenda for the April Board meeting regarding disciplinary procedures.

Blank



**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 <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: AMERICAN MEDICAL SUPPLIES, INC.  
Physical Address: 751 PARK OF COMMERCE DRIVE #126 BOCA RATON, FL. 33486  
(This must be a business address, we can not issue a license to a home address)  
Mailing Address: P.O. Box 294009  
City: BOCA RATON State: FL Zip Code: 33429-4009  
Telephone Number: 561-362-7105 Fax Number: 561-367-7775  
E-mail: GARY@AMSDIABETIC.COM Website: \_\_\_\_\_

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

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

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

Name: GARY M. JANSON

**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 | <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. MAIL ORDER SUPPLIES ONLY

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Page 1-2010

56405  
1264

**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 <input checked="" type="checkbox"/>	Name Change <input checked="" type="checkbox"/>	Location Change _____	MP00729
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**FACILITY INFORMATION**

Facility Name: Apria Healthcare, Inc.

Physical Address: 987 N Main St., Suite 5, Cedar City, UT 84721  
(This must be a business address, we can not issue a license to a home address)

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

City: Lake Forest State: CA Zip Code: 92630

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

E-mail: Ruth\_Bindrup@apria.com Website: N/A

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: 800 to 500 Tue: 800 to 500 Wed: 800 to 500 Thu: 800 to 500  
Fri: 800 to 500 Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

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

Name: James Donohue

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

- |  |   |
|--|---|
| <input checked="" 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 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: Marc Abbott Telephone: 702 730-6345 Page 1-2010

**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 MP00730

**FACILITY INFORMATION**

Facility Name: Apria Healthcare, Inc.

Physical Address: 235 E. 6100 S., Salt Lake City, UT 84107

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

Ruth Bindrup, Attn: Clinical Services-Licensing

Mailing Address: 26220 Enterprise Court

City: Lake Forest

State: CA

Zip Code: 92630

Telephone Number: 949-639-2145

Fax Number: 949-639-6376

E-mail: Ruth\_Bindrup@apria.com

Website: N/A

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: 8:00 to 6:00 Tue: 8:00 to 6:00 Wed: 8:00 to 6:00 Thu: 8:00 to 6:00

Fri: 8:00 to 6:00 Sat:     to     Sun:     to     Holidays:     to    

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

Name: Randy DeClue

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

Medical Gases\*\*

Assistive Equipment

Respiratory Equipment\*\*

Parenteral and Enteral Equipment\*\*

Life-sustaining equipment\*\*

Orthotics and Prosthesis

Diabetic Supplies

Other: \_\_\_\_\_

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

Name: Marc Abbott

Telephone: 702 730-6345

**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 <input checked="" type="checkbox"/>	Name Change <input checked="" type="checkbox"/>	Location Change _____	MP00671
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**FACILITY INFORMATION**

Facility Name: Apria Healthcare, Inc.

Physical Address: 1509 S 270 E Ste 9, St George, UT 84790  
(This must be a business address, we can not issue a license to a home address)

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

City: Lake Forest State: CA Zip Code: 92630

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

E-mail: Ruth\_Bindrup@apria.com Website: N/A

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: 800 to 500 Tue: 800 to 500 Wed: 800 to 500 Thu: 800 to 500

Fri: 800 to 500 Sat: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

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

Name: James Donohue

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

- |  |   |
|--|---|
| <input checked="" 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 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: Marc Abbott Telephone: 702 730-6345 Page 1-2010

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE MDEG WHOLESALER**  
**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: Medtronic USA, Inc.

Physical Address: 300 Foster Street  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 300 Foster Street

City: Littleton State: MA Zip Code: 01460

Telephone Number: 978-698-6018 Fax Number: 978-698-6090

E-mail: seth.kuzdzal@medtronic.com Website: www.medtronic.com

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: 9:00 to 5:00 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5  
Fri: 9 to 5 Sat: to Sun: to Holidays: to

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

Name: Seth Kuzdzal

**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 Prosethetics       |
| <input type="checkbox"/> Diabetic Supplies         | Other: <u>medical devices &amp; instrumentation</u>       |

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1248

**NEVADA STATE BOARD OF PHARMACY**

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

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

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

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New MDEG Provider  Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_  
(Please provide current license number if making change: MP \_\_\_\_\_)

**FACILITY INFORMATION**

Facility Name: NORMATEC INDUSTRIES, LP (dba NormaTec)

Physical Address: 44 GLEN AVENUE, NEWTON CENTER, MA 02459

Mailing Address: 44 GLEN AVENUE

City: NEWTON CENTER State: MA Zip Code: 02459

Telephone Number: (800) 335-0960 Fax Number: (866) 292-2579

**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: \_\_\_\_\_ to \_\_\_\_\_ Sun: \_\_\_\_\_ to \_\_\_\_\_ Holidays: \_\_\_\_\_ to \_\_\_\_\_

**FACILITY ADMINISTRATOR INFORMATION**

Name: LAURA F. JACOBS, MD, PhD President, CEO

Address: 44 GLEN AVENUE

City: NEWTON, CENTER State: MA Zip Code: 02459

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

- Medical Gases
- Respiratory Equipment
- Life-sustaining equipment
- Other: Pneumatic Compression Device (E0652); Full Leg and Arm appliances (E0667 & E0668)
- Assistive Equipment
- Parenteral and Enteral Equipment
- Orthotics and Prosthesis

If providing life-sustaining equipment, provide a 24-hour contact number: ( \_\_\_\_\_ ) N/A

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56356  
1258

**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: OXFORD DIABETIC SUPPLY INC

Physical Address: 53 FRONTAGE ROAD SUITE 100, HAMPTON, NJ  
(This must be a business address, we can not issue a license to a home address) 08827

Mailing Address: AS ABOVE

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: 877 391 9131 Fax Number: 866 935 0990

E-mail: svitlana@odsnj.com Website: oxforddiabetic.com

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

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

Fri: 9 to 5 Sat: to  
CLOSED Sun: to  
CLOSED Holidays: to N/A

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

Name: SVITLANA LETKO

**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 | <input checked="" type="checkbox"/> Other: <u>Back Brace, Heating Pad, Lift Cush</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: ROBERT FLORES Telephone: 866 216 5308 Page 1-2010

56351  
1256

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

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: ONE SOURCE MEDICAL SUPPLY, LLC

Physical Address: 3676 COLLIN DRIVE, SUITE 2, WEST PALM BEACH, FL 33406  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3676 COLLIN DRIVE, SUITE 2

City: WEST PALM BEACH State: FL Zip Code: 33406

Telephone Number: (888) 258-7080 Fax Number: (888) 881-5950 OR (561) 207 781

E-mail: LCHAN@OSMSPL.COM / LINDANCHAN@YANCO.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: / to / Sun: / to / Holidays:    to   

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

Name: STEVEN CAMHI

**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 checked="" 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

56364  
1261

**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: RGH Enterprises, Inc.  
Physical Address: 21051 SW 115th Ave. Tualatin, OR 97062  
(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: 503-612-7722 Fax Number: 330-405-6697  
E-mail: rghlicensure@rghent.com Website: www.indemed.com; www.edgepark.com

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: 9:30AM-5:00PM to to Tue: 9:30AM-5:00PM to to Wed: 9:30AM-5:00PM to to Thu: 9:30AM-5:00PM to to  
Fri: 9:30AM-5:00PM to to Sat: to to to Sun: to to to Holidays: to to to

**FACILITY ADMINISTRATOR INFORMATION**

Name: Timothy Lakritz  
Address: 21051 SW 115th Ave.  
City: Tualatin State: OR Zip Code: 97062

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

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56266

**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: TELCARE MEDICAL SUPPLY, Inc.

Physical Address: 150 BAKER AVE. EXT. Sk. 300 CONCORD, MA 01942  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 150 BAKER AVE EXT. Sk. 300

City: CONCORD State: MA Zip Code: 01942

Telephone Number: 978-610-2230 Fax Number: 978-832-1070

E-mail: info@mytelcare.com Website: mytelcare.com

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: 9 to 5:30pm Tue: 9 to 5:30 Wed: 9 to 5:30 Thu: 9 to 5:30  
Fri: 9 to 5:30pm Sat: - to - Sun: - to - Holidays: - to -

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

Name: CARLOS FAmADAS

**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 Prosethics
- 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

56357  
1260

**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: VILLAGE MEDICAL SUPPLIES, INC

Physical Address: 751 PARK OF COMMERCE DRIVE SUITE 122  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 751 PARK OF COMMERCE DRIVE SUITE 122

City: BOLA RATON State: FL Zip Code: 33487

Telephone Number: 561-338-9700 Fax Number: 561-338-8844

E-mail: TIMOTHY@VILLAGEDIABETIC.COM Website: -

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

Mon: 8:30 to 5:00 Tue: 8:30 to 5:00 Wed: 8:30 to 5:00 Thu: 8:30 to 5:00

Fri: 8:30 to 5:00 Sat: - to - Sun: - to - Holidays: - to -

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

Name: TIMOTHY CRACCHIOLO

**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 Prosethics
- 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

56406  
1265



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

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

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

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

**GENERAL INFORMATION**

Pharmacy Name: A-Med Health Care

Physical Address: 5302 Rancho Rd

Mailing Address: same

City: Huntington Beach State: CA Zip Code: 92647-2069

Telephone Number: 800 552-2633 Fax Number: 800 992-6331

Toll Free Number: 800 228-3643

E-mail: rx@a-medrx.com Website: www.a-med.com

Managing Pharmacist: George Kridner, IV License Number: 49809

**Hours of Operation:**

Monday thru Friday 7 am 7 pm                      Saturday 8 am 4 pm

Sunday on-call am \_\_\_\_\_ pm                      24 Hours on-call

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

Received: MAR 09 2011 Check Number: 141 Amount: 500.00

56181  
3323

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

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

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New Pharmacy  Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_  
(Please provide current license number if making changes: PH \_\_\_\_\_)

**GENERAL INFORMATION**

Pharmacy Name: Franklin Pharmacy LLC  
Physical Address: 361 Mustang Dr Russellville, AL 35654  
Mailing Address: 361 Mustang Dr  
City: Russellville State: AL Zip Code: 35654  
Telephone Number: 256.398.8686 Fax Number: 888-482-1132  
Toll Free Number: 888-482-3972  
E-mail: opcrx@yahoo.com Website: \_\_\_\_\_  
Managing Pharmacist: Timothy Aaron License Number: AL#10300

**Hours of Operation:**

Monday thru Friday 8:00am 6:00pm Saturday 8:00am 2:00pm  
Sunday CLOSEDam CLOSEDpm 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 10 2009 Check Number: 166 Amount: 500.00

56118  
3314

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE PHARMACY 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 Pharmacy <input checked="" type="checkbox"/>	Ownership Change <input type="checkbox"/>	Name Change <input type="checkbox"/>	Location Change <input type="checkbox"/>
(Please provide current license number if making changes: PH _____)			

**GENERAL INFORMATION**

Pharmacy Name: High Point Pharmacy  
 Physical Address: 800 W. Arbrook #140, Arlington, TX 76015  
 Mailing Address: 5500 E. Loop 820 S., Ste 102, Fort Worth, TX 76119  
 City: Arlington State: Tx Zip Code: 76015  
 Telephone Number: (817) 466-3607 Fax Number: (817) 466-3608  
 Toll Free Number: (866) 466-3607  
 E-mail: highpoint@receptrx.com Website: www.receptrx.com  
 Managing Pharmacist: Loren Beechner License Number: 23741

**Hours of Operation:**

Monday thru Friday 8:00 am 6:00 pm      Saturday — am — pm  
 Sunday — am — pm      24 Hours NO

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

Received: FEB 23 2011 Check Number: 559 Amount: 500.00

56117  
3315

**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: Homotech Therapies, Inc  
 Physical Address: 501 Elmwood Ave. Sharon Hill PA 19079  
 Mailing Address: 501 Elmwood Avenue  
 City: Sharon Hill State: PA Zip Code: 19079  
 Telephone Number: 610-586-5084 Fax Number: (610)586-5088  
 Toll Free Number: 877-586-3816  
 E-mail: info@homotech-rx.com Website: www.Homotech-rx.com  
 Managing Pharmacist: MARK ALAN Strollo License Number: RP031027L

**Hours of Operation:**

Monday thru Friday 9 am 5:30 pm Saturday 9 am 1 pm  
 Sunday oncall 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 checked="" 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 23 2011 Check Number: 926 Amount: 500.00

56119  
3316

**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: Oncology Plus Inc.

Physical Address: 1070 E Brandon Blvd.

Mailing Address: Same.

City: Brandon State: 81 Zip Code: 33511

Telephone Number: 877-410-0779 Fax Number: 866-833-0595

Toll Free Number: 877-410-0779

E-mail: DMason@OncologyPlus.com Website: OncologyPlus.com

Managing Pharmacist: Maribeth Alexander License Number: PS34148

**Hours of Operation:**

Monday thru Friday 9 am 7 pm

Saturday Closed am \_\_\_\_\_ pm

Sunday 3 am 11 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: MAR 16 2011 Check Number: 012 Amount: 500-

56331

3334

**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: VETERINARY MART. CORP.

Physical Address: 9500 NW 79 AVE SUITE 4

Mailing Address: \_\_\_\_\_

City: HIALEAH State: FL Zip Code: 33016

Telephone Number: 305-764-3341 Fax Number: 786-422-6545

Toll Free Number: 877-421-8387 Free FAX: 877-503-8387

E-mail: ALLVETMED.COM@GMAIL.COM Website: WWW.ALLVETMED.COM

Managing Pharmacist: [Signature] License Number: PS37955

EDUARDO LOPEZ PHARM D. P.I.C.

**Hours of Operation:**

Monday thru Friday 9:00 am 5:00 pm Saturday 9:00 am 2:00 pm  
 Sunday \_\_\_\_\_ am \_\_\_\_\_ pm 24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

<input checked="" type="checkbox"/> Retail	<input type="checkbox"/> Off-site Cognitive Services
<input type="checkbox"/> Hospital (# beds _____)	<input type="checkbox"/> Parenteral
<input checked="" 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: MAR 15 2011 Check Number: 425 Amount: 500.00

56222  
 .3330

**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: WESTWOOD PHARMACY CLINICAL SERVICES  
 Physical Address: 5823 PATTERSON AVENUE SUITE A  
 Mailing Address: 5823 PATTERSON AVENUE  
 City: RICHMOND State: VA Zip Code: 23226  
 Telephone Number: 804-288-1933 Fax Number: 804-288-1510  
 Toll Free Number: 866-996-6379  
 E-mail: SPAL@WESTWOODPHARMACY.COM Website: \_\_\_\_\_  
 Managing Pharmacist: SHUBHRO PAL License Number: 0202204649

**Hours of Operation:**

Monday thru Friday 8 am 5 pm Saturday 8 am 5 pm  
 Sunday ~~8~~ am \_\_\_\_\_ pm 24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

- |  |  |
|--|--|
| <input type="checkbox"/> Retail                    | <input type="checkbox"/> Off-site Cognitive Services |
| <input type="checkbox"/> Hospital (# beds _____)   | <input type="checkbox"/> Parenteral                  |
| <input type="checkbox"/> Internet                  | <input type="checkbox"/> Parenteral (outpatient)     |
| <input type="checkbox"/> Nuclear                   | <input type="checkbox"/> Outpatient/Discharge        |
| <input 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: MAR 24 2011 Check Number: 307 Amount: 500.00

56394  
3352

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

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

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

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

**GENERAL INFORMATION**

Facility Name: Macoven Pharmaceuticals, LLC  
Physical Address: 33219 Forest West Dr.  
Mailing Address: same  
City: Magnolia State: TX Zip Code: 77354  
Telephone Number: 877-622-6836 Fax Number: 832-934-1857  
Toll Free Number: 877-622-6836  
E-mail: cindyadams@macovenpharma.com Website: www.macovenpharma.com  
Facility Manager: Cooper Collins  
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: MAR 15 2011 Check Number: 103 Amount: 500.00

PT

56211  
2083

**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 <input checked="" type="checkbox"/>	Name Change <input checked="" type="checkbox"/>	Location Change _____
(Please provide current license number if making changes: <u>WHD1312</u> )			

**GENERAL INFORMATION**

Facility Name: Med:Media, LLC

Physical Address: 350 Starke Road, Ste 100, Carlstadt, NJ 07072

Mailing Address: Same as above

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: 201-231-6100 Fax Number: 201-231-6299

Toll Free Number: \_\_\_\_\_

E-mail: dbourdeau-oscar@med.media.com Website: www.medimedia.com

Facility Manager: Gerri Treacy

Professional qualifications and experience of facility manager: See attachment F

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies       Practitioners       Hospitals       Wholesalers

Type of Products to be handled or wholesaled:

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

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

<b>Board Use Only</b>		
Received: _____	Check Number: <u>1074</u>	Amount: <u>500.00</u>

*VIAWD*

**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

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

Facility Name: Professional Hospital Supply Inc.

Physical Address: 42500 Winchester Road

Mailing Address: Same as above

City: Temecula State: CA Zip Code: 92590

Telephone Number: 951-296-2600 Fax Number: 951-296-2622

Toll Free Number: N/A

E-mail: shuber@phsyes.com Website: www.phsyes.com

Facility Manager: David Sevenikar

Professional qualifications and experience of facility manager: Over 17 years experience managing a wholesale facility in the distribution of drugs. Manages 500+ employees in the warehousing and distribution of 100,000 different items, including dangerous drugs. Responsible for training & monitoring of the dangerous drug control program  
Types of licensed outlets or authorized persons firm will serve: for his employees and supervisors.

- Pharmacies       Practitioners       Hospitals       Wholesalers  
 Other: \_\_\_\_\_

Type of Products to be handled or wholesaled be firm:

- Legend Pharmaceuticals, Supplies or Devices       Hypodermic Devices  
 Poisons or Chemicals       Veterinary Legend Drugs  
 Controlled Substances (include copy of DEA)  
 Other: \_\_\_\_\_

<b>Board Use Only</b> Received: <u>JAN 11 2011</u> Check Number: <u>500.</u> Amount: <u>500.00</u>
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55784  
2040

**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

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New Pharmacy  Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_  
 (Please provide current license number if making changes: PH: \_\_\_\_\_)

**GENERAL INFORMATION** Woodward Ave, LLC -  
 Pharmacy Name: DA Innovative Procedural and Surgical Center  
 Physical Address: 9920 W. Cheyenne #120 LV NV 89129  
 Mailing Address: Same as above  
 City: LV State: NV Zip Code: 89129  
 Telephone Number: 702-316-2281 (Temp) Fax Number: 702-316-2272 (Temp)  
 Toll Free Number: N/A  
 E-mail: N/A Website: N/A  
 Managing Pharmacist: Mary Grear License Number: \_\_\_\_\_

**Hours of Operation:**  
 Monday thru Friday 7 am 4 pm Saturday \_\_\_\_\_ am \_\_\_\_\_ pm  
 Sunday \_\_\_\_\_ am \_\_\_\_\_ pm 24 Hours N/A

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

**Board Use Only**  
 Received: MAR 23 2011 Check Number: 148 Amount: 500.00

56396  
3357

**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

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New Pharmacy \_\_\_\_\_ Ownership Change \_\_\_\_\_ Name Change  Location Change \_\_\_\_\_  
(Please provide current license number if making changes: PH 012466)

**GENERAL INFORMATION**

Pharmacy Name: Sierra Health Mart - Downtown

Physical Address: 501 Ralston St

Mailing Address: \_\_\_\_\_

City: Reno State: NV Zip Code: 89503

Telephone Number: 775-329-2000 Fax Number: 775-329-6716

Toll Free Number: \_\_\_\_\_

E-mail: sierra@sierrahm.com Website: www.SierraHealthMart.com

Managing Pharmacist: Charles Edward Boisselle, Jr. License Number: 12486

**Hours of Operation:**

Monday thru Friday 8:30am 7pm Saturday \_\_\_\_\_am \_\_\_\_\_pm  
Sunday \_\_\_\_\_am \_\_\_\_\_pm 24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

**Board Use Only**

Received: MAR 28 2011 Check Number: 303 Amount: 500.00

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 X Location Change \_\_\_\_\_  
(Please provide current license number if making changes: PH 1587)

**GENERAL INFORMATION**

Pharmacy Name: Sierra Health Mart Pharmacy - Incline Village

Physical Address: 898 TAMAGOF Street

Mailing Address: \_\_\_\_\_

City: Incline Village State: NV Zip Code: 89451

Telephone Number: 775 831 1133 Fax Number: 775 831 2228

Toll Free Number: 888 244 8761

E-mail: Sierra@takecompounds.com Website: www.sierrahealthmart.com

Managing Pharmacist: BRANT SKANSON License Number: 11148 NV

**Hours of Operation:**

Monday thru Friday 9 am 6 pm Saturday \_\_\_\_\_ am \_\_\_\_\_ pm  
Sunday \_\_\_\_\_ am \_\_\_\_\_ pm 24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

**Board Use Only**

Received: MAR 23 2011 Check Number: 303 Amount: 500.00

**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 X Location Change \_\_\_\_\_  
(Please provide current license number if making changes: PH 02377)

**GENERAL INFORMATION**

Pharmacy Name: Sierra HealthMart South  
Physical Address: 8040 S. Virginia St #3  
Mailing Address: \_\_\_\_\_  
City: Reno State: NV Zip Code: 89511  
Telephone Number: 775-853-3500 Fax Number: 775-853-3501  
Toll Free Number: 888-882-8801  
E-mail: Sierra@sierrahm.com Website: www.SierraHealthMart.com  
Managing Pharmacist: David Vasenden License Number: 13914

**Hours of Operation:**

Monday thru Friday 9 am 6 pm Saturday \_\_\_\_\_ am \_\_\_\_\_ pm  
Sunday \_\_\_\_\_ am \_\_\_\_\_ pm 24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

**Board Use Only**

Received: MAR 28 2011 Check Number: 303 Amount: 500.00

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR NEVADA PHARMACY LICENSE**  
**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: Walgreens #12488

Physical Address: 1280 US HIGHWAY 95A N

Mailing Address: P.O. Box 901, Deerfield, IL 60015

City: FERNLEY State: NV Zip Code: 89408

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Toll Free Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

Managing Pharmacist: Angel Malabanan License Number: 16245

**Hours of Operation:**

Monday thru Friday 8 am 10 pm      Saturday 9 am 6 pm  
Sunday 10 am 6 pm      24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

**Board Use Only**

Received: FEB 23 2011 Check Number: 857 Amount: 500.00

56125  
3317

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR NEVADA WHOLESALER 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: Exel Inc

Physical Address: 802 Brierley Way, Suite 105

Mailing Address: \_\_\_\_\_

City: Sparks      State: NV      Zip Code: 89431

Telephone Number: 775-353-5802      Fax Number: T80

Toll Free Number: N/A

E-mail: tony.jacobs@exel.com      Website: www.exel.com

Facility Manager: Anthony Jacobs

Professional qualifications and experience of facility manager: Typical at Exel Pharma site - see attached resume / Application to be the Designated Rep

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: OTC with Precursors / OTC

**Board Use Only**

Received: MAR 2 2011      Check Number: 612      Amount: 500

56362  
2088

**NEVADA STATE BOARD OF PHARMACY**

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

**APPLICATION FOR NEVADA WHOLESALER 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 <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: MD Logistics, Inc.

Physical Address: 12125 Moya Blvd.

Mailing Address: 12125 Moya Blvd.

City: Reno State: NV Zip Code: 89506

Telephone Number: Pending Fax Number: Pending

Toll Free Number: Pending

E-mail: rgrange@mdlogistics.com Website: www.mdlogistics.com

Facility Manager: Nick Nading

Professional qualifications and experience of facility manager: > 6,000 hours experience working for wholesaler.

Types of licensed outlets or authorized persons firm will serve:

- Pharmacies
- Practitioners
- Hospitals
- Wholesalers
- Other: Sales representatives for clients

Type of Products to be handled or wholesaled be firm:

- Legend Pharmaceuticals, Supplies or Devices
- Poisons or Chemicals
- Controlled Substances (include copy of DEA)
- Other: \_\_\_\_\_
- Hypodermic Devices
- Veterinary Legend Drugs
- Parenterals

<b>Board Use Only</b>		
Received: <u>MAR 16 2011</u>	Check Number: <u>181</u>	Amount: <u>500-</u>

182

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56330

2087

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**v.**

**NOTICE OF INTENDED ACTION  
AND ACCUSATION**

**VICTOR A. BERAJA, RPH.  
Certificate of Registration No. 12967**

**Case No. 09-099-RPH-S**

**VICTORY PHARMACY  
Certificate of Registration No. PH02108  
Respondents.**

**Case No. 09-099-PH-S**

---

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and make the following that will serve as both a Notice of Intended Action under Nevada Revised Statutes (NRS) 233B.127(3) and as an Accusation under NRS 639.241.

**I.**

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Victor A. Beraja is a registered pharmacist with the Board and Victory Pharmacy, located at 4161 South Eastern Avenue #A-3, in Las Vegas, Nevada, is a registered pharmacy with the Board.

**II.**

On or about October 21, 2009, the Nevada State Board of Pharmacy received a complaint from Dr. Phil Chen, DO. In Dr. Chen's complaint he alleged that Victory Pharmacy early refilled his patient, Patient P's prescription for Lortab 10/500 without his authorization.

**III.**

During the investigation of this matter it was learned that Patient P appeared at Victory Pharmacy on October 6, 2009 as Mr. Beraja was arriving for work.

Patient P indicated that she had just been released from the hospital, showing Mr. Beraja her hospital wrist band, and indicated that she needed to get her prescription for Lortab refilled. She advised Mr. Beraja that Walgreens, who usually fills her prescriptions, did not believe that she was ill and refused to refill the prescription for Lortab that she had there, because it was too early. Patient P was throwing up in Mr. Beraja's pharmacy waiting room during this time and Mr. Beraja concluded that Patient P was indeed ill. Mr. Beraja called Walgreens and had Patient P's prescription for Lortab transferred to Victory Pharmacy. The prescription was originally filled at Walgreens on September 16, 2009. Mr. Beraja did not contact Dr. Chen to obtain authorization to refill Patient P's prescription, even though the prescription should not have been refilled until October 16, 2009. Mr. Beraja indicated in a written statement that he used his professional judgment in filling the prescription early as he was convinced that Patient P was genuinely ill.

#### **FIRST CAUSE OF ACTION**

##### IV.

In refilling Patient P's prescription for Lortab 10/500 early without her physician's authorization, Mr. Beraja violated Nevada Revised Statutes (NRS) 210(1), and/or (4) and/or 639.2394 and/or 639.2396 and/or Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i).

#### **SECOND CAUSE OF ACTION**

##### V.

In owning and operating the pharmacy in which the prescription for Lortab 10/500 was refilled and dispensed to Patient P early and without her physician's authorization, Victory Pharmacy violated NRS 639.210(4) and/or NAC 639.945(1)(d) 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 15<sup>th</sup> day of March, 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 (10) days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**v.**

**STATEMENT TO THE RESPONDENT  
NOTICE OF INTENDED ACTION  
AND ACCUSATION  
RIGHT TO HEARING  
Case No. 09-099-RPH-S**

**VICTOR A. BERAJA, RPH  
Certificate of Registration No. 12967,**

**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, April 13, 2011 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 13<sup>th</sup> day of March, 2011.

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF  
PHARMACY,  
Petitioner,

ANSWER AND NOTICE OF DEFENSE

Vs.

VICTOR A. BERAJA, R. Ph.,  
Certificate of Registration No 12967

Case No. 09-099-RPH-S

VICTORY PHARMACY  
Certificate of Registration No. PH02108,  
Respondents

Case No. 09-099-PH-S

**COME NOW VICTOR A BERAJA, Certificate of Registration #12967, and VICTORY PHARMACY, Certificate of Registration # PH02108 and hereby declare as follows:**

1. That a hearing on the Notice of Intended Action and Accusation is requested.
2. That as to the First Cause of Action, Respondent VICTOR A. BERAJA does not deny refilling Patient P's prescription for Lortab 10/500 early without her physician's authorization, and did so in the best interest of the patient. Therefore, Mr. BERAJA believes he committed no crime against public interest, he is of good moral character, and did not act unprofessionally. Furthermore, while Mr. BERAJA admits the early refill, a single action is not evidence that he is incompetent, unskillful or negligent.
3. Respondent Mr. BERAJA asks that the Board consider mitigating circumstances in the penalty phase of the hearing since this is the first offense in fifteen years of practicing pharmacy in the State of Nevada, and will not make the same mistake again.
4. That as to the Second Cause of Action, Victory Pharmacy denies that it failed to own and operate a pharmacy wherein a pharmacist refilled early a prescription for Lortab 10/500 without physician's authorization and as a result violated NRS 639.210(4) and/or NAC 639.945(1)(d) and/or (i). Victory Pharmacy had policies and procedures against this type of incidents that strictly adhered to Nevada Pharmacy Laws and Regulations. Victory Pharmacy was not at fault on a single action carried by the pharmacist on duty at the time of the events.

III

5. **Victory Pharmacy does not deny owning the facility in which the event took place or having responsibility for training and supervision for the pharmacist who refilled early a Lortab 10/500 prescription without physician's authorization. Victory Pharmacy asserts it was not negligent, incompetent or unprofessional, and did not conduct contrary to the public interest by a single action of one of its employees.**

**DATED THIS 26<sup>TH</sup> day of March, 2011.**

  
**Victor A. Beraja, Rph #12967**

  
**Victory Pharmacy, PH02108  
Victor A. Beraja, Director**

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**NOTICE OF INTENDED ACTION  
AND ACCUSATION**

**VICTOR A. BERAJA, RPH.  
Certificate of Registration No. 12967**

**Case No. 09-099-RPH-S**

**VICTORY PHARMACY  
Certificate of Registration No. PH02108  
Respondents.**

**Case No. 09-099-PH-S**

---

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and make the following that will serve as both a Notice of Intended Action under Nevada Revised Statutes (NRS) 233B.127(3) and as an Accusation under NRS 639.241.

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Victor A. Beraja is a registered pharmacist with the Board and Victory Pharmacy, located at 4161 South Eastern Avenue #A-3, in Las Vegas, Nevada, is a registered pharmacy with the Board.

II.

On or about October 21, 2009, the Nevada State Board of Pharmacy received a complaint from Dr. Phil Chen, DO. In Dr. Chen's complaint he alleged that Victory Pharmacy early refilled his patient, Patient P's prescription for Lortab 10/500 without his authorization.

III.

During the investigation of this matter it was learned that Patient P appeared at Victory Pharmacy on October 6, 2009 as Mr. Beraja was arriving for work.

Patient P indicated that she had just been released from the hospital, showing Mr. Beraja her hospital wrist band, and indicated that she needed to get her prescription for Lortab refilled. She advised Mr. Beraja that Walgreens, who usually fills her prescriptions, did not believe that she was ill and refused to refill the prescription for Lortab that she had there, because it was too early. Patient P was throwing up in Mr. Beraja's pharmacy waiting room during this time and Mr. Beraja concluded that Patient P was indeed ill. Mr. Beraja called Walgreens and had Patient P's prescription for Lortab transferred to Victory Pharmacy. The prescription was originally filled at Walgreens on September 16, 2009. Mr. Beraja did not contact Dr. Chen to obtain authorization to refill Patient P's prescription, even though the prescription should not have been refilled until October 16, 2009. Mr. Beraja indicated in a written statement that he used his professional judgment in filling the prescription early as he was convinced that Patient P was genuinely ill.

#### **FIRST CAUSE OF ACTION**

##### IV.

In refilling Patient P's prescription for Lortab 10/500 early without her physician's authorization, Mr. Beraja violated Nevada Revised Statutes (NRS) 210(1), and/or (4) and/or 639.2394 and/or 639.2396 and/or Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i).

#### **SECOND CAUSE OF ACTION**

##### V.

In owning and operating the pharmacy in which the prescription for Lortab 10/500 was refilled and dispensed to Patient P early and without her physician's authorization, Victory Pharmacy violated NRS 639.210(4) and/or NAC 639.945(1)(d) 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 1<sup>st</sup> day of March, 2011.

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

**NOTICE TO RESPONDENT**

You have the right to show the Nevada State Board of Pharmacy that your conduct, as alleged above, complies with all lawful requirements regarding your certificate of registration. To do so, you must mail to the Board within (10) days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**v.**

**VICTORY PHARMACY  
Certificate of Registration No. PH02108**

**STATEMENT TO THE RESPONDENT  
NOTICE OF INTENDED ACTION  
AND ACCUSATION  
RIGHT TO HEARING  
Case No. 09-099-PH-S**

**Respondent.**

\_\_\_\_\_/

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

I.

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

II.

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

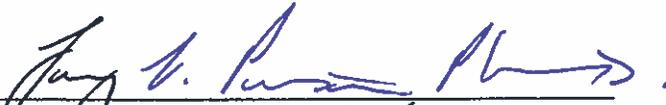
III.

The Board has reserved Wednesday, April 13, 2011 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 15<sup>th</sup> day of March, 2011.

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF  
PHARMACY,  
Petitioner,

ANSWER AND NOTICE OF DEFENSE

Vs.

VICTOR A. BERAJA, R. Ph.,  
Certificate of Registration No 12967

Case No. 09-099-RPH-S

VICTORY PHARMACY  
Certificate of Registration No. PH02108,  
Respondents

Case No. 09-099-PH-S

COME NOW VICTOR A BERAJA, Certificate of Registration #12967, and VICTORY PHARMACY, Certificate of Registration # PH02108 and hereby declare as follows:

1. That a hearing on the Notice of Intended Action and Accusation is requested.
2. That as to the First Cause of Action, Respondent VICTOR A. BERAJA does not deny refilling Patient P's prescription for Lortab 10/500 early without her physician's authorization, and did so in the best interest of the patient. Therefore, Mr. BERAJA believes he committed no crime against public interest, he is of good moral character, and did not act unprofessionally. Furthermore, while Mr. BERAJA admits the early refill, a single action is not evidence that he is incompetent, unskillful or negligent.
3. Respondent Mr. BERAJA asks that the Board consider mitigating circumstances in the penalty phase of the hearing since this is the first offense in fifteen years of practicing pharmacy in the State of Nevada, and will not make the same mistake again.
4. That as to the Second Cause of Action, Victory Pharmacy denies that it failed to own and operate a pharmacy wherein a pharmacist refilled early a prescription for Lortab 10/500 without physician's authorization and as a result violated NRS 639.210(4) and/or NAC 639.945(1)(d) and/or (i). Victory Pharmacy had policies and procedures against this type of incidents that strictly adhered to Nevada Pharmacy Laws and Regulations. Victory Pharmacy was not at fault on a single action carried by the pharmacist on duty at the time of the events.

III

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///

5. **Victory Pharmacy does not deny owning the facility in which the event took place or having responsibility for training and supervision for the pharmacist who refilled early a Lortab 10/500 prescription without physician's authorization. Victory Pharmacy asserts it was not negligent, incompetent or unprofessional, and did not conduct contrary to the public interest by a single action of one of its employees.**

**DATED THIS 26<sup>TH</sup> day of March, 2011.**

  
**Victor A. Beraja, Rph #12967**

  
**Victory Pharmacy, PH02108**  
**Victor A. Beraja, Director**

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affects, which included stomach cramps, dizzy spells and loss of control of her bladder and bowels. Ms. Davies called the pharmacy, spoke with Mr. Forman who checked her prescriptions, discovered the error and advised Ms. Davies to discontinue taking the Tramadol, return it to the pharmacy and he would exchange it for the correct Trazadone.

### III.

During the investigation of this matter it was learned that Joel Forman was the pharmacist responsible for filling the Trazadone 50 mg. prescription. Mr. Forman recalled that the Trazadone prescription was called in by Vickie at Dr. Gary DeShazo's office. When the prescription was entered into the computer it was entered as Tramadol 50 mg. tablets with directions to take one tablet by mouth every day. Mr. Forman contacted Dr. DeShazo's office and advised them of the error. Dr. DeShazo indicated that he had never prescribed Tramadol for Ms. Davies. Dr. DeShazo prescribed two other medications to counteract the severe adverse reactions Ms. Davies was experiencing.

### IV.

Ultimately, Ms. Davies had surgery to have her gallbladder removed which she alleges is a direct result of this medication error. Dr. DeShazo provided Board staff with Ms. Davies progress notes regarding the surgery where the medication error was noted.

### **FIRST CAUSE OF ACTION**

### V.

In failing to strictly follow the instructions of Ms. Davies' physician by filling her prescription for Trazadone 50 mg. tablets with Tramadol 50 mg. tablets, Mr. Forman violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i).

**SECOND CAUSE OF ACTION**

VII.

In owning and operating the pharmacy in which Mr. Forman failed to notice that he filled Ms. Davies prescription with the wrong medication, namely Tramadol 50 mg. tablets rather than the prescribed Trazadone 50 mg. tablets, CVS/pharmacy #8812 violated NRS 639.210(4) and or NAC 639.945(1)(d) and/or (i) and (2).

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

Signed this 8<sup>th</sup> day of December, 2010.

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

**NOTICE TO RESPONDENT**

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**v.**

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

**JOEL FORMAN, R.Ph.,  
Certificate of Registration #12323,**

**Case No. 10-020-RPH-S**

**Respondent.**

\_\_\_\_\_/

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

I.

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

II

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

JOEL FORMAN, RPH.,  
Certificate of Registration #12323,

ANSWER AND  
NOTICE OF DEFENSE

Case No. 10-020-RPH-S

Respondent.

\_\_\_\_\_ /

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

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

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

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

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
Joel Forman, R.Ph.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

v. **Petitioner,** **NOTICE OF INTENDED ACTION  
AND ACCUSATION**

**JOEL FORMAN, RPH.,  
Certificate of Registration #12323,**

**Case No. 10-020-RPH-S**

**CVS/PHARMACY #8812,  
Certificate of Registration #PH00783,**

**Case No. 10-020-PH-S**

**Respondents.**

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Joel Forman is a pharmacist licensed by the Board and CVS/pharmacy #8812 (CVS #8812) is a pharmacy licensed by the Board, located at 9100 West Sahara Avenue in Las Vegas, Nevada.

II.

On or about November 10, 2009 Deanne Davies went to CVS #8812 to pick up her prescriptions for Trazodone and Lorazepam that she had called in. Ms. Davies was given three prescriptions that evening, she signed for them and left the pharmacy. Besides the Trazodone and Lorazepam, Ms. Davies was also given a prescription for Tramadol with her name and her doctor's name on the label. Ms. Davies took the medication she was given home and began taking the medication as directed. Ms. Davies took the Tramadol for seventeen days before she began having adverse side

affects, which included stomach cramps, dizzy spells and loss of control of her bladder and bowels. Ms. Davies called the pharmacy, spoke with Mr. Forman who checked her prescriptions, discovered the error and advised Ms. Davies to discontinue taking the Tramadol, return it to the pharmacy and he would exchange it for the correct Trazadone.

### III.

During the investigation of this matter it was learned that Joel Forman was the pharmacist responsible for filling the Trazadone 50 mg. prescription. Mr. Forman recalled that the Trazadone prescription was called in by Vickie at Dr. Gary DeShazo's office. When the prescription was entered into the computer it was entered as Tramadol 50 mg. tablets with directions to take one tablet by mouth every day. Mr. Forman contacted Dr. DeShazo's office and advised them of the error. Dr. DeShazo indicated that he had never prescribed Tramadol for Ms. Davies. Dr. DeShazo prescribed two other medications to counteract the severe adverse reactions Ms. Davies was experiencing.

### IV.

Ultimately, Ms. Davies had surgery to have her gallbladder removed which she alleges is a direct result of this medication error. Dr. DeShazo provided Board staff with Ms. Davies progress notes regarding the surgery where the medication error was noted.

### **FIRST CAUSE OF ACTION**

### V.

In failing to strictly follow the instructions of Ms. Davies' physician by filling her prescription for Trazadone 50 mg. tablets with Tramadol 50 mg. tablets, Mr. Forman violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i).

**SECOND CAUSE OF ACTION**

VII.

In owning and operating the pharmacy in which Mr. Forman failed to notice that he filled Ms. Davies prescription with the wrong medication, namely Tramadol 50 mg. tablets rather than the prescribed Trazadone 50 mg. tablets, CVS/pharmacy #8812 violated NRS 639.210(4) and or NAC 639.945(1)(d) and/or (i) and (2).

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

Signed this 8<sup>th</sup> day of December, 2010.

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

**NOTICE TO RESPONDENT**

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**v.**

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

**CVS/PHARMACY #8812,  
Certificate of Registration #PH00783,**

**Case No. 10-020-PH-S**

**Respondent.**

\_\_\_\_\_ /  
TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

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

II

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

The Board has reserved Tuesday, January 11, 2011 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 8<sup>th</sup> day of December, 2010.

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

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**v.**

**CVS/PHARMACY #8812,  
Certificate of Registration #PH00783,**

**ANSWER AND  
NOTICE OF DEFENSE**

**Case No. 10-020-PH-S**

**Respondent.**

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

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

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

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

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
type or print name

\_\_\_\_\_  
for CVS/pharmacy #8812

BEFORE THE NEVADA STATE BOARD OF PHARMACY

Nevada State Board of Pharmacy,  
Petitioner,

v.

JOEL FORMAN, RPH.,  
Certificate of Registration No. 12323,  
CVS/PHARMACY #8812,  
Certificate of Registration No. PH00783;

Respondents.

MOTION TO DISMISS FOR FAILURE  
TO STATE A CLAIM AND FOR LACK  
OF JURISDICTION; MEMORANDUM  
IN SUPPORT THEREOF

Case No. 10-020-RPH-S

Case No. 10-020-PH-S

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TO THE NEVADA STATE BOARD OF PHARMACY:

PLEASE TAKE NOTICE THAT, pursuant to Nevada Revised Statutes (“NRS”) 639.241 *et seq.*, and NRS 233B.121 *et seq.*, Respondent CVS Pharmacy #8812 (“CVS”), by and through its counsel, hereby moves to dismiss the Second alleged Cause of Action against CVS in Case No. 10-020-PH-S in the Notice of Intended Action and Accusation, filed on December 8, 2010, (“Accusation”) for failure to state a claim and for lack of jurisdiction. CVS requests that its motion to dismiss be heard at the April 13, 2011, Board meeting prior to the disciplinary hearing on the Accusation.

CVS seeks dismissal upon the following grounds: (a) the Accusation does not allege any facts indicating that CVS took any actions or made any omissions; (b) the Board lacks jurisdiction and/or authority under NAC 639.945 to impose strict or vicarious liability against CVS solely based upon the actions of a pharmacist.

This motion is based on the accompanying memorandum of points and authorities, the pleadings, documents, and files of record for the Board in this case, and on such evidence and argument as may be presented at the time of the hearings on this matter.

Respectfully submitted this 4th day of February, 2011.

DYER, LAWRENCE, PENROSE,  
FLAHERTY, DONALDSON & PRUNTY

By: Megan N. Salcido  
Michael W. Dyer  
Nevada Bar No. 2180  
Megan N. Salcido  
Nevada Bar No. 11673  
Attorneys for Respondent CVS #8812

## MEMORANDUM OF POINTS AND AUTHORITIES

The Nevada State Board of Pharmacy ("Board") filed a Notice of Intended Action and Accusation on December 8, 2010, ("Accusation") against CVS Pharmacy #8812 ("CVS"), Case No. 10-020-PH-S, and against Joel Forman, RPH, Case No. 10-020-RPH-S.

The Board seeks to impose penalties and sanctions on CVS for alleged violations of NRS Chapter 639 and NAC Chapter 639. However, the Board has not alleged that CVS took, or failed to take, any actions which are in violation of any specified provision of NRS Chapter 639, or which caused the misfilling of the prescription. Instead, the Accusation merely asserts that CVS "violated NRS 639.210(4) and or NAC 639.945(1)(d) and/or (i) and (2)" by "owning and operating the pharmacy in which" the violations occurred. Since it is literally and legally impossible for a properly licensed entity to "violate" any provision of NRS Chapter 639 or NAC Chapter 639 merely by "owning and operating" a pharmacy, the Board is attempting to discipline CVS solely on vicarious and/or strict liability.

CVS asserts that: (a) the Accusation fails to allege facts sufficient to state a claim in the Second Cause of Action for a violation by CVS of NRS 639.210(4) or NAC 639.945(1)(d) and (i); and (b) the Board has no jurisdiction or authority under NAC 639.945(2) to impose discipline upon CVS based solely on the improper acts of the pharmacist.

### **I. FACTUAL AND PROCEDURAL HISTORY**

For purposes of this Motion to Dismiss, the facts are limited to those asserted by the Board in the Accusation. Specifically, that:

"On or about November 10, 2009 Deanne [Davis] went to CVS #8812 to pick up her prescriptions for Trazodone and Lorazepam that she had called in." Accusation, ¶ II. When Ms. Davis picked up her prescriptions, she was given a "prescription for Tramadol with her name and

the doctor's name on the label." Id. After taking the Tramadol for seventeen days, Ms. Davis "began having adverse side affects [sic], which included stomach cramps, dizzy spells and loss of control of her bladder and bowels." Id. "Ms. [Davis] called the pharmacy, spoke with Mr. Forman who checked her prescriptions, discovered the error and advised Ms. [Davis] to discontinue taking the Tramadol, return it to the pharmacy . . . [to] exchange it for the correct Trazadone." Id. "[T]o counteract the severe adverse reactions Ms. [Davis] was experiencing," Dr. DeShazo "prescribed two other medications." Id. ¶ III. Mr. Forman "was the pharmacist responsible for filling the Trazadone 50 mg. prescription," and he "recalled that the Trazodone prescription was called in by Vickie at Dr. Gary DeShazo's office." Id. "When the prescription was entered into the computer it was entered as Tramadol 50 mg. tablets with directions to take one tablet by mouth every day." Id. Ms. Davis "alleges [that as] a direct result of this medication error," her gallbladder had to be removed." Id. ¶ IV.

## **II. DISCUSSION**

While considering CVS's motion to dismiss for failure to state a claim, the Board may view "all factual allegations [in the Accusation] . . . as true and draw all inferences in [the Board's] favor. [The Accusation] . . . should be dismissed only if it appears beyond a doubt that . . . [the Board] could prove no set of facts, which, if true, would entitle it to relief." Buzz Stew, LLC v. City of N. Las Vegas, 124 Nev. \_\_\_, \_\_\_, 181 P.3d 670, 672 (2008). "Dismissal is proper where the allegations are insufficient to establish the elements of a claim for relief." Stockmeier v. State, Dep't of Corrections, 124 Nev. \_\_\_, \_\_\_, 183 P.3d 133, 135 (2008) (internal quotations omitted).

**A. The Second Cause of Action fails to meet the pleading requirements of NRS 639.241(2), or the basic requirements of due process, because no allegations in the Accusation support a claim against CVS under NRS 639.210(4) and/or NAC 639.945(1)(d) and (i)**

NRS 639.210(4) provides that the Board may suspend or revoke a certificate, license, registration or permit when the holder of the certificate, license, registration or permit “[i]s guilty of unprofessional conduct or conduct contrary to the public interest.” NAC 639.945(1)(d) specifies that “unprofessional conduct and conduct contrary to the public interest” includes “failing strictly to follow the instructions of the person . . . making . . . a prescription . . . as to its filling or refilling, [or] the content of the label of the prescription.” Additionally, NAC 639.945(1)(i) states that a license holder commits unprofessional conduct by “[p]erforming any of his duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.” Thus, it is clear that for a violation of NRS 639.210(4) and NAC 639.945(1)(d) and (i) to exist, a license holder must have taken some action, or must have failed to act when action was required.

NRS 639.241(2) requires that an Accusation provide basic information about the manner in which respondent has violated Nevada statutes or regulations:

“The accusation is a written statement of the charges alleged and must set forth in ordinary and concise language *the acts or omissions with which the respondent is charged* to the end that the respondent will be able to prepare a defense. The accusation must specify the statutes and regulations which the respondent is alleged to have violated, but must not consist merely of charges phrased in language of the statute or regulation.”

Emphasis added.

Rather than providing the statutorily required specificity, the Second Cause of Action merely asserts that CVS “violated NRS 639.210(4) and or NAC 639.945(1)(d) and/or (i) and

(2),” by “owning and operating the pharmacy in which” the violations occurred. Accusation, ¶ VII. **Indeed, the Accusation contains no allegations that CVS took any actions, or made any omissions, which caused, or even contributed to, Mr. Forman’s failure to follow instructions and the misfilling of Ms. Davis’s prescription.** The requirement in NRS 639.241(2) that the Accusation contain specific facts regarding the allegations against a respondent is simply a codification of the fundamental due process requirements of the Fourteenth Amendment of the United States Constitution, which mandates that a respondent must be able to understand the charges and to prepare a defense. That is, there must be both notice and the opportunity to be heard. Cleveland Bd. of Educ. v. Loudermill, 470 U.S. 532, 546 (1985). And, the “notice [must be] reasonably calculated, under all the circumstances, to apprise interested parties of the pendency of the action and afford them an opportunity to present their objections.” Mullane v. Central Hanover Trust Co., 339 U.S. 306, 314 (1950).

The notice requirement of due process is not satisfied by factually vague assertions, but must instead be sufficient to enable the respondent to understand what the respondent has allegedly done, or has failed to do. Grijalva v. Shalala, 152 F.3d 1115, 1122 (9th Cir. 1998). The “notice” requirement of due process is crucial to the requirement of a fair hearing because failure to provide the specific facts which form the basis for the claims against a respondent reduces a respondent “to guessing what evidence can or should be submitted in response and . . . responding to every possible argument against . . . [discipline] at the risk of missing the critical one altogether.” Barnes v. Healy, 980 F.2d 572, 579 (9th Cir. 1992).

The Accusation filed against CVS merely states that CVS owned and operated a pharmacy where a pharmacist allegedly made a mistake. No other allegations are made against CVS! The Accusation is, therefore, nothing more than an assertion of strict liability. Clearly,

simply owning and operating a pharmacy is not an “incompetent act” that is “against public policy,” as required by NRS 639.210(4) or NAC 639.945(1)(i). Nor does owning and operating a pharmacy constitute a failure to follow instructions, as provided for in NAC 639.945(1)(d). The allegations in the Second Cause of Action fail to state a claim against CVS based upon NRS 639.210(4) and NAC 639.945(1)(d) and (i), and violate the pleading requirements of NRS 639.241(2) and the due process requirements of the Fourteenth Amendment. On that basis alone, the Accusation must be dismissed.

**B. The Second Cause of Action must be dismissed because the Board lacks jurisdiction and/or authority to impose vicarious and/or strict liability upon a pharmacy**

Failure of the Accusation to meet the basic requirements of due process, by not specifying that CVS took, or failed to take, any action, makes it clear that the Board seeks to discipline CVS solely based on strict or vicarious liability.<sup>1</sup> However, the Board lacks jurisdiction and authority to separately discipline license holders under either strict or vicarious liability.

An administrative agency may only exercise such power as has been conferred upon it by law. Andrews v. Nevada State Bd. of Cosmetology, 86 Nev. 207 (1970). That “power” is legally referred to as “jurisdiction.” As stated by the Nevada Supreme Court:

As an administrative agency the Board has no general or common law powers, but only such powers as have been conferred by law expressly or by implication. [Citations]. Official powers of an administrative agency cannot be assumed by

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<sup>1</sup> “Strict liability” is generally liability without fault or knowledge. Black’s Law Dictionary, 926 (7th ed. 1999). In the instant context, “strict liability” would mean imposing discipline directly on the pharmacy where a licensed employee has acted in violation of the pharmacy laws and regulations without the fault, knowledge, or any act of the pharmacy.

The “strict liability” standard of liability is contrasted with “vicarious liability,” which is the liability imposed on a supervisory party for the acts of its subordinates. Black’s Law Dictionary, 927 (7th ed. 1999). The typical example is *respondeat superior*, where the employer may be required to pay any judgment obtained against an employee by a third party. In the instant context “vicarious liability” means, for example, requiring the pharmacy to pay a fine imposed by the Board on a licensed employee, not imposing separate discipline upon the pharmacy itself for the same act. See also Kohler v. Inter-Tel Techs., 244 F.3d 1167, 1177 (9th Cir. 2001) (noting the confusion between the two doctrines).

the agency, nor can they be created by the courts in the exercise of their judicial function. [Citations]. The grant of authority to the agency [in the statute] must be clear.

Id. at 208 (emphasis added); City of Henderson v. Kilgore, 122 Nev. 331, 334-35 (2006).

The Board's authority to discipline license holders under NAC 639.945 must be based upon NRS 639.070 and NRS 639.210(4). However, NRS 639.070 only authorizes the Board's general powers, such as making regulations to enforce NRS Chapter 639, and does not include an authorization to impose fines or penalties based on strict or vicarious liability. NRS 639.210(4) likewise does not include any provision for strict or vicarious liability, but instead authorizes discipline against "the holder or applicant" of the license for specific actions, or for the failure to take required action. Thus, any attempt by the Board to impose strict or vicarious liability in the absence of express or implied authorization ("jurisdiction") to do so is contrary to Nevada law. See Andrews, 86 Nev. at 208.

Because strict or vicarious liability is not authorized in the statutes relied upon by the Board to enact NAC 639.945, there is no basis for the Board to impose strict or vicarious liability upon a pharmacy. To the extent that the Board is seeking to impose separate liability on CVS solely for the acts of Mr. Forman, the Second Cause of Action against CVS must be dismissed.

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**III. CONCLUSION**

For the reasons stated above, the Accusation fails to state a claim. CVS respectfully moves the Nevada State Board of Pharmacy to dismiss the Second Cause of Action in the Accusation against CVS.

Respectfully submitted this 4th day of February, 2011.

DYER, LAWRENCE, PENROSE,  
FLAHERTY, DONALDSON & PRUNTY

By: Megan N. Salcido  
Michael W. Dyer  
Nevada Bar No. 2180  
Megan N. Salcido  
Nevada Bar No. 11673  
Attorneys for Respondent CVS #8812

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

v. Petitioner,

**NOTICE OF INTENDED ACTION  
AND ACCUSATION**

**MIGUEL MARTINEZ, R.Ph.,  
Certificate of Registration #10825,**

**Case No. 10-088-RPH-S**

**CVS/PHARMACY #8807,  
Certificate of Registration #PH01406,**

**Case No. 10-088-PH-S**

**Respondents.**

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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 Miguel Martinez is a pharmacist licensed by the Board and CVS/Pharmacy #8807 (CVS #8807) is a pharmacy licensed by the Board, located at 5681 Boulder Highway, Las Vegas, Nevada.

II.

In July, 2009, Tammy Jordan picked up her son, Kyren Lewis' prescription for methylphenidate tablets, from CVS #8807. Kyren Lewis had been taking methylphenidate for quite some time. He took two tablets per day – one in the morning and one at noon. Ms. Jordan's practice was to split the prescription and give half to the school nurse for administration to Kyren Lewis at noon. Ms. Jordan had to leave the state on family business and left Kyren Lewis with his grandfather. While Ms. Jordan was gone, it was reported to her that Kyren Lewis had become angry and aggressively

acting out. When she returned from her trip, the school nurse notified Ms. Jordan that she discovered that Kyren Lewis had been taking methadone HCL 5 mg. tablets rather than the prescribed methylphenidate. Ms. Jordan consulted with Kyren Lewis' physician and was advised to wean him from the methadone. She determined she was going to take him off the methadone immediately so she could introduce the methylphenidate more quickly. Ms. Jordan indicated that after suffering withdrawal from the methadone it took two weeks for Kyren Lewis to stop the erratic behavior he was experiencing.

### III.

During the investigation of this matter it was learned that Mr. Martinez was the pharmacist that filled and verified the erred prescription. Mr. Martinez explained that he believed that while filling the methylphenidate prescription for Kyren Lewis there was not enough medication in the stock bottle. He had already scanned the stock bottle, printed a label set and affixed it to the prescription bottle. He selected another bottle to complete the fill. He noted that the NDC was different on the second bottle causing him to create a second label set. Mr. Martinez did not notice the difference in the medication, and placed the second label for methadone over the label for methylphenidate and completed the filling of the prescription.

### IV.

The Board's investigator reviewed the counseling log for Kyren Lewis' prescription. He was unable to determine whether Ms. Jordan was counseled or not because the counseling log was blank. When Mr. Martinez was questioned regarding the blank counseling log, he was unable to provide an explanation.

### **FIRST CAUSE OF ACTION**

### V.

In failing to strictly follow the instructions of Kyren Lewis' physician by verifying

and filling his prescription for methylphenidate with methadone HCL 5 mg., Mr. Martinez 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 identify if Ms. Jordan was counseled when she picked up Kyren Lewis' new erred prescription for methadone because the counseling log was blank, Mr. Martinez violated NRS 639.210(4), and/or NRS 639.266 and/or NAC 639.707 and/or 639.945(1).

**THIRD CAUSE OF ACTION**

VII.

In owning and operating the pharmacy in which Mr. Martinez filled and dispensed Kyren Lewis' prescription for methylphenidate with methadone, CVS #8807 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 1<sup>ST</sup> day of March, 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**

**MIGUEL MARTINEZ, R.Ph.,  
Certificate of Registration #10825,**

**Case No. 10-088-RPH-S**

**Respondent.**

\_\_\_\_\_/

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

I.

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

II

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

The Board has reserved Wednesday, April 13<sup>th</sup>, 2011 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 1<sup>st</sup> day of March, 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

MIGUEL MARTINEZ, R.Ph.,  
Certificate of Registration #10825,

Case No. 10-088-RPH-S

Respondent.

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

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

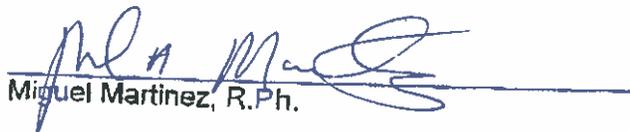
*Please see attached*

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

*Please see attached.*

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 17<sup>th</sup> day of March, 2011.

  
Miguel Martinez, R.Ph.

NUTILE PITZ & ASSOCIATES  
1070 W. Horizon Ridge Parkway, Suite 210  
Henderson, Nevada 89012  
(702)307-4880

1 MARIA NUTILE, ESQ.  
2 Nevada Bar No. 7847  
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6 Tel: 702-307-4880  
7 Fax: 702-307-4881  
8 *Attorney for Respondent*  
9 *Miguel Martinez, R.Ph.*

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY

Petitioner,

v.

MIGUEL MARTINEZ, R.Ph.  
Certificate of Registration #10825

Respondent

ANSWER AND  
NOTICE OF DEFENSE

Case No.: 10-088-RPH-S

Respondent Miguel Martinez, R.Ph., Certificate #10825, in answer to the Notice of Intended Action and Accusation filed in the above-entitled matter before the Nevada State Board of Pharmacy, declares by way of his counsel as follows:

1. That a hearing on the Notice of Intended Action and Accusation is requested.
2. That as to the First Cause of Action, Mr. Martinez does not deny that he misfilled the prescription in question, but asks that the Board consider mitigating circumstances in the penalty phase of the hearing.
3. That as to the Second Cause of Action, Mr. Martinez does not deny that the counseling log was blank, but is unable to confirm or deny if counseling occurred.
4. That as to the Third Cause of Action, Mr. Martinez is unable to comment regarding any alleged statutory violations by CVS #8807.

1 DATED this 17<sup>th</sup> day of March 2011.  
2  
3

4 NUTILE PITZ & ASSOCIATES

5 By: Maria Nutile  
6 MARIA NUTILE, ESQ.

7 Nevada Bar No. 7847

8 NUTILE PITZ & ASSOCIATES

9 1070 W. Horizon Ridge Parkway

10 Suite 210

11 Henderson, NV 89074

12 Telephone: (702) 307-4880

13 *Attorney for Respondent*

14 *Miguel Martinez, R.Ph.*  
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Henderson, Nevada 89012  
(702)307-4880



March 17, 2011

COPY

**VIA EMAIL  
AND FEDERAL EXPRESS**

Larry L. Pinson, Executive Secretary  
Nevada State Board of Pharmacy  
431 W. Plumb Lane  
Reno, NV 89509

**Re: Miguel Martinez, R.Ph.  
Certificate of Registration #10825  
Answer and Notice of Defense Case No.: 10-088-RPH-S ("Case")**

Dear Mr. Pinson:

We are writing on behalf of our client, Miguel Martinez, R.Ph., in regards to the Notice of Intended Action and Accusation from the Nevada State Board of Pharmacy ("Board") that Mr. Martinez received on approximately March 7, 2011 as relates to the above-referenced Case. This correspondence will provide Mr. Martinez's Answer and Notice of Defense, thereby requesting a hearing in this matter, which has been scheduled for April 13, 2011.

As you know, the incident in question occurred in July 2009, approximately 1½ years ago. Mr. Martinez is providing his best recollection of the events; however, given the time that has passed, his memory may not be precise and there are certain facts that he does not recall.

On the day in question in July 2009, Tammy Jordan picked up her son's prescription for methylphenidate tablets from CVS Pharmacy #8807, located at 5681 Boulder Highway, Las Vegas, Nevada. Ms. Jordan's son, Kyren Lewis, had been taking this medication for quite some time. According to Mr. Martinez's recollection, he believes the pharmacy did not have enough of the 5 mg methylphenidate to fill the prescription; therefore, he went to the locked cabinet where the medications were kept. The bottles were usually kept lined up one behind the other according to the medication and Mr. Martinez reached for the bottle that was next in line after the first bottle of methylphenidate. Mr. Martinez believes he had previously scanned the stock bottle, printed a label set, and affixed it to the bottle. After selecting the next bottle in line, he noted that the NDC was different, which prompted him to create a second label set. Mr. Martinez bypassed the NDC screen and filled the prescription. He did notice that the pills were a different color; however, he thought that perhaps the methylphenidate had been manufactured by a different company, which would explain the color difference. It is not uncommon for medications to be manufactured by different companies, which would change the size, shape, or color of the pills.

Mr. Martinez then replaced the bottle of methylphenidate in the locked cabinet to be used in the future for a smaller prescription.

Mr. Martinez recalls that Ms. Jordan picked up the prescription on a different day than the day the prescription was filled. As to whether Ms. Jordan was counseled, Mr. Martinez does not recall. However, based on a news clip that aired on Channel 13 and viewed by Mr. Martinez, Ms. Jordan stated that she was in a hurry; Mr. Martinez believes she may have declined counseling. However, the log for this day is not initialed. Mr. Martinez was working that day, but did not interact with Ms. Jordan at the time the prescription was picked up.

It was not Mr. Martinez who gave the prescription to Ms. Jordan. Gabriela Prito, a technician at CVS, gave the prescription to Ms. Jordan. Although a technician would normally bring any new prescription<sup>1</sup> to the pharmacist for counseling, Mr. Martinez does not recall this occurring. It is Mr. Martinez's belief that due to the fact that Ms. Jordan was in a hurry, she may have stopped Ms. Prito from contacting Mr. Martinez. Mr. Martinez does not recall if he was asked to initial the log. It is not unusual for a patient to refuse counseling, especially when the medication has been refilled numerous times.

In approximately late August or early September 2009, Mr. Martinez believes that Ms. Jordan called CVS and spoke to the staff pharmacist. At that time, she mentioned that her son's school nurse had noticed that a new label had been placed over the old label on the bottle; the school nurse noticed that the label indicated that the medication was Methadone, not methylphenidate. Mr. Martinez was made aware of this error by his supervisor, Chad Leubke, who informed Mr. Martinez that an incident report had been filed. Mr. Leubke advised Mr. Martinez to contact Ms. Jordan, refund the co-pay, dispense the correct medication with a full refund, and to give Ms. Jordan a gift card for use at CVS. Mr. Martinez immediately contacted Ms. Jordan. On September 4, 2009, Ms. Jordan came into the pharmacy, Mr. Martinez gave her the correct medication, a refund, a gift card, and his sincere apology. He documented these actions on the back of the prescription. Mr. Martinez was also under the impression that Mr. Leubke had called Ms. Jordan to follow-up. However, he does not know if this occurred; Mr. Leubke is no longer employed by CVS.

In approximately December 2010, Mr. Martinez was contacted by CVS after a local television channel broadcast a story regarding this incident. Up to this point, there had been minimal contact by the CVS corporate office and Mr. Martinez assumed that the matter had been closed. However, once the story was published in the news, almost 1½ years after the event, CVS continued and/or reopened an investigation and requested that Mr. Martinez respond to questions regarding all facts related to the prescription. Due to the long time lapse, it was difficult for Mr. Martinez to reconstruct the events of that day and still does not have a total recollection of what occurred 1½ years later.

Mr. Martinez believes that in approximately November 2010, the television station put Ms. Jordan in touch with the Board. After the news clip aired, Board Investigator, Daniel Garcia

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<sup>1</sup> Although this prescription was a refill, changing the NDC caused it to be flagged as a new prescription.

visited CVS Pharmacy #8077 and requested that Mr. Martinez provide a handwritten statement of Ms. Jordan's incident. Mr. Martinez, through the staff pharmacist, contacted his supervisor regarding Mr. Garcia's visit. Prior to providing his statement to the Board, Mr. Martinez was informed that CVS wanted its attorneys to review it. CVS attorneys suggested that Mr. Martinez change his statement, but he did not. Mr. Martinez provided this handwritten statement to Mr. Garcia on December 13, 2010.

Subsequent to Mr. Garcia's visit, he called and asked Mr. Martinez for the counseling log. On December 16, 2010, Mr. Martinez provided another statement to Mr. Garcia, stating that every effort had been made to locate the counseling log for the prescription; however, there had been no success. Several employees, including Mr. Martinez, searched for the counseling logs of the date in question. Apparently, the logs had been placed in storage boxes in the CVS Pharmacy attic and were difficult to locate. When the log was finally located, it was on a day that Mr. Martinez was not working. On December 21, 2010, Mr. Martinez informed Mr. Garcia that the missing counseling log had been located.

It is important to note that Mr. Martinez has been a pharmacist in Nevada for 19 years and has never had a Board complaint or disciplinary action. Mr. Martinez was transferred from another CVS pharmacy to CVS Pharmacy #8807 on December 8, 2008. According to Mr. Martinez, CVS asked him to work at this particular pharmacy due to its high volume and ongoing problems with organized workflow, rotations, personnel issues, and customer complaints. Pharmacy workflow defines the roles and responsibilities for all pharmacy staff. At the commencement of Mr. Martinez's employment at this store, the workflow assignment board was not being followed, pharmacists would regularly work 14-hour shifts and were overworked and under extreme stress. Technician staffing was not appropriate (due to lack of training) and often there were not enough technicians to cover the shifts. Mr. Martinez discussed his concerns about these issues with his supervisor at the time, Mr. Luebke; however, he was informed that if proper workflow procedures were followed, the pharmacy department should be running efficiently. Unfortunately, as stated, proper workflow procedures were not being followed.

Mr. Martinez estimates that CVS Pharmacy #8807 filled approximately 2200-2300 prescriptions per week and according to CVS, each waiting prescription (including the drive-through) were to be filled within a 15-minute timeframe. Mr. Martinez had attempted to begin retraining staff and reorganizing workflow upon his arrival at CVS Pharmacy #8807; however, with the high volume, long shifts, and lack of personnel, an environment within which a pharmacist could safely and properly dispense prescriptions was difficult to attain.

After the misfill of the methylphenidate prescription, Mr. Martinez immediately reorganized the safety check system, including checking all C-II prescriptions by matching the hard copy with the typed label as well as the bottle (NDC) used. Mr. Martinez reorganized the C-II cabinet in a more orderly manner and moved the C-II perpetual inventory book closer to the drop-off station so that the technicians were able to check to see if enough of a particular medication was available before typing the prescription. Mr. Martinez also encouraged staff to follow the organized workflow procedures. Mr. Martinez took these actions so as to avoid a repeat of this type of incident.

Larry Pinson  
March 17, 2011  
Page 4 of 5

It is important to note that Mr. Martinez has taken full responsibility for the misfill of this prescription. He followed CVS protocol; the incident had been reported to CVS as soon as it was made known in August or September of 2009.

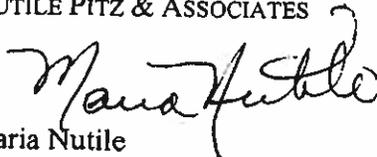
Mr. Martinez sincerely apologized to Ms. Jordan and he is extremely thankful and grateful that her son, Kyren Lewis, did not suffer permanent harm. In January 2011, 1½ years following the misfill and report of the incident to CVS, Mr. Martinez was terminated. The reason he was given for this termination was failure to follow workflow procedure. Unfortunately, Mr. Martinez does not know if any of his concerns or change in procedures have been addressed by CVS. He strongly believes that prescription safety is of utmost importance and will continue to explore additional prescription safeguards once he obtains employment.

We hope the above information is helpful. With no issues, complaints, or disciplinary actions in 19 years as a pharmacist in Nevada, Mr. Martinez is very upset by the events that have transpired, again taking full responsibility for this mistake. He has always endeavored to perform his job as a pharmacist with honesty, integrity, and empathy and hopes to continue his career as a pharmacist in the future.

If you have any questions, please do not hesitate to contact me. Also, please advise as to the approximate time of Mr. Martinez's hearing on April 13, 2011.

Sincerely,

NUTILE PITZ & ASSOCIATES

  
Maria Nutile

Read and Approved:  
Case No: 10-088-RPH-S

  
Miguel Martinez, R.Ph.

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acting out. When she returned from her trip, the school nurse notified Ms. Jordan that she discovered that Kyren Lewis had been taking methadone HCL 5 mg. tablets rather than the prescribed methylphenidate. Ms. Jordan consulted with Kyren Lewis' physician and was advised to wean him from the methadone. She determined she was going to take him off the methadone immediately so she could introduce the methylphenidate more quickly. Ms. Jordan indicated that after suffering withdrawal from the methadone it took two weeks for Kyren Lewis to stop the erratic behavior he was experiencing.

### III.

During the investigation of this matter it was learned that Mr. Martinez was the pharmacist that filled and verified the erred prescription. Mr. Martinez explained that he believed that while filling the methylphenidate prescription for Kyren Lewis there was not enough medication in the stock bottle. He had already scanned the stock bottle, printed a label set and affixed it to the prescription bottle. He selected another bottle to complete the fill. He noted that the NDC was different on the second bottle causing him to create a second label set. Mr. Martinez did not notice the difference in the medication, and placed the second label for methadone over the label for methylphenidate and completed the filling of the prescription.

### IV.

The Board's investigator reviewed the counseling log for Kyren Lewis' prescription. He was unable to determine whether Ms. Jordan was counseled or not because the counseling log was blank. When Mr. Martinez was questioned regarding the blank counseling log, he was unable to provide an explanation.

### **FIRST CAUSE OF ACTION**

### V.

In failing to strictly follow the instructions of Kyren Lewis' physician by verifying

and filling his prescription for methylphenidate with methadone HCL 5 mg., Mr. Martinez 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 identify if Ms. Jordan was counseled when she picked up Kyren Lewis' new erred prescription for methadone because the counseling log was blank, Mr. Martinez violated NRS 639.210(4), and/or NRS 639.266 and/or NAC 639.707 and/or 639.945(1).

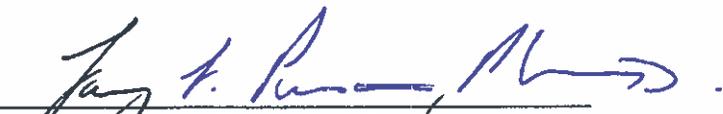
**THIRD CAUSE OF ACTION**

VII.

In owning and operating the pharmacy in which Mr. Martinez filled and dispensed Kyren Lewis' prescription for methylphenidate with methadone, CVS #8807 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 1<sup>st</sup> day of March, 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 #8807,  
Certificate of Registration #PH01406,

Case No. 10-088-PH-S

Respondent.

\_\_\_\_\_ /  
TO THE RESPONDENT ABOVE-NAMED: PLEASE TAKE NOTICE THAT:

I.

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

II

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

The Board has reserved Wednesday, April 13<sup>th</sup>, 2011 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 13<sup>th</sup> day of March, 2011.

  
\_\_\_\_\_  
Larry L. Finson, 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 #8807,  
Certificate of Registration #PH01406,

Case No. 10-088-PH-S

Respondent.

\_\_\_\_\_ /

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

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

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

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

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2011.

\_\_\_\_\_  
type or print name

\_\_\_\_\_  
for CVS #8807

BEFORE THE NEVADA STATE BOARD OF PHARMACY

Nevada State Board of Pharmacy,  
Petitioner,

v.

MIGUEL MARTINEZ, RPH.,  
Certificate of Registration No. 10825,  
CVS/PHARMACY #8807,  
Certificate of Registration No. PH01406;

Respondents.

MOTION TO DISMISS FOR FAILURE  
TO STATE A CLAIM AND FOR LACK  
OF JURISDICTION; MEMORANDUM  
IN SUPPORT THEREOF

Case No. 10-088-RPH-S

Case No. 10-088-PH-S

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TO THE NEVADA STATE BOARD OF PHARMACY:

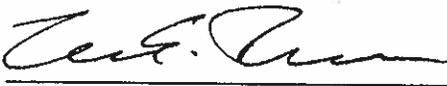
PLEASE TAKE NOTICE THAT, pursuant to Nevada Revised Statutes ("NRS") 639.241 *et seq.*, and NRS 233B.121 *et seq.*, Respondent CVS Pharmacy #8807 ("CVS"), by and through its counsel, hereby moves to dismiss the Third alleged Cause of Action against CVS in Case No. 10-088-PH-S in the Notice of Intended Action and Accusation, filed on March 1, 2011, ("Accusation") for failure to state a claim and for lack of jurisdiction. CVS requests that its motion to dismiss be heard at the April 13, 2011, meeting of the Nevada Board of Pharmacy ("Board") prior to the disciplinary hearing on the Accusation.

CVS seeks dismissal upon the following grounds: (a) the Accusation does not allege any facts indicating that CVS took any actions or made any omissions; (b) the Board lacks jurisdiction and/or authority under NAC 639.945 to impose strict or vicarious liability against CVS solely based upon the actions of a pharmacist.

This motion is based on the accompanying memorandum of points and authorities, the pleadings, documents, and files of record for the Board in this case, and on such evidence and argument as may be presented at the time of the hearings on this matter.

Respectfully submitted this 23rd day of March 2011.

DYER, LAWRENCE, PENROSE,  
FLAHERTY, DONALDSON & PRUNTY

By: 

Michael W. Dyer  
Nevada Bar No. 2180  
Todd E. Reese  
Nevada Bar No. 10196  
Megan N. Salcido  
Nevada Bar No. 11673  
Attorneys for Respondent CVS #8807

## MEMORANDUM OF POINTS AND AUTHORITIES

The Nevada State Board of Pharmacy ("Board") filed a Notice of Intended Action and Accusation on March 1, 2011, ("Accusation") against CVS Pharmacy #8807 ("CVS"), Case No. 10-088-PH-S , and against Miguel Martinez, RPH, Case No. 10-088-RPH-S.<sup>1</sup>

The Board seeks to impose penalties and sanctions on CVS for alleged violations of NRS Chapter 639 and NAC Chapter 639. However, the Board has not alleged that CVS took, or failed to take, any actions which are in violation of any specified provision of NRS Chapter 639, or which caused the misfilling of the prescription. Instead, the Accusation merely asserts that CVS "violated NRS 639.210(4) and or NAC 639.945(1)(d) and (i) and (2)" by "owning and operating the pharmacy in which" the violations occurred. Since it is literally and legally impossible for a properly licensed entity to "violate" any provision of NRS Chapter 639 or NAC Chapter 639 merely by "owning and operating" a pharmacy, the Board is attempting to discipline CVS solely on vicarious and/or strict liability.

CVS asserts that: (a) the Accusation fails to allege facts sufficient to state a claim in the Third Cause of Action for a violation by CVS of NRS 639.210(4) or NAC 639.945(1)(d) and (i); and (b) the Board has no jurisdiction or authority under NAC 639.945(2) to impose discipline upon CVS based solely on the improper acts of the pharmacist.

### **I. FACTUAL AND PROCEDURAL HISTORY**

On or about July 2, 2009, CVS received a prescription for Kyren Lewis for Methylphenidate tablets. This prescription was correctly entered into the system, and the correct label was printed out and affixed to the vial. As Methylphenidate is a class II substance, Mr. Martinez, as the pharmacist proceeded to fill the prescription. Mr. Martinez went back to pull

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<sup>1</sup> Mr. Martinez is not represented by counsel for CVS.

the Methylphenidate bottle, but instead of doing so, Mr. Martinez pulled a bottle of Methadone. Mr. Martinez then performed an accuracy scan, which failed because the NDC numbers for Methadone and Methylphenidate do not match. Instead of investigating to see why the accuracy scan failed, Mr. Martinez edited the prescription in the CVS computer to Methadone instead of Methylphenidate. Mr. Martinez then printed out a new label for Methadone, and placed it on top of the label for Methylphenidate on the vial. Mr. Martinez then performed another accuracy scan, which passed because the prescription, now for Methadone, matched the bottle of Methadone. Mr. Martinez then filled and verified the “Methadone” prescription.<sup>2</sup>

On or about July 4, 2009, Tammy Jordan went to CVS #8807 to pick up the prescription for her son, Kyren Lewis. Ms. Jordan was given the vial labeled, and filled with, Methadone instead of the correct Methylphenidate prescription.

## II. DISCUSSION

When considering CVS’s motion to dismiss for failure to state a claim, the Board may view “all factual allegations [in the Accusation] . . . as true and draw all inferences in [the Board’s] favor. [The Accusation] . . . should be dismissed only if it appears beyond a doubt that . . . [the Board] could prove no set of facts, which, if true, would entitle it to relief.” Buzz Stew, LLC v. City of N. Las Vegas, 124 Nev. \_\_\_, \_\_\_, 181 P.3d 670, 672 (2008). “Dismissal is proper where the allegations are insufficient to establish the elements of a claim for relief.” Stockmeier v. State, Dep’t of Corrections, 124 Nev. \_\_\_, \_\_\_, 183 P.3d 133, 135 (2008) (internal quotations omitted).

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<sup>2</sup> This statement of facts differs from that in the Accusation and in Mr. Martinez’s statement. This sequence of facts is supported by evidence gathered from CVS’s computer system.

**A. The Third Cause of Action Fails to Meet the Pleading Requirements of NRS 639.241(2), or the Basic Requirements of Due Process, Because No Allegations in the Accusation Support a Claim Against CVS under NRS 639.210(4) and/or NAC 639.945(1)(d) and (i).**

NRS 639.210(4) provides that the Board may suspend or revoke a certificate, license, registration or permit when the holder of the certificate, license, registration or permit “[i]s guilty of unprofessional conduct or conduct contrary to the public interest.” NAC 639.945(1)(d) specifies that “unprofessional conduct and conduct contrary to the public interest” includes “failing strictly to follow the instructions of the person . . . making . . . a prescription . . . as to its filling or refilling, [or] the content of the label of the prescription.” Additionally, NAC 639.945(1)(i) states that a license holder commits unprofessional conduct by “[p]erforming any of his duties as the holder of a license, certificate or registration issued by the Board, or as the owner of a business or an entity licensed by the Board, in an incompetent, unskillful or negligent manner.” Thus, it is clear that for a violation of NRS 639.210(4) and NAC 639.945(1)(d) and (i) to exist, a license holder must have taken some action, or must have failed to act when action was required.

NRS 639.241(2) requires that an Accusation provide basic information about the manner in which respondent has violated Nevada statutes or regulations:

The accusation is a written statement of the charges alleged and must set forth in ordinary and concise language *the acts or omissions with which the respondent is charged* to the end that the respondent will be able to prepare a defense. The accusation must specify the statutes and regulations which the respondent is alleged to have violated, but must not consist merely of charges phrased in language of the statute or regulation.

(Emphasis added.)

Rather than providing the statutorily required specificity, the Third Cause of Action merely asserts that CVS “violated NRS 639.210(4) and or NAC 639.945(1)(d) and (i) and (2),”

by “owning and operating the pharmacy in which” the violations occurred. Accusation, ¶ VII. *The Accusation contains no allegations that CVS took any actions, or made any omissions, which caused, or even contributed to, the pharmacist’s failure to follow instructions and the misfilling of Mr. Lewis’ prescription.*

The requirement in NRS 639.241(2) that the Accusation contain specific facts regarding the allegations against a respondent is simply a codification of the fundamental due process requirements of the Fourteenth Amendment of the United States Constitution, which mandates that a respondent must be able to understand the charges and to prepare a defense. That is, there must be both notice and the opportunity to be heard. Cleveland Bd. of Educ. v. Loudermill, 470 U.S. 532, 546 (1985). And, the “notice [must be] reasonably calculated, under all the circumstances, to apprise interested parties of the pendency of the action and afford them an opportunity to present their objections.” Mullane v. Central Hanover Trust Co., 339 U.S. 306, 314 (1950).

The notice requirement of due process is not satisfied by factually vague assertions, but must instead be sufficient to enable the respondent to understand what the respondent has allegedly done, or has failed to do. Grijalva v. Shalala, 152 F.3d 1115, 1122 (9th Cir. 1998). The “notice” requirement of due process is crucial to the requirement of a fair hearing because failure to provide the specific facts which form the basis for the claims against a respondent reduces a respondent “to guessing what evidence can or should be submitted in response and . . . responding to every possible argument against . . . [discipline] at the risk of missing the critical one altogether.” Barnes v. Healy, 980 F.2d 572, 579 (9th Cir. 1992).

The Accusation filed against CVS merely states that CVS owned and operated a pharmacy where a pharmacist allegedly made a mistake. No other allegations are made against

CVS! The Accusation is, therefore, nothing more than an assertion of strict liability. Clearly, simply owning and operating a pharmacy is not an “incompetent act” that is “against public policy,” as required by NRS 639.210(4) or NAC 639.945(1)(i). Nor does owning and operating a pharmacy constitute a failure to follow instructions, as provided for in NAC 639.945(1)(d). The allegations in the Third Cause of Action fail to state a claim against CVS based upon NRS 639.210(4) and NAC 639.945(1)(d) and (i), and violate the pleading requirements of NRS 639.241(2) and the due process requirements of the Fourteenth Amendment. On these bases alone, the Accusation must be dismissed.

**B. The Third Cause of Action must be dismissed because the Board lacks jurisdiction and/or authority to impose vicarious and/or strict liability upon a pharmacy.**

Failure of the Accusation to meet the basic requirements of due process, by not specifying that CVS took, or failed to take, any action, makes it clear that the Board seeks to discipline CVS solely based on strict or vicarious liability.<sup>3</sup> However, the Board lacks jurisdiction and authority to separately discipline license holders under either strict or vicarious liability.

An administrative agency may only exercise such power as has been conferred upon it by law. Andrews v. Nevada State Bd. of Cosmetology, 86 Nev. 207 (1970). That “power” is legally referred to as “jurisdiction.” As stated by the Nevada Supreme Court:

<sup>3</sup> “Strict liability” is generally liability for one’s own acts without proof of the actor’s fault or knowledge. Black’s Law Dictionary, 926 (7th ed. 1999). In the instant context, “strict liability” would mean imposing discipline directly on the pharmacy without the fault, knowledge, or even any identified act, or failure to act, of the pharmacy; the only acts alleged were those of a licensed employee who allegedly acted in violation of the pharmacy laws and regulations.

“Strict liability” is contrasted with “vicarious liability,” which is the liability imposed on a supervisory party for the acts of its subordinates. Black’s Law Dictionary, 927 (7th ed. 1999). The typical example is *respondeat superior*, where the employer may be required to pay any judgment obtained by a third party against an employee acting within the course and scope of his employment. In the instant context “vicarious liability” means, for example, requiring the pharmacy to pay a fine imposed by the Board on a licensed employee for the licensed employee’s acts. “Vicarious liability” does not encompass imposing separate discipline upon the pharmacy itself for the same acts. See Kohler v. Inter-Tel Techs., 244 F.3d 1167, 1177 (9th Cir. 2001) (noting the confusion between the two doctrines).

As an administrative agency the Board has no general or common law powers, but only such powers as have been conferred by law expressly or by implication. [Citations]. Official powers of an administrative agency cannot be assumed by the agency, nor can they be created by the courts in the exercise of their judicial function. [Citations]. *The grant of authority to the agency [in the statute] must be clear.*

Id. at 208 (emphasis added); City of Henderson v. Kilgore, 122 Nev. 331, 334-35 (2006).

The Board's authority to discipline license holders under NAC 639.945 must be based upon NRS 639.070 and NRS 639.210(4). However, NRS 639.070 only authorizes the Board's general powers, such as making regulations to enforce NRS Chapter 639, and does not include an authorization to impose fines or penalties based on strict or vicarious liability. NRS 639.210(4) likewise does not include any provision for strict or vicarious liability, but instead authorizes discipline against "the holder or applicant" of the license for specific actions, or for the failure to take required action. Thus, any attempt by the Board to impose strict or vicarious liability in the absence of express or implied authorization ("jurisdiction") to do so is contrary to Nevada law. See Andrews, 86 Nev. at 208.

Because strict or vicarious liability is not authorized in the statutes relied upon by the Board to enact NAC 639.945, there is no basis for the Board to impose strict or vicarious liability upon a pharmacy. To the extent that the Board is seeking to impose separate liability on CVS solely for the acts of Mr. Martinez, the Third Cause of Action against CVS must be dismissed.

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**III. CONCLUSION**

For the reasons stated above, the Accusation fails to state a claim. CVS respectfully moves the Nevada State Board of Pharmacy to dismiss the Third Cause of Action in the Accusation against CVS.

Respectfully submitted this 23rd day of March 2011.

DYER, LAWRENCE, PENROSE,  
FLAHERTY, DONALDSON & PRUNTY

By: 

Michael W. Dyer  
Nevada Bar No. 2180  
Todd E. Reese  
Nevada Bar No. 10196  
Megan N. Salcido  
Nevada Bar No. 11673  
Attorneys for Respondent CVS #8807

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three dosage units of what she was given. The following day Ms. Darlow was not feeling better and it was at that time that she noticed that her name was not on the medication that she was given the previous day. The name on the prescription label was Brenda Darlow, Erica Darlow's mother, and the medication that she had taken was sulfameth/TMP DS, rather than the prescribed Macrobid. Ms. Darlow was pregnant and she also noticed a warning label that said "Not to be taken if pregnant or expecting." Ms. Darlow contacted her doctor to report that she had taken sulfameth/TMP DS and was concerned for the safety of her pregnancy. The nurse at her physician's office advised her that sulfameth/TMP DS was similar to what was prescribed for her but to discontinue taking it.

#### IV.

During the investigation of this matter it was learned that the pharmaceutical technician that asked Mr. Reese to identify the person and birth date of the prescription he was picking up pulled up the wrong prescription on the computer. When she called Mr. Vo to counsel, he was counseling for what was in front of him, Brenda Darlow's sulfameth/TMP DS, rather than confirming the patient's name with Mr. Reese. Mr. Reese is certain that he gave Erica Darlow's name and date of birth because he did not know the date of birth of Erica Darlow's mother, Brenda Darlow.

#### **FIRST CAUSE OF ACTION**

#### V.

In failing to counsel and dispense the correct medication to Mr. Reese for Erica Darlow by counseling Brenda Darlow's prescription for sulfameth/TMP DS rather than Erica Darlow's prescription for Macrobid, Mr. Vo violated Nevada Revised Statutes (NRS) 639.210(4), and/or 639.266 and/or Nevada Administrative Code (NAC) 639.707 and/or 639.945(1)(d) and (i).

**SECOND CAUSE OF ACTION**

VI.

In owning and operating the pharmacy in which a pharmaceutical technician selected the prescription for Brenda Darlow which caused Mr. Vo to counsel the wrong prescription and dispense it to Mr. Reese for Erica Darlow, CVS #8807 violated NRS 639.210(4) and or NAC 639.945(1)(d) and (i) and (2).

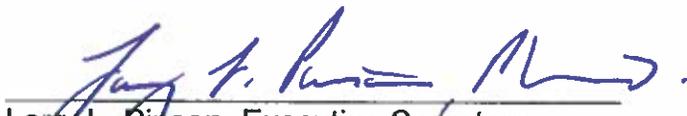
**THIRD CAUSE OF ACTION**

VII.

In being repeatedly negligent for having filled and dispensed a prescription for methylphenidate for a nine year old patient with methadone which caused alleged severe withdrawal symptoms in Board of Pharmacy Case No. 11-003-PH-S, CVS #8807 violated NRS 639.210(4) and/or (16) 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 10<sup>th</sup> day of March, 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**

THAI VO, RPH  
Certificate of Registration #17678

Case No. 11-003-RPH-S

Respondent.

\_\_\_\_\_/

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

I.

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

II

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

The Board has reserved Wednesday, April 13<sup>th</sup>, 2011 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 10<sup>th</sup> day of March, 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

THAI VO, RPH  
Certificate of Registration #17678

Case No. 11-003-RPH-S

Respondent.

\_\_\_\_\_ /

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

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

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

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

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2011.

\_\_\_\_\_  
Thai Vo, RPh

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

v. Petitioner,

NOTICE OF INTENDED ACTION  
AND ACCUSATION

THAI VO, RPH  
Certificate of Registration #17678

Case No. 11-003-RPH-S

CVS/PHARMACY #8807,  
Certificate of Registration #PH01406,

Case No. 11-003-PH-S

Respondents.

---

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Thai Vo is a pharmacist licensed by the Board and CVS/Pharmacy #8807 (CVS #8807) is a pharmacy licensed by the Board, located at 5681 Boulder Highway, Las Vegas, Nevada.

II.

On or about January 10, 2011, Erica Darlow had a prescription for Macrobid filled at CVS #8807. Ms. Darlow's spouse, Kyle Reese, picked up the prescription for Ms. Darlow at the drive through window. Mr. Reese was asked for the name of the person he was picking up the prescription for and that persons date of birth. Mr. Reese indicated it was for Erica Darlow and gave her date of birth. Mr. Reese was counseled and left the drive through window.

III.

Mr. Reese returned home and gave the medication to Ms. Darlow, who took

three dosage units of what she was given. The following day Ms. Darlow was not feeling better and it was at that time that she noticed that her name was not on the medication that she was given the previous day. The name on the prescription label was Brenda Darlow, Erica Darlow's mother, and the medication that she had taken was sulfameth/TMP DS, rather than the prescribed Macrobid. Ms. Darlow was pregnant and she also noticed a warning label that said "Not to be taken if pregnant or expecting." Ms. Darlow contacted her doctor to report that she had taken sulfameth/TMP DS and was concerned for the safety of her pregnancy. The nurse at her physician's office advised her that sulfameth/TMP DS was similar to what was prescribed for her but to discontinue taking it.

#### IV.

During the investigation of this matter it was learned that the pharmaceutical technician that asked Mr. Reese to identify the person and birth date of the prescription he was picking up pulled up the wrong prescription on the computer. When she called Mr. Vo to counsel, he was counseling for what was in front of him, Brenda Darlow's sulfameth/TMP DS, rather than confirming the patient's name with Mr. Reese. Mr. Reese is certain that he gave Erica Darlow's name and date of birth because he did not know the date of birth of Erica Darlow's mother, Brenda Darlow.

#### **FIRST CAUSE OF ACTION**

#### V.

In failing to counsel and dispense the correct medication to Mr. Reese for Erica Darlow by counseling Brenda Darlow's prescription for sulfameth/TMP DS rather than Erica Darlow's prescription for Macrobid, Mr. Vo violated Nevada Revised Statutes (NRS) 639.210(4), and/or 639.266 and/or Nevada Administrative Code (NAC) 639.707 and/or 639.945(1)(d) and (i).

**SECOND CAUSE OF ACTION**

VI.

In owning and operating the pharmacy in which a pharmaceutical technician selected the prescription for Brenda Darlow which caused Mr. Vo to counsel the wrong prescription and dispense it to Mr. Reese for Erica Darlow, CVS #8807 violated NRS 639.210(4) and or NAC 639.945(1)(d) and (i) and (2).

**THIRD CAUSE OF ACTION**

VII.

In being repeatedly negligent for having filled and dispensed a prescription for methylphenidate for a nine year old patient with methadone which caused alleged severe withdrawal symptoms in Board of Pharmacy Case No. 11-003-PH-S, CVS #8807 violated NRS 639.210(4) and/or (16) 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 10<sup>th</sup> day of March, 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 #8807,  
Certificate of Registration #PH01406,**

**Case No. 11-003-PH-S**

**Respondent.**

\_\_\_\_\_ /

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

I.

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

II

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

The Board has reserved Wednesday, April 13<sup>th</sup>, 2011 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 10<sup>th</sup> day of March, 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 #8807,  
Certificate of Registration #PH01406,**

**Case No. 11-003-PH-S**

**Respondent.**

\_\_\_\_\_ /

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

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

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

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

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 2011.

\_\_\_\_\_  
type or print name

\_\_\_\_\_  
for CVS #8807

**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: Michelle    Middle: ROSE ANN    Last: Lambert

Home Address: 588 MONA LN.    Apt #: \_\_\_\_\_

City: HENDERSON    State: NV.    7in Code: 89015

Telep \_\_\_\_\_    Social Security Number: \_\_\_\_\_

Date \_\_\_\_\_    Place of Birth: Fontana CA.    Sex: M or  F

E-mail Address: \_\_\_\_\_

**I am requesting registration at the following pharmacy or approved training program:**

Pharmacy: Walgreens    Store #: 4763

Address: 3765 Las Vegas Blvd. South

City: Las Vegas    State: NV.    Zip Code: 89109

Signature of Managing Pharmacist: Emily L. Morse    Lic #: 16925    Date: 3/1/11

(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: Michelle Lambert    Date: 3/1/11

**Board Use Only**  
 Received: MAR 20 2011    Check Number: 184    Amount: 40

56252  
15206

To Whom it may concern, 3/1/11

IN JULY OF 2007 I WAS  
ARRESTED FOR CONTEMPT OF  
COURT. WHEN THEY PICKED ME  
UP FOR THAT I HAD A VERY  
SMALL AMOUNT OF METHAMPHETAMINE  
IN MY POCKET. I WAS CHARGED  
WITH POSSESSION OF DANGEROUS  
DRUGS NOT TO BE INTRODUCED  
INTO INTERSTATE COMMERCE.

I COMPLETED DRUG COUNSELING  
AND PAID MY FINES.

I HAVE BEEN CLEAN + SOBER  
SINCE AND MY LIFE HAS TAKEN  
A BIG TURN FOR THE BETTER.

I AM GOING ON FOUR YEARS SOBER.  
THANK YOU, Michelle Gulbit





**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR NEVADA WHOLESALER 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: Benco Dental Supply Co  
Physical Address: PATRICK INDUSTRIAL PARK 625 Waltham Way SE 107 McCARRAN NV 89434  
Mailing Address: 295 Center Point Blvd. Pittston, PA 18640  
City: McCARRAN    State: NV    Zip Code: 89434  
Telephone Number: 800-462-3626    Fax Number: 570-602-4903  
Toll Free Number: 800-462-3626  
E-mail: JSoroka@Benco.com    Website: www.Benco.com  
Facility Manager: Ronald Terrell  
Professional qualifications and experience of facility manager: See attached

Types of licensed outlets or authorized persons firm will serve:

Pharmacies     Practitioners     Hospitals     Wholesalers  
 Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

Legend Pharmaceuticals, Supplies or Devices     Hypodermic Devices  
 Poisons or Chemicals     Veterinary Legend Drugs  
 Controlled Substances (include copy of DEA)     Parenterals  
 Other: Dental Supplies and Equipment

**Board Use Only**

Received: MAR 15 2011    Check Number: 819    Amount: 500 -

819    90 -    56258  
2084

**OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION**

State of Incorporation: Delaware

Parent Company if any: \_\_\_\_\_

Corporation Name: Beneo Dental Supply Co

Mailing Address: 295 Center Point Blvd

City: Pittston State: PA Zip: 18640

Telephone: 800-462-3626 Fax: 570-602-4903

License Contact Person: James Soroka

Professional Compliance Contact Person: James Soroka

**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>- See attached -</u>	
_____	_____
_____	_____

For any corporation non publicly traded, disclose the following:

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

- a) \_\_\_\_\_  
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.

\_\_\_\_\_  
\_\_\_\_\_

- 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.

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

3/04/11  
\_\_\_\_\_  
Date

LOUIS MANGINO  
\_\_\_\_\_  
Print or Type name and title

V.P. OPERATIONS, Benco Dental Supply Co.  
\_\_\_\_\_



President

Charles F. Cohen  
1495 Shelburne Ct  
Allentown, PA 18104  
47.5 % Ownership

Vice President and Treasurer

Richard S. Cohen  
39 Brian's Place  
Plains, PA 18702  
47.5 % Ownership

Chairman

Lawrence E. Cohen  
744 Milford Drive  
Kingston, PA 18704  
5% Ownership

***Corporation Information***

<b>Legal Name</b>	Benco Dental Supply Co
<b>Trade Name</b>	Benco Dental Company
<b>State of Incorporation</b>	Delaware
<b>Date of Incorporation</b>	March 26, 1993
<b>Dun &amp; Bradstreet Number</b>	01-510-8087
<b>FDA Labeler Code Number</b>	66975
<b>FDA Establishment Registration Number</b>	2517077
<b>Federal ID Number</b>	23-2718942
<b>Year Company Established</b>	1930
<b>Address of Headquarters</b>	Benco Dental Supply Co. 295 CenterPoint Blvd Pittston, PA 18640

## Exhibit A

Pursuant to the direction of Carolyn Cramer of the Nevada Board of Pharmacy, we have reported as to whether the Mr. Cohen or Benco and its affiliates have been involved in litigation directly related to issues associated with the licensing and legal sale of pharmaceuticals or medical devices - which they have not. Furthermore, Benco has not been involved in any civil litigation in which has been found liable for safety issues associated with pharmaceuticals or medical devices which it has sold to doctors or other customers. Over the past five years, Benco has been involved in a small number of legal action involving products which are listed below. In all three of these cases the primary defendant in such suits has been the manufacturer of the drug or device in question and Benco has been joined in the action as the part of the supply chain between the manufacturer and the end user / injured party.

Case	Jurisdiction	Date	Final Resolution
Shah-Haan Pryce vs. Septodont, Benco, Sofic	US District Ct, Northern District of GA, Atlanta Division	Filed: 1/9/2009	Dismissed w/out prejudice 7/28/2009
Santoli vs. Gherardi, Benco, Septodont	Supreme Court, ST of NY, Co of Nassau	Filed: 8/27/2009	Pending
Williams vs. Karing Dental, Patel, Benco	Circuit Ct, 18th Judicial Circuit, Dupage Co, Wheaton IL	Filed: 10/07/2010	Pending

Kenneth Lee  
Corporate Counsel, Benco Dental  
295 Centerpoint Blvd.  
Pittston, PA 18640  
klee@benco.com 570-602-6819 (work) 570-905-3599 (cell)

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

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

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

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

**GENERAL INFORMATION**

Pharmacy Name: Biomed Pharmaceuticals

Physical Address: 10633 Rene Street

Mailing Address: 10633 Rene Street

City: Lenexa State: KS Zip Code: 66215

Telephone Number: 913-661-0100 Fax Number: 913-906-9098

Toll Free Number: 866-661-0110

E-mail: johnbosworth@biomed-rx.com Website: biomed-rx.com

Managing Pharmacist: John Bosworth License Number: 12931 (KS)

**Hours of Operation:**

Monday thru Friday <u>8:30</u> am <u>5</u> pm	Saturday <u>N/A</u> am <u>N/A</u> pm
Sunday <u>N/A</u> am <u>N/A</u> pm	24 Hours <u>On Call</u>

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

<b>Board Use Only</b>		
Received: <u>MAR 07 2011</u>	Check Number: <u>641</u>	Amount: <u>500.00</u>

56168  
3322

**OWNERSHIP IS A CORPORATION**

State of Incorporation: KANSAS  
Parent Company if any: Biomed Healthcare, Inc.  
Corporation Name: Biomed KANSAS, Inc  
Mailing Address: 950 CA/CON Hook Rd  
City: Sharon Hill State: PA Zip: 19079  
Telephone: 610-586-2311 Fax: 610-586-3320  
License Contact Person: Jennifer Hoefner  
Professional Compliance Contact Person: Kelly Jones

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. Biomed Healthcare, Inc %: 100
- 2. \_\_\_\_\_ %: \_\_\_\_\_
- 3. \_\_\_\_\_ %: \_\_\_\_\_
- 4. \_\_\_\_\_ %: \_\_\_\_\_

Section 2: If the corporation that holds an ownership interest in the applicant is a publicly traded corporation, the applicant shall identify the officers of that corporation, the date the corporation received its registration with the SEC, the registration number issued and the exchange at which the stock is being traded. You can provide a copy of the SEC report or copy of Form 10-K.

Date of Incorporation: 5/14/2007  
Registration number issued: 6176150  
Stock Exchange: N/A

List any physician shareholders and percentage of ownership:

\_\_\_\_\_  
\_\_\_\_\_

If corporation is a subsidiary, list name and state of incorporation of the parent corporation and include a list 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

2/23/11  
\_\_\_\_\_  
Date

William Jones  
\_\_\_\_\_  
Print or Type name and title

CORPORATE STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, William Jones

Corporate Officer of Biomed KANSAS, 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.

William Jones  
Signature

2/23/14  
Date

License 2-10180  
Kansas

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

PHARMACY LICENSE VERIFICATION

Name: Biomed Pharmaceuticals  
 Address: 10633 Rene Street  
 City: Lenexa State: KS Zip: 66215

I hereby authorize the Kansas State Board of Pharmacy to furnish to the Nevada State Board of Pharmacy, the information requested below.

Signature of Applicant John Casworth, RPh

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION  
DO NOT WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
2-10180	Active	3-28-08	6-30-11

Has this license been encumbered in any way? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type of Encumbrance: (if any)		
	<input type="checkbox"/> Revoked <input type="checkbox"/> Suspended	<input type="checkbox"/> Surrendered <input type="checkbox"/> Restricted	<input type="checkbox"/> Limited <input type="checkbox"/> Probation

Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)  Yes  No

Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)  Yes  No

Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)  Yes  No

Has applicant met all licensing requirements of your state? (If no, please explain)  Yes  No

Signature of State Official	Title	State	Date	State Seal
<u>Jamie Fitzhugh</u>	<u>Senior Administrative Assistant</u>	<u>Kansas</u>	<u>1-26-11</u>	

Blank

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

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

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

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

**GENERAL INFORMATION**

Pharmacy Name: Cantrell Drug Company

Physical Address: 7321 Cantrell Rd.

Mailing Address: same

City: Little Rock State: AR Zip Code: 72207

Telephone Number: 501-663-3642 Fax Number: 501-907-5975

Toll Free Number: 877-6666-5222

E-mail: teasterly@cantrelldrug.com Website: www.cantrelldrug.com

Managing Pharmacist: James L. McCarley, Jr. License Number: AR 07487

**Hours of Operation:**

Monday thru Friday <u>9:00am</u> <u>6:00pm</u>	Saturday <u>9:00am</u> <u>12:00pm</u>
Sunday <u>—</u> am <u>—</u> pm	24 Hours <u>—</u>

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

**Board Use Only**

Received: MAR 2 2011 Check Number: 418 Amount: 500

56363  
3347

**OWNERSHIP IS A CORPORATION**

State of Incorporation: Arkansas

Parent Company if any: \_\_\_\_\_

Corporation Name: Cantrell Drug Company

Mailing Address: 7321 Cantrell Rd.

City: Little Rock State: AR Zip: 72207

Telephone: 501-663-3642 Fax: 501-907-5975

License Contact Person: Tracye Easterly

Professional Compliance Contact Person: James L. McCarley, P.I.C.

**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. James L. McCarley, Jr. %: 50
- 2. Lynn H. McCarley %: 50
- 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: N/A  
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.

N/A \_\_\_\_\_

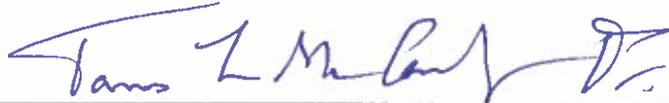
Within the last five (5) years:

- 1) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes  No   
*See attached USAO: 2004 V001*
- 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   
*See USAO: 2004 V 01*
- 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   
*See USAO: 2004 V 001*
- 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

3-3-2011

Date

James L. McCarley, Jr. President / Owner / P.I.C.

Print or Type name and title

CORPORATE STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, James L. McCarley, Jr.

Corporate Officer of Cantrell Drug Company

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.

James L. McCarley, Jr.  
Signature

3-3-2011  
Date

ARKANSAS STATE BOARD OF PHARMACY

MAR 04 2011

RECEIVED

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

PHARMACY LICENSE VERIFICATION

Name: Cantrell Drug Company  
 Address: 7321 Cantrell Rd.  
 City: Little Rock State: AR Zip: 72207

I hereby authorize the Ark. State Board of Pharm. to furnish to the Nevada State Board of Pharmacy, the information requested below.  
 Signature of Applicant James M. McCarley, Jr. R

THIS FORM MUST BE FORWARDED TO THE HOME STATE LICENSING AGENCY FOR COMPLETION  
DO NOT WRITE BELOW THIS LINE

License Number	License Status	Date License Issued	Date License Expires
AR 17419	Active/Good Standing	1/10/1994	12/31/2011

Has this license been encumbered in any way?  
 Yes  No

Type of Encumbrance: (if any)  
 Revoked  Surrendered  Limited  
 Suspended  Restricted  Probation  
 Please attach copies of any pertinent legal documents

USE REVERSE SIDE OF THIS FORM FOR EXPLANATIONS IF NECESSARY

Has the applicant been convicted of any federal, state or local laws relating to drug samples, wholesale or retail drug distribution, or distribution of controlled substances? (If yes, please explain)  Yes  No

Has the applicant furnished any false or fraudulent material in any applications made in connection with drug manufacturing or distribution? (if yes, please explain)  Yes  No

Have any inspections of the applicant resulted in deficient ratings? (If yes, please explain)  Yes  No

Has applicant met all licensing requirements of your state? (If no, please explain)  Yes  No

Signature of State Official	Title	State	Date	State Seal
<u>Kelly Kendall</u>	<u>Admin Asst</u>	<u>AR</u>	<u>3/8/2011</u>	



# CANTRELL DRUG COMPANY

Pharmaceutical Outsourcing Services

January, 2011

To whom it may concern:

The following is a description of our pharmacy practice. Please let us know if you need any further information from us.

Cantrell Drug Company is a pharmacy specializing in compounding of sterile and non-sterile preparations located and licensed in the state of Arkansas. Cantrell Drug Company is multi-state licensed as a non-resident pharmacy and federally registered as a "outsourcing human drug compounding" establishment. Cantrell Drug Company is accredited by the Pharmacy Compounding Accreditation Board for all levels and types of compounding. Cantrell Drug Company has an extensive, continuous quality assurance and quality control program. Cantrell Drug Company prepares products such as: intrathecal pump solutions, pain management parenterals, cardioplegias, ophthalmic solutions, small volume parenterals, and large volume parenterals.

Thank you,

James L. McCarley, Jr., President  
Cantrell Drug Company



# CANTRELL DRUG COMPANY

Pharmaceutical Outsourcing Services

In 2003, the Drug Enforcement Administration investigated Cantrell Drug Company for an alleged violation of Title 21 USC in regard to compounded intrathecal pump refills sent to the ordering physician for administration by the physician.

This practice is standard in most compounding pharmacies dispensing intrathecal medication refills in the United States.

A settlement was reached in 2004 upon the terms set forth in a written agreement, a copy of which is attached. Also attached is a copy of related correspondence between DEA and the Arkansas State Board of Pharmacy.

Furthermore, Cantrell Drug Company complied with DEA request to register the pharmacy as a "manufacturer" with the agency. This does not imply that Cantrell Drug Company is a manufacturer or does not practice pharmacy, but allows the pharmacy to distribute controlled substances without regard to the limited distribution amounts of a DEA "retail pharmacy" registration.

Sincerely,

James L. McCarley, Jr.  
President  
Cantrell Drug Company

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

\_\_\_\_\_  
Commission Expiration Date



U.S. Department of Justice

United States Attorney  
Eastern District of Arkansas

Post Office Box 1229  
425 W. Capitol Avenue, Suite 500  
Little Rock, Arkansas 72203

501-340-2600  
FAX 501-340-2730

September 21, 2004

Mr. John Gilbert  
Hyman, Phelps & McNamara  
700 Thirteenth Street, N.W., Suite 1200  
Washington, D.C. 20005-5929

RE: *U.S. v. Cantrell Drive Store, Dell McCarley*

Dear Mr. Gilbert:

Enclosed please find one executed copy of the Settlement Agreement. Thank you for your assistance in this matter.

Sincerely,  
H.E. (BUD) CUMMINS  
United States Attorney

  
By A. DOUG CHAVIS  
Assistant U.S. Attorney

ADC/kim

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF ARKANSAS  
WESTERN DIVISION

UNITED STATES OF AMERICA

V.

USAO: 2004V00173

CANTRELL DRUG STORE  
DELL MCCARLEY

**SETTLEMENT AGREEMENT**

This Settlement Agreement is made and entered into this 20 day of September, 2004, by and among the United States of America, acting through the United States Attorney for the Eastern District of Arkansas (hereinafter referred to as "USAO"), and Cantrell Drug Company.

**PREAMBLE**

WHEREAS, the United States ~~contends~~ that Cantrell Drug Company has violated 21 U.S.C. § 828(a), § 829(a) and § 842(a)(1), (a)(2) and (a)(5);

WHEREAS, the Cantrell Drug Company ~~denies~~ it has violated any provision of Title 21 U.S.C.

WHEREAS, the parties desire to reach an agreement that would settle, compromise and resolve the United States' claims under Title 21 U.S.C. in order to avoid the expense and uncertainty of litigation.

**TERMS OF AGREEMENT**

NOW, THEREFORE, in reliance on the representations contained herein and in consideration of the mutual promises, covenants, and obligations in this Agreement, and for good and valuable consideration, receipt of which is hereby acknowledged, the parties agree as

follows:

1. Cantrell Drug Company agrees to pay \$30,000 (hereinafter the Settlement Amount), Said settlement amount shall be paid within 30 days of the date of this Agreement and paid as

follows:

A \$10,000 check within 30 days of the date of the execution of this Settlement Agreement, a \$10,000 check within 120 days of the date of the execution of this Settlement Agreement and a \$10,000 check within 210 days of the date of the execution of this Settlement Agreement. Said checks shall be delivered to the office of the U.S. Attorney, Attn: Kim Squires, Legal Assistant, 425 W. Capitol, Suite 500, Little Rock, AR 72201.

Cantrell Drug Company also agrees to submit, within 30 days, an application with the U.S. Drug Enforcement Administration, for a manufacturer's registration.

2. In consideration of the agreements and payments set forth herein, ~~the United States hereby releases~~ and will be deemed to have released Cantrell Drug Company together with its owners, officers, employees, successors and assigns (hereinafter referred to as the "released persons and entities"), ~~from any claims~~ which the United States has or may have against the released persons arising from claims that may have occurred prior to and up to the date of this agreement under 21 U.S.C. § 828(a), § 829(a) and § 842(a)(1), (a)(2) and (a)(5).

3. The releases provided for in this Agreement shall not include releases from claims arising under Title 26 of the United States Code (Internal Revenue Code) and the regulations promulgated thereunder.

4. Each party to this Agreement shall bear its own costs.

5. It is understood and agreed that this Settlement Agreement is in compromise of disputed claims and shall not be construed as an admission of or evidence of liability or wrongdoing on the part of any of the named entities.

6. This document contains the complete agreement between the parties with respect to the matters herein.

7. This Agreement may be executed in identical counterparts, each of which shall constitute an original and all of which shall constitute one and the same agreement.

8. This Agreement may be modified only by a written document signed by all of the parties. No waiver of this Agreement or of any of the promises, obligations, terms or conditions hereof shall be valid unless it is written and signed by the party against whom the waiver is to be enforced.

9. If any part or any provision of this Agreement shall be finally determined to be invalid or unenforceable under applicable law by a court of proper jurisdiction, that part shall be ineffective to the extent of such invalidity or unenforceability only, without in any way affecting the remaining part of said provision or the remaining provision of this Agreement.

10. Each person who signs this Agreement in a representative capacity represents that he or she is duly authorized to do so.

11. This Agreement is effective upon the date of the signature of the last signatory.

IN WITNESS WHEREOF, we have hereunder set our hand as of the date first above written.

On behalf of the United States of America, the Department of Justice, and acting through the United States Attorney for the Eastern District of Arkansas:

H.E. (BUD) CUMMINS,  
United States Attorney

9-20-04  
Date

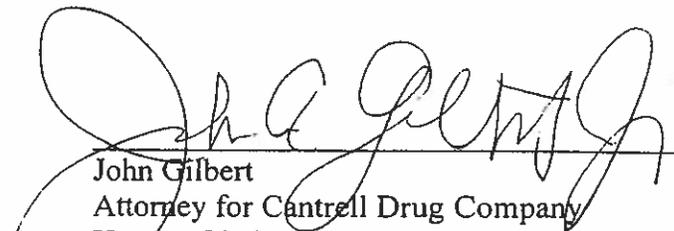
By:   
A. Doug Chavis  
Assistant United States Attorney

On behalf of Cantrell Drug Company.

9-17-04  
Date

  
Dell McCarley, President  
Cantrell Drug Company

9/16/04  
Date

  
John Gilbert  
Attorney for Cantrell Drug Company  
Hyman, Phelps & McNamara  
700 Thirteenth Street, N.W., Suite 1200  
Washington, D.C. 20005-5929

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR OUT-OF-STATE PHARMACY 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 Pharmacy  Ownership Change  Name Change  Location Change   
 (Please provide current license number if making changes: PH \_\_\_\_\_)

**GENERAL INFORMATION**

Pharmacy Name: Specialty Therapeutic Care  
 Physical Address: 6610 W Sam Houston Pkwy N #330  
 Mailing Address: Same  
 City: Houston State: TX Zip Code: 77041  
 Telephone Number: 832-300-1200 Fax Number: 832-300-1201  
 Toll Free Number: 866-506-2626  
 E-mail: matt.angell@stcare.com Website: www.stcare.com  
 Managing Pharmacist: Matthew Angell License Number: Texas 32982

**Hours of Operation:**

Monday thru Friday 8 am 5 pm Saturday \_\_\_\_\_ am \_\_\_\_\_ pm  
 Sunday \_\_\_\_\_ am \_\_\_\_\_ pm 24 Hours  Pharmacist available on 24/7

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

**Board Use Only**

Received: MAR 15 2011 Check Number: 712 Amount: 500.00

56235  
3331

**OWNERSHIP IS A PARTNERSHIP.** All information relates to the person listed as partner Page 2, 3 and 4 must be completed by each partner.

Owner's Name: Specialty Therapeutic Care Holdings, Inc

List all previous names: NA

Social Security Number: TIN 27-3617766

Date of Birth: NA

Place of Birth: City: NA State: NA Country: NA

Citizenship: USA NA other NA

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

Current residence address: NA

City: NA State: NA Zip Code: NA

Telephone Number: NA Fax Number: NA

Previous address (last 5 years): NA

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Name: Specialty Therapeutic Care

Current Business Address: 6610 W Sam Houston Pkwy N #330

City: Houston State: TX Zip Code: 77041

Telephone Number: 832-300-1200 Fax Number: 832-300-1201

Previous Employment:

Name: NA Address: NA

City: NA State: NA Zip Code: NA

Are you a registered pharmacist in Nevada? Yes or No License #: NA

Professional qualifications if not a pharmacist: NA

**OWNERSHIP IS A PARTNERSHIP**

General \_\_\_\_\_ Limited X

Partnership Name: Specialty Therapeutic Care, LP

Mailing Address: 6610 W Sam Houston Pkwy N #330

City, State Zip Code: Houston, TX 77041

Telephone Number: 832-300-1200 Fax Number: 832-300-1201

Contact Person: Matt Angell

List each partner and identify whether (G)eneral or (L)imited partner and percentage of owners  
Use separate sheet if necessary

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
<u>Specialty Therapeutic Core Holdings, Inc.</u>	<u>L</u>	<u>99</u>
<u>Specialty Therapeutic Core GP, LLC</u>	<u>G</u>	<u>1</u>

Within the last five (5) years:

- 1) 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
- 2) Have ever been denied a license, permit or certificate of registration? Yes  No
- 3) Have you ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No
- 4) 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
- 5) 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 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.

Matt Angell  
Signature of partner

3/4/11  
Date

Matt Angell  
Print or Type name

**OWNERSHIP IS A PARTNERSHIP.** All information relates to the person listed as partner Page 2, 3 and 4 must be completed by each partner.

Owner's Name: Specialty Therapeutic Care GP, LLC

List all previous names: NA

Social Security Number: TIN 73-1698807

Date of Birth: NA

Place of Birth: City: NA State: NA Country: NA

Citizenship: USA NA other NA

If applicable, list Naturalization Number: NA Passport Number: \_\_\_\_\_

Current residence address: NA

City: NA State: NA Zip Code: NA

Telephone Number: NA Fax Number: NA

Previous address (last 5 years): NA

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Name: Specialty Therapeutic Care

Current Business Address: 6610 W Sam Houston Pkwy N #330

City: Houston State: TX Zip Code: 77041

Telephone Number: 832-300-1200 Fax Number: 832-300-1201

Previous Employment:

Name: NA Address: NA

City: NA State: NA Zip Code: NA

Are you a registered pharmacist in Nevada? Yes or No License #: NA  
Professional qualifications if not a pharmacist: NA

**OWNERSHIP IS A PARTNERSHIP**

General \_\_\_\_\_ Limited X

Partnership Name: Specialty Therapeutic Care, LP

Mailing Address: 6610 W Sam Houston Pkwy N #330

City, State Zip Code: Houston, TX 77041

Telephone Number: 832-300-1200 Fax Number: 832-300-1201

Contact Person: Matt Angell

List each partner and identify whether (G)eneral or (L)imited partner and percentage of owners  
Use separate sheet if necessary

<u>Name</u>	<u>G or L</u>	<u>Percentage</u>
<u>Specialty Therapeutic Care Holdings, Inc</u>	<u>L</u>	<u>99%</u>
<u>Specialty Therapeutic Care GP, LLC</u>	<u>G</u>	<u>1%</u>

Within the last five (5) years:

- 1) 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
- 2) Have ever been denied a license, permit or certificate of registration? Yes  No
- 3) Have you ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No
- 4) 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
- 5) 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 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.

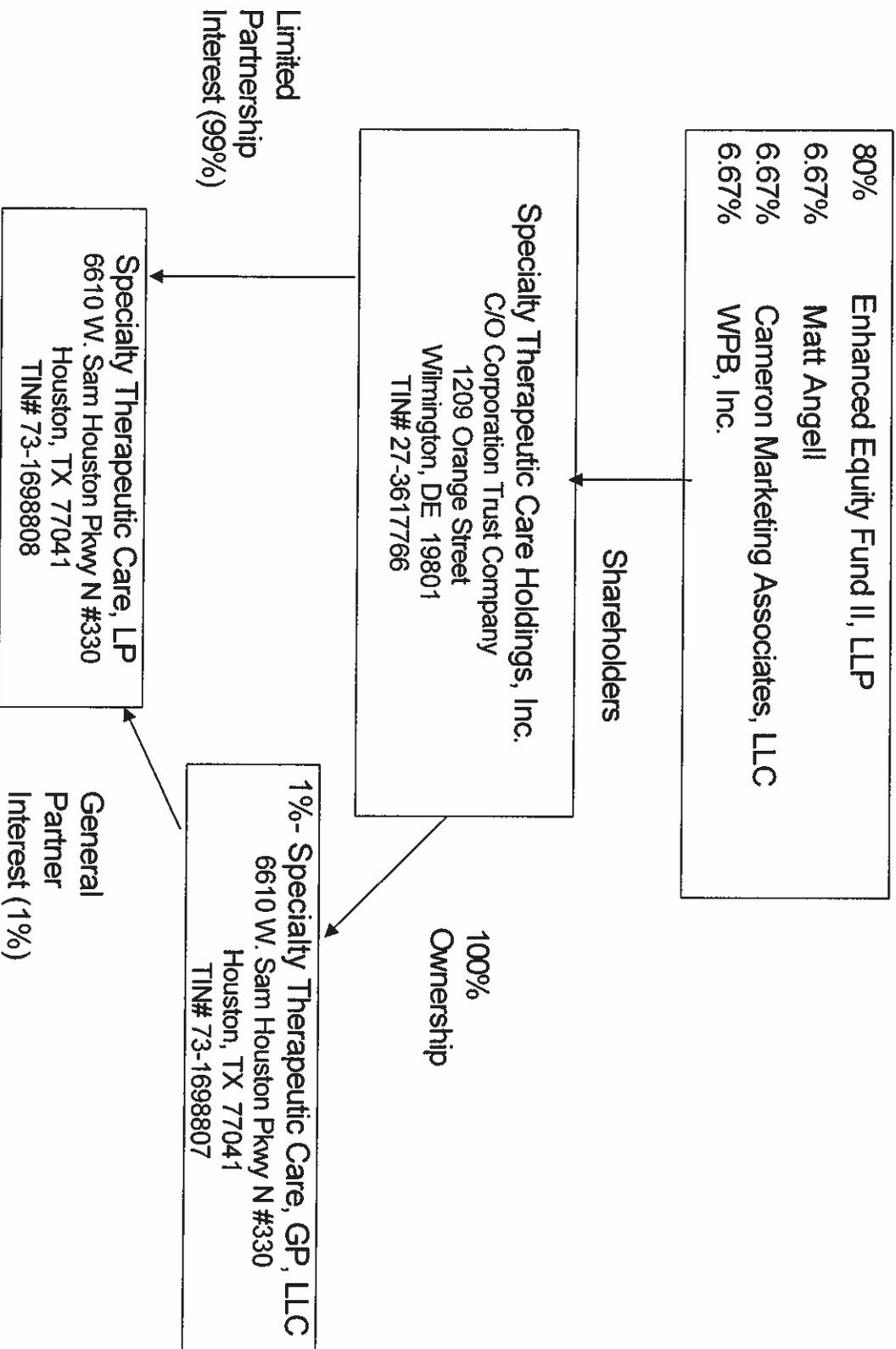
I have read all questions, answers and statements and know the contents thereof. I hereby certify under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to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

Matt Angell  
Signature of partner

3/4/11  
Date

Matt Angell  
Print or Type name

# Ownership Structure

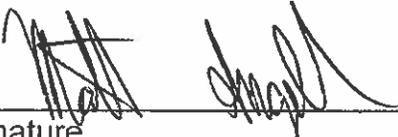


STATEMENT OF RESPONSIBILITY - PARTNERSHIP  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I,                     Matt          Angell                      
Partner of           Specialty Therapeutic Care, LP                      
hereby acknowledge and understand that my partners and I may be responsible for any  
violations of pharmacy law that may occur in a pharmacy owned or operated by me.

I further acknowledge and understand that my partners and I 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 my partners and I 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.

  
\_\_\_\_\_  
Signature

                    3/4/11                      
\_\_\_\_\_  
Date



## TEXAS STATE BOARD OF PHARMACY

Jeanne D. Waggener, R.Ph.  
President  
Waco

Alice G. Mendoza, R.Ph.  
Vice President  
Kingsville

Dennis F. Wiesner, R.Ph.  
Treasurer  
Austin

Buford T. Abeldt, Sr., R.Ph.  
Lufkin

Rosemary Forester Combs  
El Paso

W. Benjamin Fry, R.Ph.  
San Benito

L. Suzan Kedron  
Dallas

Joyce A. Tipton, R.Ph.  
Houston

Charles F. Wetherbee  
Boerne

Gay Dodson, R.Ph.  
Executive Director/Secretary  
Austin

**Re:** Specialty Therapeutic Care

**Address:** 6610 W Sam Houston Pkwy N 330  
Houston, TX 77041

**License No.:** 24102

**Date Issued:** May 5, 2005

**Licensure Status:** Active

**Expiration Date:** May 31, 2011

**Date of Last Inspection:** January 5, 2010

**Type of Pharmacy:** Community – Class A

**Prior Disciplinary Orders:** No

The Texas State Board of Pharmacy does not use the term "good standing." The Texas State Board of Pharmacy does maintain records regarding licensure and disciplinary action against a licensee. As of the date of the receipt of the request for license verification (December 31, 2010), Specialty Therapeutic Care (Texas Pharmacy License #24102) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:

  
\_\_\_\_\_  
Allison Benz, R.Ph., M.S.  
Director of Professional Services  
Texas State Board of Pharmacy

January 4, 2011  
Date



**NEVADA STATE BOARD OF PHARMACY**  
431 W. Plumb Lane ~ Reno, NV 89509 ~ 775/850-1440

(This application can not be used by PA's or APN's)  
**CONTROLLED SUBSTANCE APPLICATION**  
Registration Fee: \$80.00 (non-refundable)

First: Mohamed Middle: Omar Last: Saleh Degree: MD

Practice Name (if any): Center for Medicine and Wellness (previously Center for Medicine & Psychiatry)

Nevada Address: 4503 Dean Martin Drive Suite #: 100  
(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

PO Box: v E-mail address: \_\_\_\_\_

City: Las Vegas State: Nevada Zip Code: 89103

Nevada Telephone: (702) 791-1004 Nevada Fax: (702) 791-1005

Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_ Sex: M ✓ or F

Practitioner License Number: .11784 Specialty: Addiction & Forensic Psychiatry

**You must be licensed with your respective BOARD before we will process this application.**

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 and/or documents.

a) Board Administrative Action and/or State: \_\_\_\_\_ Date: \_\_\_\_\_ Case Number: \_\_\_\_\_

b) Criminal Action State: \_\_\_\_\_ Date: \_\_\_\_\_ Case Number: \_\_\_\_\_

County: \_\_\_\_\_ Court: \_\_\_\_\_

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct.

  
Signature

11/23/10  
Date

**Board Use Only**

Received: \_\_\_\_\_ Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_

**NEVADA STATE BOARD OF PHARMACY**  
431 W. Plumb Lane ~ Reno, NV 89509 ~ 775/850-1440

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

**CONTROLLED SUBSTANCE APPLICATION**

**Registration Fee: \$80.00 (non-refundable)**

First: Mohamed Middle: Omar Last: Saleh Degree: MD

Practice Name (if any): Center for Medicine and Wellness (previously Center for Medicine & Psychiatry)

Nevada Address: 4503 Dean Martin Drive Suite #: 100

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

PO Box: v E-mail address: salehfl@live.com

City: Las Vegas State: Nevada Zip Code: 89103

Nevada Telephone: (702) 791-1004 Nevada Fax: (702) 791-1005

Date of Birth: 07/08/1953 SS#: 267-95-5171 Sex: M ✓ or F

Practitioner License Number: .11784 Specialty: Addiction & Forensic Psychiatry

**You must be licensed with your respective BOARD before we will process this application.**

- 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 and/or documents.

a) Board Administrative Action State: \_\_\_\_\_ Date: \_\_\_\_\_ Case Number: \_\_\_\_\_  
and/or

b) Criminal Action State: \_\_\_\_\_ Date: \_\_\_\_\_ Case Number: \_\_\_\_\_

County: \_\_\_\_\_ Court: \_\_\_\_\_

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct.

Signature

Date

**Board Use Only**

Received: \_\_\_\_\_ Check Number: \_\_\_\_\_ Amount: \_\_\_\_\_

Entered: \_\_\_\_\_

Checked: \_\_\_\_\_

File Purged: \_\_\_\_\_

N/A: \_\_\_\_\_

Route To: **MCI Patrol Follow Up  
Victim Services**

Year: **2010** Incident No.: **878531**

1



**Jacksonville Sheriff's Office  
General Offense / Incident Report**



**Incident Information**

Day/Date/Time of Incident-From: **Wednesday 11/3/2010 04:00**

Day/Date/Time of Incident-To: **Wednesday 11/3/2010 04:10**

Location of Incident: **1306 CAMPBELL AVE Apt./Lot #:**

Sub-Sector: **E1**

City: **JACKSONVILLE** State: **FLORIDA** Zip: **32207**

Tn: **204** Crossstreet:

Day/Date/Time Incident Reported: **Wednesday 11/3/2010 04:51**

Drug Activity: **NOT APPLICABLE**

Drug Type: **NOT APPLICABLE**

# Of Offenses: **1**

Alcohol Related: **UNKNOWN (OR N/A)**

Drug Related: **UNKNOWN (OR N/A)**

# Of Victims:

M.C.I. Case: **Yes** Follow-up by: **Patrol Office** Was Hate Crime Involved: **No**

# Of Suspects:

**Offense or Incident:**

#1 Statute No: **784.045** Degree: **F2** UCR Code: **130B** Attempt Code: **Commit**  
**BATTERY / AGG / DOMESTIC - PERSONAL OR SPECIAL WEAPON WITH NO OR MINOR INJURY**

**Property Section:**

**ITEM #1**

Type Code: **CLOTHING / FUR**

Status Code: **SEIZED (NOT STOLEN)**

Weapon Type: \_\_\_\_\_ Weapon Desc.: \_\_\_\_\_

Weapon Caliber: \_\_\_\_\_ Barrel Length.: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Qty: **1.00**

Drug Type: \_\_\_\_\_

Drug Unit Type: \_\_\_\_\_

Description: \_\_\_\_\_

**BLACK AND YELLOW JACKET**

Value Stolen or Damaged: \_\_\_\_\_

Value Recovered: **\$1.00**

Victim / Complaint Signed Signature Card: **Yes**

Property Owned By: \_\_\_\_\_

Property Received From: \_\_\_\_\_

Vehicle Property Recovered From: \_\_\_\_\_

Disposition of Evidence / Property: **Property Room**

**ADDITIONAL INFORMATION**

On 11-03-10 at 0554, I was dispatched to an aggravated domestic battery call that occurred at 1306 Campbell Ave. Upon my arrival at Memorial Hospital, I met with (Victim) who advised me of the following:

stated he returned home after an evening out at 0400 to get a clean suit and some other clothing items. said he went into the bedroom, where his wife ( ) was sleeping, and retrieved the items from the closet. said his wife got up and followed him into the kitchen. said (Suspect) grabbed a knife in the kitchen and asked him "Are you here to kill me?". said no and tried to move the knife away from him. In doing so, was cut by the knife causing a small laceration to the victim's forearm. stated he drove himself to Memorial Hospital to get the wound treated. The wound did not require any stitches. said that he and his wife are going through a divorce and he went to the courthouse yesterday to seek a restraining order. told me that on 11-01-10 his wife pulled a knife on him and threatened him, but police were not contacted.

I made contact with (Suspect) and read her Miranda Rights via card. said she was awakened at 0400 in the morning to someone in their bedroom closet. assumed it was her husband so she went back to sleep. then got up a little bit before 0500 and discovered that her husband was gone and the front door was left unlocked. then went back to bed. The suspect denied having a confrontation with the victim, but said they are going through a divorce. I asked about the incident that occurred on 11-01-10 and she denied it happened.

I contacted Sgt. T.C. James #5895 and advised him of the situation.

was given the documentation for domestic battery and his jacket, which he was wearing as he was cut, was placed in the property room.

was given an evidence technician card and he said he would call one when he got to his office.

stated he did not want to press charges on his wife.

I will contact the state attorney's office to seek a warrant for

Patrol efforts suspended.

---

**Handouts:**

- #1 Case information Card
- #2 Domestic Violence Pamphlet
- #3 Vine Information
- #4 Victim Services Card
- #5 Advised of Shelter
- #6 Advised of Victim Services
- #7 Victim Notification Form
- #8 Signature Form

---

Clearance Status: **CASE NOT CLEARED** Clearance Code: **NOT APPLICABLE** Number of Cases Cleared  
Case Not Cleared Type: **PENDING STATE ATTORNEY'S OFFICE DISP?**

---

**CRIME ANALYSIS**

Aggravated Assault/Murder: **NOT APPLICABLE**  
Type of Weapon: **KNIFE / CUTTING INSTR**  
Forced Entry: **NOT APPLICABLE** Structure Occupancy Code: **NOT APPLICABLE**  
Number of Premises Entered:  
Location Type: **Residence-Home**  
Incident Occurred Inside this Location Incident Occurred In the Parking Lot at this Location: **No**  
Number of Vehicles Recovered: Number of Arrested:  
School Name: School Number

---

**MISCELLANEOUS:**

Is Offense Related to Domestic Violence: **Yes** If yes, were Children under 18 Present: **No** If No is it Domestic Related:  
Is there additional information included on a continuation report: **No** Are there other Pertinent Reports: **Yes**  
In your opinion is there significant reason to believe that the crime can be solved by a patrol follow-up investigation? **No**  
Neighborhood Canvass Conducted: **No** Case Information Card Left With: **N.A.**  
If Other (Name Address):  
Address: Apt./Lot #: Sub-Sector:  
City: State: Zip:  
Taz: Crossstreet:  
Home Phone # Bus. Phone # Ext.  
Cell Phone # Cell Phone Provider E-mail  
Is Vagrant? **NO**

---

**Investigative Time:**

#1 Hours: **2** Minutes: **30** Cost Amount: **\$36.15**

---

Detective Called To the Scene: **#0**  
Evidence Technician Called to the Scene: **#0**  
Reporting Officers: **S.M.WOLFORD**  
Approving Supervisor **T.C.JAMES**  
Division: **PATROL** Unit: **ZONE 2**

NA:  Notified:   
NA:  Assigned By HQ:   
ID #6061  
ID #0 11/3/2010 09:18  
ID #5895

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Nevada State Board of Pharmacy  
431 West Plumb Lane  
Reno, NV 89509-3766

March 1, 2011

Sir / Madame,

To WHOM IT MAY CONCERN.

I am hereby requesting the reinstatement of my Pharmacy Licence, following the expiration of one year suspension.

Statement from the medical Doctor is enclosed as requested by the State Board of Pharmacy.

Sincerely,

Matthew Osayarer.



**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**FINDINGS OF FACT,**  
**CONCLUSIONS OF LAW,**  
**AND ORDER**

**v.**

**MATTHEW OSAYAREN, RPH**  
**Certificate of Registration No. PH09430**  
**Respondent.**

**Case No. 09-080-RPH-S**

\_\_\_\_\_/

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on October 14, 2009 in Las Vegas, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel to the Board. The Respondent was present and represented himself. The Respondent had filed a written answer and notice of defense that was filed and made a part of the record. Based upon the presentations of the parties, the Board finds the following to be the facts of the matter.

**FINDINGS OF FACT**

1. Board Staff presented two exhibits in this matter, consisting of the Arrest Warrants, Criminal Complaint, Criminal Indictment, Judgment in a Criminal Case, Plea Memorandum in United States District Court Case Number 2:07-CR-227-KJD-PAL. Respondent plead guilty to Obstruction of a Federal Audit and Aiding and Abetting. Respondent in the Plea Memorandum admitted to submitting false and fraudulent documents to CIGNA Healthcare when they asked for documentation of patient records to substantiate claims for Medicare reimbursement. Respondent and his business had received over \$100,000.00 in Medicare reimbursement. On October 16, 2009 Respondent begins his incarceration for five months in federal prison.

2. Respondent made a statement in mitigation requesting that his registration not be revoked.

### **CONCLUSIONS OF LAW**

The Nevada State Board of Pharmacy has jurisdiction over this matter because Mr. Osayaren is a pharmacist licensed by the Board.

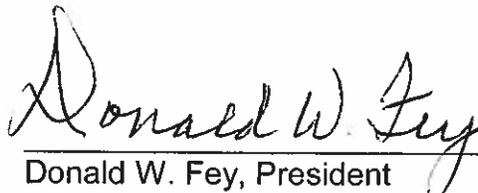
1. In having been convicted of a felony involving Medicare fraud, Mr. Osayaren violated NRS 639.210(1),(4), and/or (7)(a) and/or 639.2815.

### **ORDER**

Based upon the foregoing, the Board hereby orders the following:

1. Mr. Osayaren's pharmacist's license (#09430) is revoked. Mr. Osayaren may not be employed in any business or facility licensed by this Board in any capacity unless and until his license as a pharmacist has been reinstated.
2. Mr. Osayaren shall return to the Board's Reno office his wallet card(s) and wall certificate within 10 days of his receipt of this Order.
3. The failure to comply with any term in this order may result in further legal action as the Board staff determines to be necessary.

Signed and effective this 27th day of October, 2009.



Donald W. Fey, President  
Nevada State Board of Pharmacy

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NOV - 8 2010

November 04, 2010

To Nevada State Board of Pharmacy  
Jeri Walters

Hello Jeri my name is Mayra  
Arreola my registration number is  
PT05374. This letter is to request  
a hearing for the Pharmacy  
board meeting in Las Vegas that  
will take place in January, 2011.  
I would like to request upon  
the Pharmacy board reinstatement  
for my PT registration. Thank you  
If any please call me  
~~Mayra Arreola~~

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

v.

**MAYRA ARREOLA, P.T.,**  
**Certificate of Registration #PT05374,**

**Petitioner,**

**Respondent.**

**FINDINGS OF FACT,**  
**CONCLUSIONS OF LAW,**  
**AND ORDER**

**Case No. 08-054-PT-S**

---

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on October 29, 2008, in Las Vegas, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel to the Board. At the hearing on October 29, 2008, Mayra Arreola represented herself. As a preliminary matter, Ms. Cramer made a motion to dismiss count one of the Notice of Intended Action as Ms. Arreola was alleged to have diverted Lortab, a controlled substance, but because of Ms. Arreola's writing it was actually Lovastatin a dangerous drug that she diverted. The Board presented no testimony or evidence, but did make a presentation based upon the public records in the Board's possession. Ms. Arreola admitted that she had taken the Metformin and the Lovastatin for her parent's use. Additionally, Ms. Arreola testified that she needed money and thought she could provide patients that did not have insurance their medications at a reduced price by making sticky notes with the patient's names and phone numbers and the medications and then contact the patient to make them an offer. Ms. Arreola testified that she had contacted a patient to do this and that it was the first time that she engaged in this scheme and she was caught. On the presentation of the Board's staff, the testimony of Ms. Arreola and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

### **FINDINGS OF FACT**

1. On or about July 28, 2008, Ms. Arreola was terminated from her employment at Wal-Mart #10-3473, located at 4505 West Charleston Boulevard, Las Vegas, Nevada. Ms. Arreola's termination was based upon her contacting pharmacy patients and offering them their medications at a reduced rate. She would then ask them to bring cash and meet her at her car in the Wal-Mart parking lot to give them their prescriptions for the reduced rate and then she planned to keep the money.

2. One of the patients Ms. Arreola contacted informed Wal-Mart personnel of the offer she had been given. Wal-Mart worked with the patient to set up a buy. When the patient contacted Ms. Arreola she also contacted undercover Wal-Mart personnel. When Ms. Arreola was in the parking lot on the way to her car she was apprehended and taken back into Wal-Mart for questioning. Ms. Arreola had the patient's prescription in her possession. Several sticky notes were found in Ms. Arreola's car with other patient names, the prescription medication they took, and telephone number that she intended to contact to offer the same opportunity so she could obtain money.

3. At the time of her exit interview she gave a voluntary statement admitting that she had taken the Lovastatin and Metformin and admitted that this was the first time she had contacted a patient to participate in her scheme.

### **CONCLUSIONS OF LAW**

1. The Board has jurisdiction over this matter because Ms. Arreola is registered as a pharmaceutical technician with the Board.

2. In obtaining danger drugs, namely Metformin or Lovastatin, without a valid prescription therefore and for her personal gain, Ms. Arreola violated Nevada Revised Statutes (NRS) 454.221(1) and 454.316(1) and Nevada Administrative Code (NAC) 639.945(1)(h) and (i).

### **ORDER**

Based upon the foregoing, the Board imposes the following discipline:

1. Ms..Arreola's registration (PT05374) is revoked. Ms. Arreola may not be employed in any business registered by the Board in any capacity.

Signed and effective this 28<sup>th</sup> day of November, 2008.

A handwritten signature in black ink, appearing to read "Barry Boudreaux". The signature is written in a cursive style with a large initial "B".

---

Barry Boudreaux, President  
Nevada State Board of Pharmacy

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane - Reno, NV 89509 - (775) 850-1440  
**APPLICATION FOR NEVADA MDEG 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: Global Orthopedic, LLC  
 Physical Address: 3905 W Post Rd Ste 110 Las Vegas NV 89148  
 Mailing Address: same  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone Number: 702.202.4482 Fax Number: 702.818.5644  
 Toll Free Number: n/a  
 E-mail: afrance@yaho.com Website: n/a  
 Facility Manager: Amranda Fain

Professional qualifications and experience of facility manager: Graduated in Business Administration / over one year of wholesale office experience

**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: DEXA, spinal surgery hardware, knee/hip/shoulder hardware

**Board Use Only**  
 Received: MAR 20 2011 Check Number: 1051 Amount: 500.00

56413  
 12/6/10

**OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION**

State of Incorporation: Nevada

Parent Company if any: n/a

Corporation Name: Global Orthopedic, LLC

Mailing Address: 8905 W Post Rd Ste 110

City: Las Vegas

State: NV

Zip: 89148

Telephone: 702-202-4482

Fax: 702-818-5644

License Contact Person: \_\_\_\_\_

Professional Compliance Contact Person: \_\_\_\_\_

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

Officer or director name

Officer or director title

Alan John Goodin Owner

For any corporation non publicly traded, disclose the following:

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

a) Alan John Goodin 4316 Jordan Ct Las Vegas NV 891  
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. n/a

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.

- 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.

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.

Alan J. Gordon

Signature of corporation officer

3/24/11

Date

Alan John Gordon Owner

Print or Type name and title

# PERSONAL HISTORY RECORD

Date 3/24/2011

## 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  
Global Orthopedic, LLC Nature of License  
8905 W. Post Rd Ste 110 Las Vegas NV 89110  
Name and Address of Establishment for Which License Is Requested  
.....  
If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Last Name	<u>Goodin</u>	First Name	<u>Alan</u>	Middle Name	<u>John</u>
Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise) <u>n/a</u>					
Present Residence Address-Street or RFD	<u>4316 Jordan Ct</u>	City	<u>Las Vegas</u>	State/Zip	<u>NV 89129</u>
Present Business Address	<u>8905 W. Post Rd Ste 110</u>	City	<u>Las Vegas</u>	State/Zip	<u>NV 89148</u>
Occupation	<u>Business Owner</u>			Phone:	
Date of Birth	<u>49</u>	Place of Birth (City, County, State)	<u>Dusan, Korea</u>		
Social Security Number		Sex	<u>Male</u>		
Color of Eyes	<u>Brown</u>	Color of Hair	<u>Black</u>	Build	<u>White</u>
			<u>210</u>	Height	<u>6'11"</u>

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

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

A. **Current Marriage** 09/25/1999 Kalamazoo Portage, Michigan  
 Date Place of Birth  
 Spouse's full name (Maiden) Marcie Ann Hozek  
 Dai \_\_\_\_\_  
 Resident address 4316 Jordan Ct Las Vegas NV 89129  
 Street City State Zip  
 Telephone: Resider \_\_\_\_\_  
 Spouse's employer n/a 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
Rebecca	1998	1995	Divorce	Negril, Jamaica
Cynthia	1989	1987	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 Dr	Grants Pass	OR	97527	

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Residence Address \_\_\_\_\_

B. **Child Support Information:**

Please mark the appropriate response:

- I am not subject to a court order for the support of child.
- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant's initial AG

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. Gardin</u>			Policeman 'deceased'
Mother <u>Jae Bee</u>		<u>2924 Copper Beach Ct</u> <u>Las Vegas NV 89117</u>	Business Owner
Father-in-Law <u>Thomas Hasek</u>		<u>482 Shade Tree Trail</u> <u>Mason, MI 48851</u>	GM Manager
Mother-in-Law <u>Connie Hasek</u>		<u>482 Shade Tree Trail</u> <u>Mason, MI 48854</u>	Sales Person

**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 Gardin</u>		<u>3582 Redfir St</u> <u>Las Vegas, NV 89135</u>	Business Owner
Spouse <u>Sinda Gardin</u>		<u>9769 Sugar Leaf Ln</u> <u>Las Vegas NV 89148</u>	Business
Spouse			
Spouse			

**4. EDUCATION:**

	Name of School	Location	Dates Attended	Graduate
Grammar School	<u>IS 51</u>	<u>Staten Island NY</u>	<u>73-77</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	<u>Clark</u>	<u>LV, NV</u>	<u>77-79</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	<u>Clark County</u>			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other	<u>Community College</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

A. Have you ever served in any armed forces?

Yes  No

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

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

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

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes  No  If yes, furnish details on separate sheet. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes  No

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

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes  No  If yes, give details in space provided below and provide a written explanation. List all cases without exception.

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

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes  No

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes  No

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes  No

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes  No

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes  No  If yes, when?..... city, county and state.....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes  No  If yes when?..... city, county and state.....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes  No  If you answer to any of the above questions (B through H) is yes, please provide a written explanation.

Name	Relationship	Charge	Location	Date

Applicant's initial AG

**ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued**

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?  
 Yes  No  (Other than divorces)

If yes, give details below and provide a written explanation. List all cases without exception, including bankruptcies:

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

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 Jorden Ct	Las Vegas	NV
92-12/99	7112 Belinda Ln	Las Vegas	NV
84-92	1017 Interlude Dr	Las Vegas	NV
82-84	5613 Bartlett Ave	Las Vegas	NV
77-82	3763 Topana St	Las Vegas	NV
72-77	322 Wood Bineter	Staten Island	NY

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
05/93 - Present	Global Orthopedic, LLC 8905 W. Post Rd Ste 110 LV, NV 89148	
Owner	owner/President	
12/85 - 12/95	Desert Orthopedic Center 2800 E. Desert Inn St 250 Las Vegas NV 89121	To Run Business
Orthopedic Assistant	assist in surgery & see patients	Mike Pendelton
12/81 - 12/85	UMC 1100 W. Charleston IV NV	New Job
Surg. Tech	assist surgeon in OR.	Starr
09/81 - 12/81	Valley Hospital 1070 Shadow Ln IV NV	To work for UMC
orderly	transport patients	cant remember
12/78 - 09/79	Scars Madland Pkwy IV NV	Hours
Wright knitter	cleaning of Hare	cant remember
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, please provide an attachment.

Applicant's initial AB

**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>Mark Barry MD</u>	Home				( )	
Employer <u>DOC</u>						
Name <u>Jenithan Camp MD</u>	Home				( )	
Employer <u>Self</u>						
Name <u>Thomas Dunn MD</u>	Home				( )	
Employer <u>DOC</u>						
Name <u>Joswinder Firmer MD</u>	Home				( )	
Employer <u>Nevada Spine</u>						
Name <u>Troy Watson MD</u>	Home				( )	
Employer <u>DOC</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 AB

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

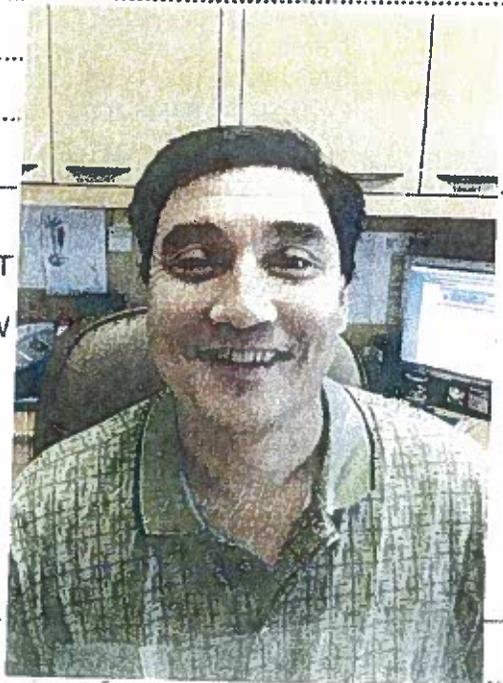
15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No  If yes, please provide details and a written explanation

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

AT  
W



Date

Applicant's initial AG

STATE OF Nevada

SS.

COUNTY OF Clark

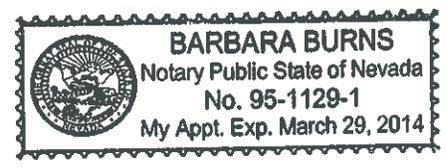
I, Alan John Goodlin, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that 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.

Alan J. Goodlin  
Signature of Applicant

Subscribed and Sworn to before me this 24th day of March 2011

Barbara Burns  
Notary Public



(seal)

# APPLICATION TO BE THE DESIGNATED REPRESENTATIVE

Date 3/24/2011

## 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 MDEA Wholesaler  
Nature of License  
Global Orthopedic LLC 8905 W Post Rd Ste 110 Las Vegas NV 89148  
Name and Address of Establishment for Which License Is Requested  
If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

Last Name n/a First Name Fain Amanda Middle Name K

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

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

Present Business Address 8905 W Post Rd Ste 110 City Las Vegas State/Zip NV 89148

Date of Birth \_\_\_\_\_ (City, County, State)

Social Security Number Fort Walton Beach FL Sex Female

Color of Eyes Blue Color of Hair Blonde Complexion White Weight 123 Build Petite Height 5'5"

Scars, tattoos or distinguishing marks and/or characteristics 3 tattoos 2-hips 1-ribs right side

Are you a citizen of the United States? Yes  No  If alien, registration No \_\_\_\_\_

If naturalized, certificate No \_\_\_\_\_ Date \_\_\_\_\_

Place \_\_\_\_\_ (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single  Married  Separated  Divorced  Widowed  Engaged   
Applicant's initial AF

MARITAL INFORMATION-Continued

A. **Current Marriage** 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
Josh Himmelrick	12/31/2009	9/21/2008	Divorce	Las Vegas NV

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

Name	Street	City	State	Zip	Telephone
Josh Himmelrick					

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 MP

**FAMILY INFORMATION-Continued**

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

Name n/a

Address \_\_\_\_\_

Contact person \_\_\_\_\_

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father <u>Michael Fain</u>		<u>5033 lazy days ct Las Vegas NV 89141</u>	<u>Retired Colonial Air Fc</u>
Mother <u>Karla Fain</u>		<u>↑ same</u>	<u>Home Maker</u>
Father-in-Law			
Mother-in-Law			

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Spouse <u>Nicole Baykin</u>			
Spouse			
Spouse <u>Ruan Fain</u>			
Spouse			
Spouse			

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School <u>Rosemary Clark</u>	<u>Pahrump NV</u>	<u>98-01</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School <u>Pahrump Valley High</u>	<u>Pahrump, NV</u>	<u>01-05</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University <u>Deloy University</u>	<u>Henderson NV</u>	<u>05-09</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 Bachelors in Business Administration

College or university where obtained Deloy University Henderson NV

Applicant's Initial RF

**5 MILITARY INFORMATION:**

A. Have you ever served in any armed forces? Yes  No

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

Yes  No

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

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes  No  If yes, give details in space provided below and provide a written explanation. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
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B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes  No

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes  No

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes  No

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes  No

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes  No   
If yes, when?.....city, county and state.....

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes  No   
If yes when?.....city, county and state.....

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes  No   
If you answer to any of the above questions (B through H) is yes, please provide a written explanation.

Name	Relationship	Charge	Location	Date
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Applicant's initial ATF

**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
03-2010 - Present	7640 Cumbertrail	Las Vegas	NV 89131
06/08 - 03/10	5833 lazy days ct	Las Vegas	NV 89141
05/06 - 06/08	5603 Turtlewood Pl	Henderson	NV
01/97 - 05/06	300 vineyard Dr	Pahrump	NV
93 - 01/97		Tucson,	AZ
1991 - 1993		Bitburg,	Germany
1989 - 1991		Las Vegas,	NV
1987 - 1989		Fort Walton Beach,	FL

Applicant's initial AK

**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.

Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
07/2010 - Present	Access Orthopedic new Global Orthopedic 8905 W. Post Rd Ste 110 LV NV 89148	
Title	Description of Duties	Name of Supervisor
Office Manager	Control Inventory, keep track of A/R & A/P	Alan Goodin
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
07/2010 - 07/2010	Access Orthopedic 8905 W. Post Rd Ste 110 LV NV 89148	
Title	Description of Duties	Name of Supervisor
Office Admin Assistant	input data, file, restock trays	Jacquie Weide
Month and Year	Name/Mailing Address of Employer/Business	Number of Employed Hours
10/2009 - 07/2010	Nevada State Corporate Network 777 N Rainbow Blvd LV NV	
Title	Description of Duties	Name of Supervisor
BOOKKEEPER	Client books, tax prep	Jennife Nordstrom
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.

**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>Kadee Wilkerson</u>	Home <u>693</u>	<u>Blodshoe</u>	<u>NV</u>	<u>89108</u>		<u>11 yrs.</u>
Employer <u>Fox 5</u>		Business <u>Fox 5</u>				
Name <u>Jordan Yost</u>	Home		<u>NV</u>	<u>89141</u>		<u>4 5 yrs.</u>
Employer <u>Self Employed</u>		Business <u>AVIS car rental</u>				
Name <u>Samantha Rodriguez</u>	Home		<u>San Diego</u>	<u>CA</u>		<u>02</u>
Employer <u>Darrel Rodriguez</u>		Business <u>Outback Steakhouse</u>				
Name <u>Julie Perry</u>	Home		<u>NV</u>	<u>7</u>		
Employer		Business <u>New South Federal</u>				<u>5</u>
Name <u>Tony Antonio</u>	Home		<u>NV</u>	<u>1</u>	<u>14</u>	
Employer <u>Candlewood Suites</u>		Business <u>Supervisor</u>			<u>18</u>	

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

- |            |            |                                |                      |           |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor     | Lawyer     | Race horse/race dog owner      | Securities dealer    | Insurance |
| Doctor     | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming    |
| Accountant | Pilot      | Sports promoter                | Trainer or manager   | Educator  |

Yes  No   
If yes, state type, where and years held

.....

.....

.....

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes  No   
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

.....

.....

.....

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

ATTACH

WITHIN

Date of pho



STATE OF Nevada

ss.

COUNTY OF Clark

I, Amrinda K Fain, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of current Nevada Revised Statutes and Nevada Administrative Code promulgated thereunder and agree, if licensed, to abide thereby,

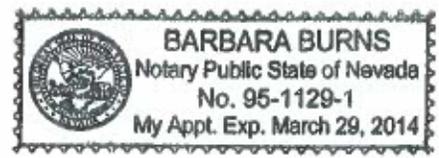
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a license in the State of Nevada.

*Amrinda K Fain*  
Signature of Applicant

Subscribed and Sworn to before me this 24th day of

March 2011

Barbara Burns  
Notary Public



(seal)

Applicant's initial *AK* Page 9

**NEVADA STATE BOARD OF PHARMACY**

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

**APPLICATION FOR NEVADA 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: Health Essentials, LLC

Physical Address: 1820 E. Warm Springs Road, Suite 145, Las Vegas, NV 89119  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1820 E. Warm Springs Road, Suite 145

City: Las Vegas State: NV Zip Code: 89119

Telephone Number: 702-262-9488 Fax Number: 702-989-0287

E-mail: KPHAN@GERINET.COM Website: HEALTHESSENTIALS.ORG

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

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

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

Name: Milette Cruz

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

- Medical Gases\*\*
- Respiratory Equipment\*\*
- Life-sustaining equipment\*\*
- Diabetic Supplies
- Assistive Equipment
- Parenteral and Enteral Equipment\*\*
- Orthotics and Prosthesis
- Other: \_\_\_\_\_

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

Name: Milette Cruz Telephone: 702-262-9488 Page 1-2010

56407  
1267

**OWNERSHIP IS A CORPORATION**

State of Incorporation: California

Parent Company if any: N/A

Corporation Name: RXEssentials, LLC dba HealthEssentials DME

Mailing Address: 3401 W. Sunflower Ave, Suite 200

City, State and Zip: Santa Ana, CA 92704

Telephone Number: 714-619-8777 Fax Number: 714-619-8770

License Contact Person: Kim D. Phan

Professional Compliance Contact Person: Millette Cruz

**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>Kim D. Phan</u>	<u>President</u>

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

RXEssentials DBA HealthEssentials - 6460480001

1) Do all 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) Kim D. Phan - 3401 W. Sunflower Ave, Suite 200, Santa Ana, Ca 92704  
Name Address  
Gerinet Physician Services - 10631 Paramount Blvd, Downey, Ca 90241  
Business

b) Kim D. Phan - 3401 W. Sunflower Ave, Suite 200, Santa Ana, Ca 92704  
Name Address  
Gerinet Physician Services - 2025 N. Glenoaks Blvd, Suite 100, Burbank, Ca 91504  
Business

c) Kim D. Phan - 3401 W. Sunflower Ave, Suite 200, Santa Ana, Ca 92704  
Name Address  
Hospice Touch - 3401 W. Sunflower Ave, Suite 100, Santa Ana, Ca 92704  
Business

d) Kim D. Phan - 3401 W. Sunflower Ave, Suite 200, Santa Ana, Ca 92704  
Name Address  
RXEssentials DBA Health Essentials - 3303 Harbor Blvd #C2, Costa Mesa, Ca 92626  
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) KIM D. PHAN 3401 W. SUNFLOWER AVE #200, SANTA ANA, CA 92704  
 Name Address  
RXEssentials, LLC DBA HealthEssentials 3303 Harbor Blvd Suite C-2, Costa Mesa, CA 92626  
 Business

b) \_\_\_\_\_  
 Name Address  
 \_\_\_\_\_  
 Business

c) \_\_\_\_\_  
 Name Address  
 \_\_\_\_\_  
 Business

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

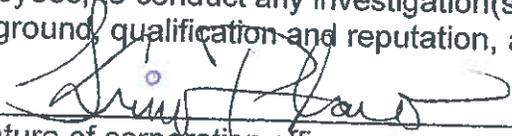
<input type="checkbox"/> Practitioner	Name: _____
<input type="checkbox"/> Advanced Practitioner of Nursing	Name: _____
<input type="checkbox"/> Physician's Assistant	Name: _____
<input type="checkbox"/> Physical Therapist	Name: _____
<input type="checkbox"/> Occupational Therapist	Name: _____
<input type="checkbox"/> Registered Nurse	Name: _____
<input type="checkbox"/> Respiratory Therapist	Name: _____

Within the last five (5) years:

- 4) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes  No
- 5) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes  No
- 6) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No
- 7) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes  No
- 8) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes  No

**If the answer to any question 4 through 8 is "yes", a signed statement of explanation must be attached.** Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider may be grounds for the revocation of this permit. I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

  
\_\_\_\_\_  
Signature of corporation officer

\_\_\_\_\_  
Date 3/24/11

Kim D. Phan, President  
\_\_\_\_\_  
Type name and title

<b>Board Use Only</b>			
Received	MAR 26 2011	Check Number	116
		Amount	500.00

# PERSONAL HISTORY RECORD

Date 3-24-11

## 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 OUT OF STATE MDEG PROVIDER APPLICATION

1820 E. WARM SPRINGS RD SUITE 145 LAS VEGAS NV 89119  
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

PHAN Last Name KIM First Name DUYEN Middle Name

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

20071 LAWSON LANE Present Residence Address-Street or RFD HUNTINGTON BEACH City CA 92646 State/Zip

3401 W. SUNFLOWER AVE Present Business Address SUITE 200 Dates 11/2007 - PRESENT City SANTA ANA, CA State/Zip 92704

CEO/PRESIDENT Occupation Dates Phone:

VIETNAM Place of Birth (City, County, State) Business Fax

43 Age F Sex

BRO Color of Eyes BLK Color of Hair LIGHT Complexion 107 Weight LIGHT Build 5-01 Height

Scars, tattoos or distinguishing marks and/or characteristics NONE

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

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single  Married  Separated  Divorced  Widowed  Engaged  Applicant's initial KP

A. Current Marriage 10/98 Date FOUNTAIN VALLEY, ORANGE, CA City, County and State  
 Spouse's full name (Maiden) TROY STEVEN SMITH S.S. No.  
 Date of Birth \_\_\_\_\_ Place of Birth PHILIPPINES  
 Resident address 20071 LAWSON LANE HUNTINGTON BEACH CA 92640  
 Street City State Zip  
 Telephone: Residence \_\_\_\_\_ Business \_\_\_\_\_  
 Spouse's employer HOSPICE TOUCH, INC Occupation ADMINISTRATOR  
 Address of employer 3401 W. SUNFLOWER AVE. SANTA ANA CA 92704  
 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
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N/A

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

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

N/A

**3. FAMILY INFORMATION:**

**A. Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
------	------------	-------------	-------------------

N/A

**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 KP

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>DIU VAN PHAN</u> Mother		<u>9861 BOND CIR, HUNTINGTON BEACH CA 92646</u>	<u>DECEASED/ PROPERTY MANA</u>
<u>HUONG LE PHAN</u> Father-in-Law		<u>9861 BOND CIR, HUNTINGTON BEACH CA 92646</u>	<u>RETIRED/ ASSEMBLY WORKER</u>
Mother-in-Law			

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
<u>LAUREN PHAN</u> Spouse		<u>223 ELMIRA, HUNTINGTON BEACH, ADMINISTRATION CA <del>92646</del> 92648</u>	
<u>QUAT PHAN</u>		<u>9861 BOND CIRCLE, HUNTINGTON BEACH, TV REPAIR CA 92646</u>	<u>SOFTWARE</u>
<u>TARI PHAN</u> Spouse		<u>223 ELMIRA, HUNTINGTON BEACH, CONSULTANT CA 92646</u>	<u>CONSULTANT</u>
<u>KEITH PHAN</u>		<u>20432 CRAIMER LANE, HUNTINGTON BEACH/POLICE OFF CA 92646</u>	<u>POLICE OFF</u>
<u>JOHAN PHAN</u> Spouse		<u>9922 FREDERICK CIR, HUNTINGTON BEACH/ CA 92646</u>	<u>PROJECT MANAGER</u>
Spouse			

**4. EDUCATION:**

Name of School	Location	Dates Attended	Graduate
Grammar School	<u>UNKNOWN</u>	<u>VIETNAM</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	<u>TROY HIGH SCHOOL</u>	<u>FULLERTON, CA</u>	<u>9/80 - 6/84</u>
College University	<u>UNIVERSITY OF CALIFORNIA</u>	<u>IRVINE, CA</u>	<u>9/84 - 6/88</u>
Other	<u>IRVINE</u>	<u>IRVINE, CA</u>	<u>9/92 - 6/94</u>
			Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>

Type of degree obtained, if any B.A./MBA

College or university where obtained \_\_\_\_\_

Applicant's initial KP

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

QUAT PHAN, BROTHER, NARCOTICS POSSESSION. MY BROTHER QUAT PHAN WAS CONVICTED

OF FELONY NARCOTICS POSSESSION IN CALIFORNIA IN 1998. HE SERVED APPROX 7 YEARS AND WAS RELEASED. HE HAS COMPLETED HIS PAROLE.

Applicant's initial KP

- 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
10/98 PRESENT	80071 LAWSON LANE	HUNTINGTON BEACH	CA
10/96-10/98	20432 CRAIGER LANE	HUNTINGTON BEACH	CA
1/92 - 10/96	6 APRILLA	IRVINE	CA
1/80 - 1/92	2313 E MELODY LANE	FULLERTON	CA

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.

04/1990	<del>CAI MEDICAL ASSOCIATES/CA</del>	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
04-96 - PRESENT	GN MEDICAL ASSOCIATES 3401 W. SUNFLOWER AVE, SANTA ANA, CA	PRESENTLY EMPLOYED
Title	Description of Duties	Name of Supervisor
PRESIDENT / CEO	MANAGE DAY TO DAY OPERATIONS OF COMPANY	N/A
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/95 - 5/96	9920 TALBERT AVE, FOUNTAIN VALLEY, CA ORANGE COAST MEMORIAL	OPEN OWN COMPANY
Title	Description of Duties	Name of Supervisor
ASSOCIATE ADMINISTRATOR	ASSIST IN DAILY OPERATIONS OF HOSPITAL	MARCIA MANKER
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
12/94 - 12/95	FHP HOSPITAL 9920 TALBERT AVE, FOUNTAIN VALLEY, CA	HOSPITAL WAS BOUGHT BY ANOTHER ORGANIZATION
Title	Description of Duties	Name of Supervisor
ASSOCIATE ADMINISTRATOR	ASSIST IN DAILY OPERATIONS OF HOSPITAL	MARCIA MANKER
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/89 - 12/94	FHP SKILLED NURSING FACILITY WESTMINSTER, CA	PROMOTION
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, please provide an attachment.

Applicant's initial KP

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>GEORGE FEUDS</u>	Home	<u>225 BAYSHORE DR.</u>	<u>CA</u>	<u>92803</u>	<u>LONG BEACH</u>	<u>10+</u>
Employer <u>CAREMORE</u>	Business	<u>12900 PARK PLAZA DR</u>	<u>CA</u>	<u>92704</u>	<u>CERZITOS</u>	<u>10+</u>
Name <u>ALAN HOOPS</u>	Home					
Employer <u>CAREMORE</u>	Business	<u>12900 PARK PLAZA DR</u>	<u>CA</u>	<u>92704</u>	<u>CERZITOS</u>	<u>10+</u>
Name <u>PHIL SCOTT</u>	Home					
Employer <u>HEALTH ESSENTIALS</u>	Business	<u>11482 ALPS WAY</u>	<u>CA</u>	<u>92704</u>	<u>3401 W. SUNFLOWER AVE #205, SANTA ANA, CA</u>	<u>5</u>
Name <u>CHRISTINE MLOT</u>	Home	<u>ESCONDIDO, CA</u>	<u>92086</u>			
Employer <u>GN MEDICAL ASSOC</u>	Business	<u>3401 W. SUNFLOWER</u>	<u>CA</u>	<u>92704</u>	<u>AUE, SUIT 250 SANTA ANA, CA</u>	<u>10+</u>
Name <u>LAWI GUTIERREZ</u>	Home	<u>ANAHEIM, CA</u>	<u>92804</u>			
Employer <u>HEALTH ESSENTIAL</u>	Business	<u>3401 W. SUNFLOWER</u>	<u>CA</u>	<u>92704</u>	<u>AUE # 205, SANTA ANA</u>	<u>7</u>

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

- |            |            |                                |                      |           |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor     | Lawyer     | Race horse/race dog owner      | Securities dealer    | Insurance |
| Doctor     | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming    |
| Accountant | Pilot      | Sports promoter                | Trainer or manager   | Educator  |

Yes  No

If yes, state type, where and years held

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes  No

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

GERIATRIC PHYSICIAN SERVICES CURRENTLY HAS 2 HOSPICE LOCATIONS (10631 PARAMOUNT

BLVD AND 2025 N. GLENDALE, BURBANK CA 91524) TO NAME I OWN 30% OF THESE

AGENCIES AS OF 2006. I ALSO HAVE FINANCIAL INTEREST IN COMFORT RX LLC (PH

AND RX ESSENTIALS (DURABLE MEDICAL EQUIPMENT). COMFORT RX AND RX ESSENTIALS ARE LOC  
AT 3303 HARBOR BLVD #C2, COSTA MESA, CA 92626.  
I HAVE BEEN INVOLVED WITH THESE COMPANIES SINCE  
2007

Applicant's initial KP

Page 7

I ALSO HOLD OWNERSHIP IN HOSPICE TOUCH LOCATED AT 3401 W. SUNFLOWER AVE #100, SANTA A  
SINCE 2002.

PLEASE SEE ATTACHED FOR DETAILS.

Business	Industry	Location	Licensing Agency
Hospice Touch, Inc	Hospice	3401 W. Sunflower Ave, Santa Ana, Ca	CA Dept of Public Health
Gerinet Physician Services, Inc	Hospice	10631 Paramount Blvd, Downey, Ca	CA Dept of Public Health
Gerinet Physician Services, Inc	Hospice	2025 N. Glenoaks Blvd, Burbank, Ca	CA Dept of Public Health
RX Essentials, LLC	DME	3303 Harbor Blvd, #C2, Costa Mesa, Ca	CA Dept of Public Health
Comfort RX, LLC	Closed Door Pharmacy	3303 Harbor Blvd, #C2, Costa Mesa, Ca	CA Board of Pharmacy

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 3-15-11

Applicant's initial KP

COUNTY OF Orange

I, KIM PHAN, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of current Nevada Revised Statutes and Nevada Administrative Code promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a license in the State of Nevada.

*[Handwritten Signature]*

Signature of Applicant

Subscribed and Sworn to before me this 24<sup>th</sup> day of

March 2011

*[Handwritten Signature]*  
Notary Public



(seal)

Applicant's initial KP

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 X Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_

**FACILITY INFORMATION**

Facility Name: Next Step Medical LLC

Physical Address: 6048 South Durango Drive Suite 115 Las Vegas, NV 89113  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 6048 South Durango Drive Suite 115

City: Las Vegas State: Nevada Zip Code: 89113

Telephone Number: 703-598-3443 Fax Number: N/A

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

**DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING**

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

Fri: 9 to 5 Sat: N/A to N/A Sun: N/A to N/A Holidays: N/A to N/A

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

Name: John McCalla

\*\*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 <small>Ten's unit</small> |
| <input type="checkbox"/> Diabetic Supplies         | Other: <u>DME - CONTACTS PASSIVE MOTION MACH</u>                                       |

**Board Use Only**  
Received MAR 24 2011 Check Number 168 Amount 500.00

57381  
1263

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

Owner's Name: John Hastings McCalla

List all previous names: N/A

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: City: Palatine State: Illinois Country: United States

Citizenship: USA Yes other N/A

If applicable, list Naturalization Number: N/A Passport Number: \_\_\_\_\_

Current residence address: 12134 Wedgeway Place

City: Fairfax State: VA Zip Code: 22033

Telephone Number: \_\_\_\_\_ Fax Number: N/A

Previous address (last 5 years): N/A

Address: N/A City: N/A State: N/A Zip Code: N/A

Address: N/A City: N/A State: N/A Zip Code: N/A

Address: N/A City: N/A State: N/A Zip Code: N/A

Business Name: Next Step Medical LLC

Current Business Address: 6048 S Durango Drive Suite 115

City: Las Vegas State: Nevada Zip Code: 89113

Telephone Number: \_\_\_\_\_ Fax Number: N/A

Previous Employment (last 5 years):

Name: Fitness First Health Clubs Address: 13905 Metrotech Dr.

City: Chantilly State: VA Zip Code: 20151

Name: Jack's Fitness Solutions Address: 12134 Wedgeway Place

City: Fairfax State: VA Zip Code: 22033

Name: N/A Address: N/A

City: N/A State: N/A Zip Code: N/A

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

N/A

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) N/A  
Name Address

Business

b) N/A  
Name Address

Business

c) N/A  
Name Address

Business

d) N/A  
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) N/A  
Name Address

Business

b) N/A  
Name Address

Business

c) N/A  
Name Address

Business

3) Are you are a health professional? No

- 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.

Signature of owner

Date

Type name

# PERSONAL HISTORY RECORD

Date 2-9-2011

## 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 herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Nevada MDECF Provider  
Nature of License  
Next Step Medical, 6047 South Durango Dr Suite 115 Las Vegas, NV 89113  
Name and Address of Establishment for Which License Is Requested  
N/A  
If applicable, Name Under Which It Is Now Operated

### 1. PERSONAL INFORMATION:

McCalla Last Name John First Name Hastings S Middle Name

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

12134 Wedgewood Place Present Residence Address-Street or RFD Fairfax City VA 22033 State/Zip

13705 Metrotech Drive, Charlottesville VA 22901 Present Business Address Dates 5-2004 Charlottesville City VA 22901 State/Zip

Personal Manager/Fitness Consultant Occupation Dates 5-2007 - current

Phone: \_\_\_\_\_  
Residence \_\_\_\_\_  
Business \_\_\_\_\_  
Fax \_\_\_\_\_

Palatine, Cook County, Illinois  
Place of Birth (City, County, State)

32 Age Male Sex

Blue Color of Eyes Brown Color of Hair White Complexion 250 Weight Muscular Build 6ft 3 inches Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes  No  If alien, registration No N/A

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

### 2. MARITAL INFORMATION:

Single  Married  Separated  Divorced  Widowed  Engaged

Applicant's initial JHM

A. **Current Marriage** 10-18-2003 Charlottesville, Albemarle County, VA  
 Date City, Cour  
 Spouse's full name (Maiden) Julie Kristine Jobe S.S. No  
 Date of Birth \_\_\_\_\_ Place of Birth Fairfax, VA  
 Resident address 12134 Wedgeway Place Fairfax VA 22033  
 Street City State Zip  
 Telephone: Residence \_\_\_\_\_ Business \_\_\_\_\_  
 Spouse's employer Accenture Occupation Recruiting Manager  
 Address of employer 11951 Freedom Drive Arlington VA 20190  
 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>N/A</u>				

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

Name	Street	City	State	Zip	Telephone
<u>N/A</u>					

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

Name	Birth Date	Birth Place	Residence Address
<u>Madeline Claire McColla</u>	<u>8-14-2009</u>	<u>Fairfax, VA</u>	<u>12134 Wedgeway Place Fairfax, VA 22033</u>

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 JAM

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

Name N/A

Address N/A

Contact person N/A

**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
(Retired)	John Norris McCalla Father		11306 Gerald Lane, Oakton, VA 22124	Brand Manager
(Retired)	Jane Parrillal Bigaud Mother		11306 Gerald Lane, Oakton, VA 22124	Program Director
(deceased)	William Theodore Jobe Jr. ESQ Father-in-Law		11300 Hunt Farm Lane, Oakton, VA 22124	Lawyer
(Retired)	Elizabeth Kristine Packson Mother-in-Law		2471 Prastus Dr. Henderson, NV 89009	Office Liaison

**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	Sarah Jane McCalla N/A		11306 Gerald Lane, Oakton, VA 22124	Teacher
Spouse	Peter Bigaud McCalla N/A		0 Spanton Rd, Fairfax 22031	General Manager

Spouse

Spouse

**4. EDUCATION:**

	Name of School	Location	Dates Attended	Graduate
Grammar School	Frost Hill Elementary	Vienna, VA	9/1988 to 6/1990	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	James Madison High School	Vienna, VA	9/1993 to 6/1997	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College	Longwood University	Farmville, VA	1/2001 to 5/2003	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other	Northwest Virginia Community College	Annandale, VA	8/2008 - 12/2000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Type of degree obtained, if any Bachelor art degree in History

College or university where obtained Longwood University

Applicant's initial JAM

A. Have you ever served in any armed forces? Yes  No

Branch N/A

Date of entry-active service N/A

Date of separation N/A

Type of discharge N/A

Rating at separation N/A

Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial 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 Fairfax State VA Date registered August/1997

**6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)**

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations) Yes  No  If yes, give details in space provided below and provide a written explanation. List all cases without exception.

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

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes  No

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? N/A city, county and state N/A

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes  No

If yes when? N/A city, county and state N/A

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
<u>N/A</u>				

Applicant's initial [Signature]

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever be 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 w associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptc 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
1/1986 to 7/1988	2702 Pony Farm Ct.	Oakton	Virginia
7/1988 to 10/2003	11306 Herald Lane	Oakton	Virginia
10/2003 to 9/2005	2332 Hickory Nut Lane	Herrndon	Virginia
9/2005 to present	12134 Wedge-Way Place	Fairfax	Virginia

Applicant's initial JA

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
8/1996 - 4/2000	National DecA 1708 Association Dr. Reston, VA 20191	College
Title	Description of Duties	Name of Supervisor
Mail Clerk	Processed mail + Stocked Retail mail orders	Roberta Lucas
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5/1998 - 8/2002	NVPools 14000 Timberlark Pl. Suite E. Charlottesville, VA 22911	Seasonal Work
Title	Description of Duties	Name of Supervisor
Manager	Oversaw daily operations of Pool facility	Douglas Hassel
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/2002 - 5/2003	Unemployed / in College was not working	
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/2003 - 10/2004	Fitness Image Results LLC, 8311 Leesburg Pike Vienna VA 22132	Peter Cannon
Title	Description of Duties	Name of Supervisor
Personal Trainer	Designed individual fitness programs	Started my own business
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/2004 - 5/2007	12134 Woodgeway Place Fairfax VA 22033	New job opportunity
Title	Description of Duties	Name of Supervisor
Owner/primary officer	Designed individual fitness programs	Myself / John McCulla
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5/2007 to 4/2011	Fitness First Health Clubs 13705 Metrotech Dr. Charlottesville VA 22911	Started my own business
Title	Description of Duties	Name of Supervisor
General Manager	Oversaw daily sales + general operation of facility	Darren Bell
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A		
Title	Description of Duties	Name of Supervisor
N/A		
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
N/A		
Title	Description of Duties	Name of Supervisor
N/A		

If additional space is needed, please provide an attachment.

Applicant's initial

 Page

3. 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>Chat Hyshey</u>	Home <u>1111 Dogwood Dr.</u>	<u>Melrose</u>	<u>VA</u>	<u>22101</u>		<u>6 years</u>
Employer <u>Ithaca Properties LLC</u>	Business <u>1111 Dogwood Dr.</u>	<u>Melrose</u>	<u>VA</u>			
Name <u>Heath Robinson</u>	Home <u>22342 Grant Trail Terrace</u>	<u>Stirling</u>	<u>VA</u>	<u>20151</u>		<u>8 years</u>
Employer <u>NextStep Fitness LLC</u>	Business <u>22342 Grant Trail Terrace</u>	<u>Stirling</u>	<u>VA</u>			
Name <u>Stephan Ringer</u>	Home <u>509 Davis Ave. SW</u>	<u>Leesburg</u>	<u>VA</u>	<u>20175</u>		<u>16 years</u>
Employer <u>Time-Life Int.</u>	Business <u>8280 Willow Oaks</u>	<u>Centreville</u>	<u>VA</u>	<u>20120</u>		
Name <u>Robert Lucas</u>	Home <u>12132 Wedge Way</u>	<u>Fairfax</u>	<u>VA</u>	<u>22033</u>		<u>11 years</u>
Employer <u>SAL Contracting</u>	Business <u>800 3rd Street</u>	<u>Herndon</u>	<u>VA</u>			
Name <u>Lanny Pullen</u>	Home <u>12639 Clawson Ln.</u>	<u>Manassas</u>	<u>VA</u>	<u>20108</u>		<u>6 years</u>
Employer <u>Postal Communications</u>	Business <u>1201 Lockport Place</u>	<u>Leesburg</u>	<u>VA</u>			<u>500</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

N/A

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes  No
- If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

I started an LLC in the State of Virginia. It is no longer active, but was active from 2004-2007. The agency responsible for licensing the business was the Commonwealth of Virginia. I was not involved with other businesses nor did I have any partners.

Applicant's initial JHM

any reason whatsoever? Yes  No  If yes, please provide details and a written explanation.

N/A

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

N/A

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

N/A

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes  No  If yes, please provide details and a written explanation

N/A

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No  If yes, please provide details and a written explanation

N/A

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

N/A

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure)? Yes  No  If yes, please provide details and written explanation

N/A

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

I have a brother-in-law that is an Orthopedic Surgeon and is able to write prescriptions. Dr. Randal Yee, Practice Address:

5420 W Warm Springs Road

Suite 100

Las Vegas, NV 89113



Date of photograph 9-14-2011

Applicant's initial

JTK

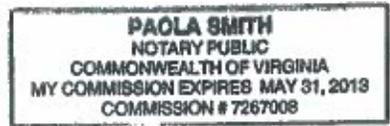
COUNTY OF Fairfax

I, John Hastings McCalla, 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 (1) 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 or assigns shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a license in the State of Nevada.

[Signature]  
Signature of Applicant

Subscribed and Sworn to before me this 21st day of MARCH, 2011  
[Signature]  
Notary Public



(seal)

Applicant's initial JHM Page

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

Date 2/24/2011

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 ADMINISTRATOR

Nature of MDEG

LLC

NEXT STEP MEDICAL 6048 S. DURANGO DR. STE. 115 LAS VEGAS, NV. 89113

Name and Address of Business for Which MDEG Administrator Is Requested

N/A

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

PAULE  
Last Name

CARLOS  
First Name

DABU  
Middle Name

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

7098 HALDIR AVENUE LAS VEGAS NV. / 89178  
Present Residence Address-Street or RFD City State/Zip

6048 S. DURANGO DR. STE. 115 Dates 2/24/2011 LAS VEGAS NV / 89113  
Present Business Address City State/Zip

ADMINISTRATOR Dates 2/24/2011  
Present Position with the MDEG

Phone: \_\_\_\_\_ Fax: N/A

Email address: \_\_\_\_\_

3/30/65 PAMPANEA, PHILIPPINES  
Date of Birth Place of Birth (City, County, State)

45 MALE  
Age Sex

BLK BLK 130 LBS. 5'6"  
Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes  No

If alien, registration No N/A

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

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 2010	DRS MEDICAL/6048 S. DURANGO DR. STE. 115 LAS VEGAS, NV. 89113	40 HRS./WEEK	Total = 2 hrs
Month and Year	Name/ Address of Employer/Business	No of Employed Hours	

PATIENT SET UP REP.	SET-UP AND INSERVICE PATIENT AT HOME	DAVID SANFORD
Title	Description of Duties	Name of Supervisor

04 2008	UHS 6532 S. VALLEY VIEW DR. STE. 352 L.V. NV. 89121	40 HRS/WK.	Total = 3 hrs
Month and Year	Name/ Address of Employer/Business	No of Employed Hours	

FIELD SERVICE TECH.	DELIVER AND TEST EQUIPMENT FROM HOSP.	AJ DEL ROSARIO
Title	Description of Duties	Name of Supervisor

05 2006	HILL-ROM/9596 CHESAPEAKE DR. #C SAN DIEGO, CA 92123	40 HRS/WK.	Total = 1 hr
Month and Year	Name/ Address of Employer/Business	No of Employed Hours	

FIELD SERVICE TECH.	DELIVER AND SET-UP FROM HOME AND HOSPITALS	CHRIS
Title	Description of Duties	Name of Supervisor

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

N/A		
Title	Description of Duties	Name of Supervisor

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

N/A		
Title	Description of Duties	Name of Supervisor

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

N/A		
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: N/A

b) Date: N/A

Case Number: N/A

c) Criminal Action: State: N/A

Date: N/A

Case Number: N/A

County: N/A

Court: N/A

4. Will you be actively involved in and aware of the daily operation of the MDEG? Yes  No

5. Will you be employed fulltime with the MDEG? Yes  No

6. Will you be present at the site of the MDEG during its normal operating hours? Yes  No

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

N/A

.....

.....

.....

.....



Date of photograph 11-20-2011

I, CARLOS PAULE, 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

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA MDEG PROVIDER
NON PUBLICLY TRADED CORPORATION

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

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

New MDEG [checked] Ownership Change \_\_\_ Name Change \_\_\_ Location Change \_\_\_
Please provide current license number if making changes: \_\_\_

FACILITY INFORMATION

Facility Name: United Seating and Mobility LLC
Physical Address: 3230 W. Sunset Lane Rd Ste 150 Las Vegas NV 89102
Mailing Address: 975 Hornet Drive, Suite 250
City: Hazelwood State: Mo Zip Code: 63042
Telephone Number: (902) 431-1610 Fax Number: (702) 431-1605
E-mail: Website: www.unitedseating.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

Name: James L. Willcox, II

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

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

- Medical Gases Assistive Equipment
Respiratory Equipment Parenteral and Enteral Equipment
Life-sustaining equipment Orthotics and Prosthesis
Diabetic Supplies Other:

Board Use Only
Received MAR 24 2011 Check Number 452 Amount 500

Handwritten numbers: 1516376, 13162

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: NA L.L.C COMPANY formed in Mo  
Parent Company if any: NA  
Corporation Name: United Seating and Mobility LLC  
Mailing Address: 995 NORNET DRIVE, Suite 250  
City, State and Zip: Hazelwood Mo 63042-2309  
Telephone Number: (314) 447-7515 Fax Number: (314) 447-7615  
License Contact Person: MARY HAWKINS  
Professional Compliance Contact Person: MARY HAWKINS

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

<u>Officer or director name</u>	<u>Officer or director title</u>
<u>Robert F. Gouy</u>	<u>President</u>
<u>William Rubin</u>	<u>Chief Administrative Officer</u>

For any corporation non publicly traded, disclose the following:

- 1) List any persons to whom the shares were issued by the corporation? NA
- a) \_\_\_\_\_  
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. NA

- 2) Provide the number of shares issued by the corporation. NA
- 3) What was the price paid per share? NA
- 4) What date did the corporation actually receive the cash assets? NA
- 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.

NA

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

See attached

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. **NA**

- \_\_\_ Practitioner Name: \_\_\_\_\_
- \_\_\_ Advanced Practitioner of Nursing Name: \_\_\_\_\_
- \_\_\_ Physician's Assistant Name: \_\_\_\_\_
- \_\_\_ Physical Therapist Name: \_\_\_\_\_
- \_\_\_ Occupational Therapist Name: \_\_\_\_\_
- \_\_\_ Registered Nurse Name: \_\_\_\_\_
- \_\_\_ Respiratory Therapist Name: \_\_\_\_\_

Within the last five (5) years:

- 4) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes  No
- 5) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes  No
- 6) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes  No
- 7) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes  No
- 8) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes  No

If the answer to any question 4 through 8 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider may be grounds for the revocation of this permit. I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

William Rubin  
Signature of corporation officer

3-17-11  
Date

William Rubin Chief Administrative Officer  
Type name and title

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

Date March 14, 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 Medical equipment supplier  
Nature of MDEG

United Seating and Mobility, LLC 3230 W Desert Inn Rd, Ste 150 Las Vegas, NV 89118  
Name and Address of Business for Which MDEG Administrator Is Requested

.....  
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Willcox, II  
Last Name

James  
First Name

Lyndon  
Middle Name

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

10925 Southern Highlands Parkway #2091 Las Vegas NV 89141  
Present Residence Address-Street or RFD City State/Zip

3230 West Desert Inn Road #150 Las Vegas NV 89102  
Present Business Address City State/Zip

Operations Manager Dates 03-07-2011-Present  
Present Position with the MDEG

Phone: (702) 431-1610

Fax: (702) 431-1605

Email address: Jwillcox@unitedrenting.com Jameswillcox15@gmail.com

Las Vegas Clark Nevada  
Place of Birth (City, County, State)

41 yrs.  
Age

Male  
Sex

Blue  
Color of Eyes

Bald  
Color of Hair

230 lbs.  
Weight

6'0"  
Height

Scars, tattoos or distinguishing marks and/or characteristics Facial Hair (Goatee)

Are you a citizen of the United States? Yes  No

If alien, registration No N/A

If naturalized, certificate No N/A Date N/A

Place N/A (If naturalized, document must be verified.)

**EMPLOYMENT:**

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

April 2007 to May 2008	James Willcox Consulting 6105 West Oakley Blvd. #8 Las Vegas, NV 89146	40+ hrs. <sup>Per week</sup>
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Assistive Technologist	Provided Assistive device training and assessment	-self- James W.
Title	Description of Duties	Name of Supervisor
December 2000 to March 2007	Beyond Ability, Inc. 2920 S. Paradise Blvd. Las Vegas, NV 89146	40+ hrs. Per week
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Assistive Technologist	Provided Assistive device training and assessment also equipment delivery.	James Willcox
Title	Description of Duties	Name of Supervisor
February 1994 to November 2000	Accessible Space, Inc. 2820 W. Charleston Blvd. #B-19 Las Vegas, NV 89102	40+ hrs. Per week
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Assistive Technology Specialist	Provided a variety of assistive device services	Robert Hogan
Title	Description of Duties	Name of Supervisor
Sept. 1990 to February 1991	United cerebral Palsy of So. Nevada 1500 East Tropicana Ave. Las Vegas, NV 89119	40+ hrs. Per week
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
employment Technology Specialist	Trained persons with disabilities those Adaptive Equipment of sites.	Cindy Forager
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: N/A

Date: N/A

Case Number: N/A

c) Criminal Action:

State: N/A

Date: N/A

Case Number: N/A

County: N/A

Court: N/A

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

Yes  No

5. Will you be employed fulltime with the MDEG?

Yes  No

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

Yes  No

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

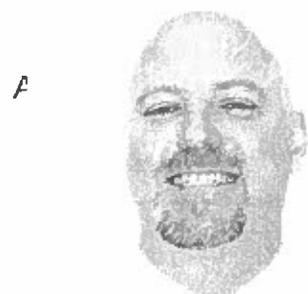
N/A

N/A

N/A

N/A

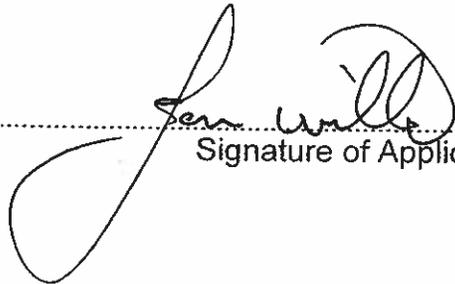
N/A



Date of photograph November 13, 2011

I, James Lynden Wilcox, II being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herei are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license o 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



## **Employment**

I have worked in the field of disability services and adaptive technology since 1990. Adaptive technology included all forms of durable medical equipment (DME), power and manual wheelchairs, device mounting systems, augmentative and alternative communication systems, computer access technologies, ergonomic equipment and adaptive technology for vision and hearing loss. Disability services included one on one client assessment to identify the most appropriate type of assistive device(s) needed. Services also included formal recommendation as to the exact type and model of adaptive equipment most appropriate. Services also included equipment/device delivery, installation, assembly and set up with the equipment provided. Services also included training with the client and support provides as to the use and maintenance of the equipment. And lastly, follow up services to ensure that all adaptive devices were working correctly and if not, repair services were then provided. I completed a Assistive Technology certificate course offered through Cal State University at Northridge and have attended and made presentations at several national assistive device conferences since entering this field in 1990. Additionally, while operating my own business which opened in late 2000, I worked with many different agencies that provide funding for adaptive equipment to persons with disabilities. This included working with the Clark County School Districts assistive technology department delivering and setting up all forms of adaptive equipment and then providing training with the items.

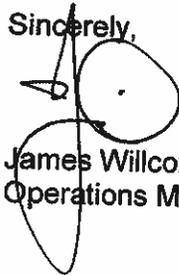
March 14, 2011

**Re: Application to be the MDEG Administrator**

To Whom It May Concern;

I am submitting the application for "*Medical Equipment Supplier*" for **United Seating and Mobility**. I felt it was important to attach additional information to the application that will highlight my prior work history and long experience working with individuals with disabilities and adaptive equipment. The space provided on the application is limited and I was not able to clearly report my past work history and job duties. I hope this additional information is helpful.

Sincerely,

A handwritten signature in black ink, appearing to read "James Willcox". The signature is stylized with a large, circular loop at the end and a vertical line extending downwards.

James Willcox  
Operations Manager, United Seating and Mobility-Las Vegas

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 \_\_\_\_\_)

**GENERAL INFORMATION**

Pharmacy Name: Institutional Pharmacy Solutions  
Physical Address: 5900 W Rochelle Avenue  
Mailing Address: 400 Interstate PK Dr. SR. 430, Montgomery, AL 36109  
City: Las Vegas State: NV Zip Code: 89103  
Telephone Number: (702) 364-1111 Fax Number: (334) 356-7082  
Toll Free Number: N/A  
E-mail: JGreen@IPSPHarmacy.com Website: WWW.IPSPharmacy.com  
Managing Pharmacist: Selamawit Taylor License Number: 14503

**Hours of Operation:**

Monday thru Friday 0800 am 1600 pm      Saturday \_\_\_\_\_ am \_\_\_\_\_ pm  
Sunday \_\_\_\_\_ am \_\_\_\_\_ pm      24 Hours N/A

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

- |  |  |
|--|--|
| <input type="checkbox"/> Retail                                  | <input type="checkbox"/> Off-site Cognitive Services     |
| <input checked="" type="checkbox"/> Hospital (# beds <u>95</u> ) | <input type="checkbox"/> Parenteral                      |
| <input type="checkbox"/> Internet                                | <input type="checkbox"/> Parenteral (outpatient)         |
| <input type="checkbox"/> Nuclear                                 | <input checked="" type="checkbox"/> Outpatient/Discharge |
| <input type="checkbox"/> Out of State                            | <input type="checkbox"/> Mail Service                    |
| <input type="checkbox"/> Ambulatory Surgery Center               | <input type="checkbox"/> Long Term Care                  |

**Board Use Only**

Received: MAR 28 2011 Check Number: 944 Amount: 500.00

56397  
3358

**OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION**

State of Incorporation: ALABAMA  
Parent Company if any: N/A  
Corporation Name: Institutional Pharmacy Solutions  
Mailing Address: 400 Interstate Park Dr. Ste. 430  
City: Montgomery State: Al Zip: 36109  
Telephone: (334)356-7627 Fax: (334)356-7082  
License Contact Person: January Green  
Professional Compliance Contact Person: January Green

**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>Daniel R. Mims</u>	

For any corporation non publicly traded, disclose the following:

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

<u>Daniel R. Mims</u>	<u>2531 Pike Road, Pike Road, AL 36064</u>
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. N/A
- 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) \_\_\_\_\_  
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) \_\_\_\_\_  
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

3-18-11  
 \_\_\_\_\_  
 Date

Daniel R. Mims, President  
 \_\_\_\_\_  
 Print or Type name and title

STATEMENT OF RESPONSIBILITY  
NON PUBLICLY TRADED CORPORATION

I, Daniel R. Mims

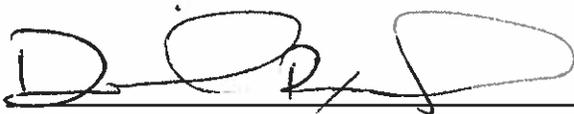
Corporate Officer of Institutional Pharmacy Solutions

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

3-18-11

Date

# Statement of Responsibility

## Managing Pharmacist

Pharmacist Name: Selamawit Taylor

License #: 165a3

Pharmacy Name: Institutional Pharmacy Solutions

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 type="checkbox"/>	<input checked="" 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: \_\_\_\_\_ Date: \_\_\_\_\_ Case #: \_\_\_\_\_

And/or Criminal Action: State: \_\_\_\_\_ Date: \_\_\_\_\_ Case #: \_\_\_\_\_  
County: \_\_\_\_\_ Court: \_\_\_\_\_

**NEVADA STATE BOARD OF PHARMACY**  
 431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
**APPLICATION FOR NEVADA 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: Valley View Surgery Center

Physical Address: 1330 S. Valley View Blvd Las Vegas, NV 89102

Temporary Mailing Address: 410 Medical District Surgery Center  
2020 Goldring, Suite 300, Las Vegas NV 89106

City: Las Vegas State: NV Zip Code: 89102

Telephone Number: 702-477-7000 Fax Number: 702-853-1281

Toll Free Number: none

E-mail: fdeacruz@wlvsc.com Website: none

Managing Pharmacist: Mary Grear, RPh License Number: 10687

**Hours of Operation:**

Monday thru Friday 7 am 5 pm      Saturday closed am \_\_\_\_\_ pm  
 Sunday closed am \_\_\_\_\_ pm      24 Hours no

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

**Board Use Only**  
 Received: MAR 24 2011 Check Number: 182 Amount: 500.00

56395  
3351

**OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION**

State of Incorporation: Nevada

Parent Company if any: West Las Vegas Surgery Center LLC

Corporation Name: ~~West~~ PBA Valley View Surgery Center

Mailing Address: 2020 Goldring, Suite 300

City: Las Vegas State: NV Zip: 89106

Telephone: 702-477-7000 Fax: 702-853-1281

License Contact Person: Fay DeLaCruz, RN Chief Nurse Officer Director of NU

Professional Compliance Contact Person: Fay DeLaCruz, RN, Chief Nurse Officer

**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>see attached list (ATTACHMENT A)</u>	<u>DR. ROBERT BIEN, PRESIDENT OF GOVERNING BOARD</u>

For any corporation non publicly traded, disclose the following:

- 1) List any persons to whom the shares were issued by the corporation?
  - a) see attached list (ATTACHMENT B)

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. 92
- 3) What was the price paid per share? \$10,000.00
- 4) What date did the corporation actually receive the cash assets? 12/2004
- 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.

---

---

- 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) SEE ATTACHMENT 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) SEE ATTACHMENT A

Name	Address
Business	

b)

Name	Address
Business	

Within the last five (5) years:

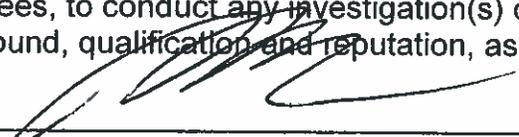
- 8) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes  No   
SEE ATTACHMENT C
- 9) Has the firm or any owner(s), shareholder(s) 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 Date 3/4/11

Robert Bien, M.D., PRESIDENT  
 \_\_\_\_\_  
 Print or Type name and title

STATEMENT OF RESPONSIBILITY  
NON PUBLICLY TRADED CORPORATION

I, ROBERT BIEN, M.D

Corporate Officer of VALLEY VIEW SURGERY CENTER

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.

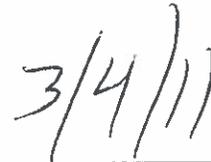
I further acknowledge and understand that the corporate officers may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

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



Date

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Mary Grear

License #: 10687

Pharmacy Name: Valley View Surgery Center

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

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

Board Administrative Action: State: NV Date: 2002 Case #: \_\_\_\_\_

And/or Criminal Action: State: \_\_\_\_\_ Date: \_\_\_\_\_ Case #: \_\_\_\_\_  
County: \_\_\_\_\_ Court: \_\_\_\_\_

<b>CLASS B MEMBER</b>		
The Valley Health System, LLC dba Valley Hospital Medical Center	620 Shadow Lane Las Vegas, Nevada 89106	702-388-4000
<b>CLASS C MEMBER</b>		
Regent Investment Management, INC. Scott Becker	Four Westbrook Corp Center, #440 Westchester, IL 60154	708-492-0531

03/16/11

<b>CLASS A MEMBERS</b>		
Name	Address	Phone Number
Abrams, Jack MD	6450 Medical Center Street Las Vegas, Nevada 89148	702-304-9494
Basu, Sanghamitra, MD	6955 N. Durango Drive #1115-301 Las Vegas, Nevada 89149	702-362-7272
Becker, Steven MD	700 Shadow Lane #235 Las Vegas, Nevada 89106	702-382-3221
Bien, Robert MD President, Governing Board	7050 Smoke Ranch Road A-2 Las Vegas, Nevada 89128	702-223-9911
Burkhead, Daniel MD	3110 S. Rainbow Blvd. #101 Las Vegas, Nevada 89146	702-316-2281
Denny, Larry MD	2625 S. Rainbow Blvd. #D-106 Las Vegas, Nevada 89146	702-254-3939
Desert West Surgery	1111 Shadow Lane Las Vegas, Nevada 89102-2314	702-383-4040
Forage, James MD	3061 S. Maryland Parkway, #200 Las Vegas, Nevada 89109	702-737-1948
Freedman, Sheldon MD	3061 S. Maryland Parkway, #200 Las Vegas, Nevada 89109	702-732-0282
Garber, Jason MD	3150 N. Tenaya #340 Las Vegas, Nevada 89128	702-835-0088
Grover, Jaswinder MD	7140 Smoke Ranch Road Las Vegas, Nevada 89128	702-320-8111
Hampar, Kenneth MD	600 S. Rancho Lane #113 Las Vegas, Nevada 89106	702-878-8252
Kabins, Mark MD	501 South Rancho Drive Las Vegas, NV 89106-4828 -	702 243-4700
Karabachev, Ivan MD	3201 S. Maryland Parkway, #500 Las Vegas, Nevada 89109	702-369-3066
Kidwell, Walter MD	600 S. Rancho Lane #113 Las Vegas, Nevada 89106	702-878-8252
Kozmary, Steven MD	2851 El Camino Avenue #101 Las Vegas, Nevada 89102	702-380-3210
Ng, Mathew MD	5380 S. Rainbow, #324 Las Vegas, Nevada 89119	702-734-3606
Pasimio, Edmund MD	801 S Rancho Drive #A3 Las Vegas, Nevada 89106	386-0707
Ricciardi, Anthony M. DPM	8084 W. Sahara, #B Las Vegas, Nevada 89117	702-878-2455
Smith, William MD	3061 S. Maryland Parkway, #200 Las Vegas, Nevada 89109	702-737-7195
Thalgott, MD	600 S. Rancho Lane #107 Las Vegas, Nevada 89106	702-878-3423
Valpianni, Michael, MD	6725 S Eastern Ave #6 Las Vegas, Nevada 89119	702-474-0200
Intentionally left blank		

H:\MDSC details\partnershp\2011\031511.doc fd

**ATTACHMENT A**

	11/9/2009	9-Nov Adj	9-Nov New	
<u>Class A Members</u>				
Anthony M. Ricciardi, DPM		5.20	5.200	5.64%
Sanghamitra Basu, MD			0.900	1.00%
Daniel Burkhead, MD		6.00	6.000	6.51%
Desert West Surgery		6.00	-3.000	3.25%
Dr. Denny		2.00	2.000	2.17%
Dr. Jack Abrams		2.00	0.600	2.82%
Dr. Jason Garber		2.514	1.000	3.514
Ivan Karabachev, MD		0.40	0.400	0.43%
Jaswinder Grover, MD		6.00	6.000	6.51%
John Thalgott (CDSS Retirement Plan)		1.60	1.600	1.74%
John Thalgott, MD		6.00	6.000	6.51%
Kenneth Hampar, MD		2.00	2.000	2.17%
Matthew Ng, MD		0.80	0.800	0.87%
Michael Valpiani, M.D.		2.028	2.028	2.20%
Robert Bien , MD		6.00	0.600	6.600
Sheldon Freedman, MD (Sunflower Family LP)		2.40	-1.000	1.400
Steve Becker, MD		2.80	1.000	3.800
Steve Kozmary, MD		6.00	6.000	6.51%
Mark Kabins			0.000	0.00%
The JSF Living Trust (Dr. James Forage)			1.514	1.514
The SP SDW Living Trust Dr. William Smith		2.514	2.514	2.73%
Walter M. Kidwell Defined Benefit Keogh		5.05	0.600	5.650
Edmund R. Pasimio, MD-Guranteed Development, Inc.		0.00	3.000	3.000
Class A Total		69.82	75.034	81.38%
<b>CLASS B MEMBERS</b>				
VALLEY HEALTH SYSTEMS		17.17	17.17	18.62%
CLASS B TOTAL		17.17	17.170	18.62%
<u>Class C Member</u>				
REGENT SURGICAL HEALTH LLC		7.816		0.00%
Scott Becker (Regent Investment Management, Inc.)		0.808		0.00%
		8.62	0.000	0.00%
		95.61	92.204	100.00%

Share Journal

7/27/2005, Dr. Ricciardi purchased 3.2 units for \$32,000.  
8/1/2005, Dr. Kozmary purchased 6.0 units for \$60,000.  
5/31/2006 Dr Steven Becker purchases .8 units from Timothy Tolan.  
6/29/2006 Dr Crispino Santos buys 1.05 units @ \$31,800 per unit.  
7/2006 Valley Hospital purchases .17 shares for \$5,406.  
07/2006 Regent purchases .076 shares for \$2,416.80.  
07/2006 RIM purchases .008 shares for \$254.40.  
6/11/2007 McKenna sold his 2 shares to Dr. Denny  
5/31/07 Dr. Santos was adversely terminated. His shares were redeemed for \$70,510.89.  
7/31/07 Dr. Abrams purchased one share for \$81,000  
8/8 Dr. Santos was not adversely terminated, he transferred his 1.05 shares to Dr. Kidwell  
Date - Dr. Fishell sold his 1.6 shares to Dr. Thalgott. Check for 1.6 shares to be made out to CDSS Retirement Plan (Thalgott's retirement plan).  
Effective 8/08, Ataga 2 sold 17.6 shares to Drs Veneger, Smith, Anson, Duke, Garber, Forage, Kaplan in the amount of 2.514 shares each.  
Effective 10/15/08, Drs. Duke and Kaplan sold each 2.514 shares. On 10/17 Dr. Valpiani purchased 2.028 shares, Dr. Abram purchased 1 share, and Dr. Ricciar  
Effective 3/09, MDSC is purchasing Dr. Venger's 2.514 shares for \$150,000.  
Dr. Tadlock was adversely terminated on 4/23/09.  
Effective 11/9/09, Dr. Pasimio purchased 3 shares from Desert West for \$60,000 per share in a private sale.  
Effective 12/22/09, MDSC redeemed Regent 7.816 shares at AT price



# NEVADA STATE BOARD OF MEDICAL EXAMINERS

[Search](#)

## Licensee Details

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<b>Person Information</b> Name: Mark Bradley KABINS Address: 501 South Rancho Drive, Ste. I-67 Las Vegas NV 89106-4862 Phone: 7022434700	<b>License Information</b> License Type: Medical Doctor License Number: 6466      Status: Active-Probation Issue Date: 6/6/1992      Expiration Date: 6/30/2011
---	--

## Scope of Practice

Scope of Practice: Surgery, Orthopedic
--

## Education & Training

School: University of Illinois / Chicago, IL Medical Degree\Certificate: Doctor Degree Date Enrolled: Date Graduated: 6/8/1986 Scope of Practice:
School: University of Iowa Hospitals / Iowa City, IA Degree\Certificate: Internship Date Enrolled: 7/1/1986 Date Graduated: 6/30/1987 Scope of Practice: Surgery, Orthopedic
School: University of Iowa Hospitals / Iowa City, IA Degree\Certificate: Residency Date Enrolled: 7/1/1987 Date Graduated: 6/30/1991 Scope of Practice: Surgery, Orthopedic
School: University of California-Davis / Sacramento, CA Degree\Certificate: Fellowship Date Enrolled: 8/1/1991 Date Graduated: 7/31/1992 Scope of Practice: Surgery, Orthopedic

School: Orthopedic Surgery  
 Degree\Certificate: American Board  
 Date Enrolled:  
 Date Graduated: 7/1/1994  
 Scope of Practice: Surgery,Orthopedic

School: Orthopedic Surgery  
 Degree\Certificate: Am Bd Recertification  
 Date Enrolled:  
 Date Graduated: 1/1/2005  
 Scope of Practice: Surgery,Orthopedic

CURRENT CONDITIONS/RESTRICTIONS ON LICENSE AND MALPRACTICE INFORMATION

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## CURRENT CONDITIONS ON LICENSE:

## SETTLEMENT, WAIVER AND CONSENT AGREEMENT

December 6, 2010

On December 3, 2010 a Settlement, Waiver and Consent Agreement was approved and accepted by the Nevada State Board of Medical Examiners (Board), whereby, Mark Kabins, M.D. (Respondent), although Respondent believes that the amendments of NRS 630.364 may preclude the Board from proceeding, Respondent is aware that the trier of fact, the Board, may find a factual basis in support of the Second Amended Complaint against Respondent. Accordingly, in order to resolve the matter without incurring further costs and expense of providing a defense to the Second Amended Complaint or to any other further amended complaint, and in exchange for the waiver of the Respondent's foregoing rights, Respondent has entered into this Agreement, and agrees:

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a. The Board may find that Respondent has engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act, to wit: Respondent pleading guilty to and being convicted of Misprison of Felony, a violation of 18 U.S.C. § 4, was a violation of NRS 630.301(9);

b. Pursuant to NRS 630.352(4)(d), Respondent agrees upon adoption of this Agreement, to accept a stayed suspension of his license to practice medicine in the state of Nevada for a period of six (6) months. If, during the term of Respondent's six (6) months' stayed suspension, the IC receives substantial evidence that Respondent has materially breached the terms and conditions of this Agreement, Respondent agrees the IC, without any further hearing or action by the Board, shall issue an order suspending Respondent's license to practice medicine in the state of Nevada.

Thereafter, Respondent may request a hearing before the Board to reinstate his license, which must be heard within forty-five (45) days of the Order of Suspension. However, during the pendency of the hearing before the Board, Respondent waives any right to seek judicial review (state or federal) to reinstate his privilege to practice medicine in the state of Nevada pending a final Board hearing;

c. Pursuant to NRS 630.352(4)(b), Respondent agrees the Board shall administer a formal written public reprimand which will include language which is synonymous with the terms of this Agreement;

d. Currently Respondent is serving five (5) years of probation pursuant to an Order issued by the United States District Court, Case No. 2:07-cr-000039-JLQ-LRL. Pursuant to NRS 630.352(4)(a), Respondent agrees he shall submit to the Board any and all documentation regarding the terms of his probation entered in the United States District Court, Case No. 2:07-cr-000039-JLQ-LRL.

e. Pursuant to NRS 630.352(4)(a), Respondent agrees to being placed on probation with the Nevada State Board of Medical Examiners pursuant to the terms and conditions issued by the United States District Court. Within thirty (30) days of the adoption of this Agreement, Respondent shall provide a copy of this Agreement to his office of Federal Parole and Probation. Respondent shall also execute any documents necessary authorizing the office of Federal Parole and Probation to release any and all reports generated regarding Respondent's compliance with the terms and conditions of Respondent's federal probation. Once respondent is given written notice of his completion of his probation, Respondent shall submit the written notice to the Investigative Committee. Upon receipt of the written notice of completion the IC shall, without any further action of the Board, authorize an Order reinstating

Disciplinary Actions

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FORMAL DISCIPLINARY ACTION TAKEN BY THE NEVADA STATE BOARD OF MEDICAL EXAMINERS:

\*\*\*\*\*

FORMAL COMPLAINT

February 3, 2010

The Investigative Committee (IC) of the Board of Medical Examiners of the State of Nevada (Board) filed its formal complaint against Mark Kabins, MD (Respondent), on, February 3, 2010 charging Respondent with a violation of Nevada Revised Statute (NRS) 630.301(9), Count I; Respondent engaged in conduct that brings the medical profession into disrepute. Count II; Respondent violated NRS 630-301(11)(g) when he plead guilty to and was convicted of Misprision of Felony. Count III; Respondent violated NRS 630.306(2)(a) when the facts as acknowledged by Respondent indicate that he knew of mail or wire fraud committed by others against a former patient of his, and that he concealed material information about the crime, and that he did not as soon as possible make known the crime to proper legal authorities. JL

Complaint: 3 pages

Exhibits: 29 pages

\*\*\*\*\*

SECOND AMENDED COMPLAINT

March 10, 2010

The Investigative Committee (IC) of the Board of Medical Examiners of the State of Nevada (Board) filed its formal complaint against Mark Kabins, MD (Respondent), on, February 3, 2010 charging Respondent with a violation of Nevada Revised Statute (NRS) 630.301(9), Count I; Respondent engaged in conduct that brings the medical profession into disrepute. Count II; Respondent violated NRS 630-301(11)(g) when he plead guilty to and was convicted of Misprision of Felony. Count III; Respondent violated NRS 630.306(2)(a) when the facts as acknowledged by Respondent indicate that he knew of mail or wire fraud committed by others against a former patient of his, and that he concealed material information about the crime, and that he did not as soon as possible make known the crime to proper legal authorities. Original complaint was lacking verification. JL

Complaint: 5 pages

\*\*\*\*\*

SETTLEMENT, WAIVER AND CONSENT AGREEMENT

December 6, 2010

On December 3, 2010 a Settlement, Waiver and Consent Agreement was approved and accepted by the Nevada State Board of Medical Examiners (Board), whereby, Mark Kabins, M.D. (Respondent), although Respondent believes that the amendments of NRS 630.364 may preclude the Board from proceeding, Respondent is aware that the trier of fact, the Board, may find a factual basis in support of the Second Amended Complaint against Respondent. Accordingly, in order to resolve the matter without incurring further costs and expense of providing a defense to the Second Amended Complaint or to any other further amended complaint, and in exchange for the waiver of the Respondent's foregoing rights, Respondent has entered into this Agreement, and agrees:

- a. The Board may find that Respondent has engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act, to wit: Respondent pleading guilty to and being convicted of Misprision of Felony, a violation of 18 U.S.C. § 4, was a violation of NRS 630.301(9);

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Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred. Sometimes insurance companies settle a case without the knowledge and/or agreement of the physician. This database represents information from insurers to date. Please note: All insurers may not have submitted claim information to the Board.

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# **EXECUTIVE SECRETARY REPORT – APRIL 2011**

## **A) FINANCIAL REPORT**

- i. Personal check issues

## **B) TEMPORARY LICENSES**

## **C) STAFF ACTIVITIES**

- i. CE in Reno (3/12)
  - 1. Will repeat in September in Las Vegas
  - 2. CC in June
- ii. Washoe County Child Death Review Team (4/1)
- iii. Cancer Drug Donation Program

## **D) REPORT TO BOARD**

- i. Hillerby Report
- ii. University of Utah Alcohol & Drug Abuse School

## **E) BOARD RELATED NEWS**

- i. PMP Interconnect Development - NABP
- ii. CPE Monitoring Service – NABP
- iii. AWARxE – added to website

## **F) ACTIVITIES REPORT**

Blank

TEMPORARY LICENSES  
(Issued since last board meeting)

CVS

Patrice N'Da

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## NEVADA STATE BOARD OF PHARMACY

431 W. Plumb Lane • Reno, NV 89509

(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444

E-mail: [pharmacy@pharmacy.nv.gov](mailto:pharmacy@pharmacy.nv.gov) • Web Page: [bop.nv.gov](http://bop.nv.gov)

### CANCER DRUG DONATION PROGRAM

During the 2009 Session the Nevada Legislature enacted the Cancer Drug Donation Program.

This program allows participating pharmacies to accept cancer medications used in the course of cancer treatment, that were dispensed by a Nevada pharmacy. The drugs may be re-dispensed to Nevada residents who are currently being treated for cancer. Pharmacies can choose to be a part of this program by filling out a short form found on the website listed above. Participation in the program is voluntary and the pharmacy can elect to quit at any time.

The medications accepted by the participating pharmacy can be re-dispensed to participating cancer patients who are Nevada residents that have, in conjunction with their physician, signed-up to be a part of the program.

The pharmacy is required to keep the medication donated to the program in a separate location from their normal drug stock and document transfer of medication on the forms provided by the Nevada State Board of Pharmacy. All forms can be found on the website.

If you are interested in becoming a participating pharmacy or would like more information on the Cancer Drug Donation Program; please visit the Nevada State Board of Pharmacy website, Chapter 457 of Nevada Administrative Code, or Nevada Revised Statute Chapter 457.

Insert Link to forms Here!!!!!!



# Nevada State BOARD OF PHARMACY



You are important to us and we want to be able to communicate better & faster! Please [click here to enter your email address for our records!](#)

Thursday March 24th 2011

Home About Us

Pharmacy Board

Consumer Resources

Complaints

Language Translation

Links



## Cancer Drug Donation Program

- [Information Sheet](#) (pdf)
- [FAQ](#) (pdf)
- [Donation Transfer Destruction Form](#) (pdf)
- [Patient Participation Form](#) (pdf)
- [Provider Referral Form For Patient Participation](#) (pdf)
- [Participation Withdrawal Form](#) (pdf)

### Search, Tips

### Frequently Asked Questions

### Interactive PDFs?

### Controlled Substance Abuse Prevention Task Force

### Latest Version of Regulations Being Considered by the Board

### Calendar of Upcoming Boards & Committee Meetings

### Wholesalers, Manufacturers, AB, 128 Compliance & EPP

### Order a List

### Nevada Statutes & Regulations

### Newsletter

### Cancer Drug Donation Program

### Fax Notices

### About the Board

### Site Map

### Translate website to:

German



**NEVADA STATE BOARD OF PHARMACY**  
 431 W. Plumb Lane  
 Reno, Nevada 89509  
 Office: (775) 850-1440 Toll Free: (800) 364-2081  
 Fax: (775) 850-1444  
 Email: [pharmacy@pharmacy.nv.gov](mailto:pharmacy@pharmacy.nv.gov)  
<http://www.bop.nv.gov>



What do you think of our website?  
Click here to Send us your comments!

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Last Updated: 03/22/11 03:28:51 PM

Web Development: DoIT's AD&D Web Development Team

## Cancer Donation Program.

- 1) Links to the Cancer Donation Program
  - A) On the banner
  - B) Left-side link
  - C) Links important to patients
  
- 2) Frequently Asked Questions (Under Cancer Drug Donation link)
  - A. Who qualifies to participate?
    - 1) Patients must be residents of the state of Nevada.
    - 2) Patients must have been diagnosed with cancer.
    - 3) Patients receiving donated drugs must be approved by the Board of Pharmacy, applications can be found at: insert link
    - 4) Patients must present to the pharmacist a prescription written by a Nevada licensed practitioner, along with written authorization from the Board of Pharmacy indicating approval for participation in the program.
  
  - B. How to donate?
    - 1) Bring approved donated drugs to the receiving facility or pharmacy.
    - 2) Fill out one donation form provided by the pharmacy for each drug, providing your name address and phone number.
  
  - C. Where to donate?

Still to be determined.
  
  - D. What drugs qualify?
    - 1) Medications used in the treatment of cancer. Medications that are used to treat the side-effects of cancer do not qualify, for example anti-nausea medications to treat nausea from chemotherapy DO NOT qualify.
    - 2) Donated drugs must be:
      - a) Originally dispensed by a licensed Nevada Pharmacy.
      - b) Must have an expiration date greater than 30 days from the date of donation.
      - c) Must be in the original, unopened, sealed and tamper-evident packaging.
      - d) Drugs may be in single-unit dose packaging as long as the single-unit dose packaging is unopened.
      - e) Must NOT require refrigeration or freezing or other temperature requirements different than room temperature.
      - f) Must NOT be part of a program of restrictive distribution by the manufacturer.
      - g) Must NOT be from a clinical trial or study.
      - h) Must NOT be a compounded product.
      - i) Must NOT be a controlled substance.

j) A pharmacist must verify that the medication is NOT adulterated or misbranded.

E. What is required of a receiving/dispensing location?

- 1) Must be licensed in the state of Nevada.
- 2) Medical facilities and providers must provide as a regular course of practice medical services to patients with cancer.
- 3) Fill out application found at insert link.
- 4) The Board of Pharmacy will approve or disapprove the applications.

F. Can a pharmacy charge patients for the service?

Pharmacies can charge a fee of up to \$10 to the patient for processing.

G. How long does the process take?

- 1) The Board will notify the patient or medical facility/practitioner/pharmacy in writing of their decision within 30 days of their decision to approve or disapprove an application for participation.

H. Donated drugs will be required to be:

- 1) Stored in a separate area from other medications.
- 2) Disposed of properly when expired.
- 3) Proper records must be kept including:
  - a) Date drug was received by medical facility or pharmacy.
  - b) Date drug was originally dispensed.
  - c) Lot number and expiration date of the drug.
  - d) Original prescription number of the donated drug.
  - e) Pharmacy name and phone number that originally dispensed the donated drug.
  - f) Name, dosage and quantity of donated drug.
  - g) Name, address, and telephone number of the person donating the drug.
  - h) The name address and phone number of the facility distributing the drug.
- 4) Re-dispensed by a licensed pharmacist after proper labeling.

# Nevada State Board of Pharmacy

431 W. Plumb Lane, Reno NV 89509

775-859-1440 or Toll Free 1-800-364-2081 Fax 775-859-1444

Email: [pharmacy@pharmacy.nv.gov](mailto:pharmacy@pharmacy.nv.gov) Website: <http://www.bop.nv.gov>

## CANCER DRUG DONATION PROGRAM

### PROVIDER REFERRAL FORM FOR PATIENT PARTICIPATION

Completion of this form meets the requirements of NRS Chapter 457 for the Cancer Drug Donation Program for donating drugs.

#### HEALTH CARE PROVIDER INFORMATION

Name of Provider		State License #/Exp date	
Address			
City		State	Zip Code
Contact Person		Telephone Number	

I certify that the above named provider is licensed in the State of Nevada and is in compliance with all State and Federal, administrative rules and may prescribe dangerous drugs that are used to treat cancer.

SIGNATURE-Provider	Date Signed
--------------------	-------------

#### PATIENT INFORMATION

Name of patient			
Address			
City		State	Zip Code
Date of Birth		Telephone Number	
Diagnosis			

Comments:

Return completed form to the address listed in header.

# Nevada State Board of Pharmacy

431 W. Plumb Lane, Reno NV 89509

775-859-1440 or Toll Free 1-800-364-2081 Fax 775-859-1444

Email: [pharmacy@pharmacy.nv.gov](mailto:pharmacy@pharmacy.nv.gov) Website: <http://www.bop.nv.gov>

## CANCER DRUG DONATION PROGRAM

### PATIENT PARTICIPATION FORM

Completion of this form meets the requirements of NRS Chapter 457 for the Cancer Drug Donation Program for donating drugs.

#### NOTICE OF PARTICIPATION

Name- Recipient (print or type)		Date of Birth
Address		
City, State Zip Code		Telephone Number

I certify that I am a Nevada Resident and that I understand that the medication I am receiving has been donated and has potentially been stored in a non-controlled environment. I understand that the health care provider, pharmacy, pharmacist, and manufacturer cannot be held liable for problems with this medication that has been accepted for donation and dispensed in good faith.

SIGNATURE-Recipient	Date Signed
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#### MEDICATION DISPENSING INFORMATION

Name of Medication		
Strength	Expiration Date/Lot Number	Quantity Received

NOTE: The pharmacy may place a copy of the label on this form in lieu of entering the medication dispensing information.

SIGNATURE- Pharmacist	Date Signed
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NOTE- please keep this record with the DRUG DONATION, TRANSFER, AND DESTRUCTION FORM

Return completed form to address listed in header.

# Nevada State Board of Pharmacy

431 W. Plumb Lane, Reno NV 89509

775-859-1440 or Toll Free 1-800-364-2081 Fax 775-859-1444

Email: [pharmacy@pharmacy.nv.gov](mailto:pharmacy@pharmacy.nv.gov) Website: <http://www.bop.nv.gov>

## CANCER DRUG DONATION PROGRAM

### DRUG DONATION, TRANSFER AND DESTRUCTION RECORD

Completion of this form meets the requirements of NRS Chapter 457 for the Cancer Drug Donation Program for donating drugs and for distribution of drugs to participating repository for drug destruction.

#### DONATION INFORMATION

Name- Donor (Print or Type)		Date of Birth
Address of Donor		Telephone Number
Name of Pharmacy that originally filled prescription		
Address of Original Pharmacy		
Pharmacy Telephone Number	Pharmacy Fax Number	Dispensing Pharmacist Name
Original Dispense Date	Original Prescription Number	Original Quantity Dispensed
Name-Pharmacy/Medical Facility/ Healthcare Clinic/Healthcare Provider receiving donation		
Name of Medication		
Medication Strength	Expiration Date/Lot Number	Quantity Donated

I certify that the above named drug was stored as recommended by the manufacturer and has not been tampered with.

<b>SIGNATURE-</b> Donor	Date Signed
Name of Pharmacist Receiving Medication to Pharmacy	Initial to indicate checklist completed
<b>SIGNATURE-</b> Pharmacist	Date Signed

NOTE-Please complete checklist on Page 2 upon receipt of medications and initial to indicate completion.

Return completed for to address listed in header.

**CHECK TO ENSURE ALL REQUIREMENTS ARE MET OF TRANSACTION:**

- Package Unopened (seal or tamper evident intact)
- Dispensed pursuant to an original prescription by a pharmacy licensed pursuant to Chapter 639 of NRS
- Expiration is not within 30 days of donation
- NOT** a controlled substance
- NOT** a compounded drug product
- NOT** require refrigeration or freezing or other temperature requirements
- NOT** part of a program of restrictive distribution as established by the manufacturer
- NOT** part of an ongoing clinical trial or study

**DRUG TRANSFER INFORMATION**

Name-Pharmacy/Medical Facility/ Healthcare Clinic/Healthcare Provider receiving drug		
Address of Pharmacy/Medical Facility/Healthcare Clinic/Healthcare Provider receiving drug		
Telephone Number	Fax Number	
Name of Medication		Date Transferred
Medication Strength	Expiration Date/Lot Number	Quantity of Drug Transferred
Name of Pharmacist Receiving Medication to Pharmacy		Signature
Name of Pharmacist Transferring Medication		Signature

Copy or original donation form must be provided with transferred medication

**DESTRUCTION INFORMATION**

Name of Medication	Quantity Destroyed
<b>SIGNATURE</b> of Pharmacist Destroying Medication	Date Destroyed

Return completed for to address listed in header.

# Nevada State Board of Pharmacy

431 W. Plumb Lane, Reno NV 89509

775-859-1440 or Toll Free 1-800-364-2081 Fax 775-859-1444

Email: [pharmacy@pharmacy.nv.gov](mailto:pharmacy@pharmacy.nv.gov) Website: <http://www.bop.nv.gov>

## CANCER DRUG DONATION PROGRAM

### NOTICE OF PARTICIPATION OR WITHDRAWAL

Completion of this form meets the requirements of NRS Chapter 457 for the Cancer Drug Donation Program for donating drugs and for the distribution of drugs to participating repository for drug destruction.

#### NOTICE OF PARTICIPATION

**CHECK ONE OF THE FOLLOWING :**

- Pharmacy  Medical Facility  
 Healthcare Clinic approved to provide cancer care services  
 Healthcare Provider approved to provide cancer care services

Name- Pharmacy/Medical Facility/ Healthcare Clinic/Healthcare Provider		
Address		
City	State	Zip Code
Name-Pharmacist or Healthcare Provider		Telephone Number

I certify that the above named entity is licensed in the State of Nevada and is in compliance with all State and Federal Laws and administrative rules.

SIGNATURE-Pharmacist or Healthcare Provider	Date Signed
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#### NOTICE OF WITHDRAWAL

Name-Pharmacy/Medical Facility/ Healthcare Clinic/Healthcare Provider		
Address		
City	State	Zip Code

As of (enter date) \_\_\_\_\_ the participant listed above, will no longer be participating in the Cancer Drug Donation Program.

SIGNATURE- Pharmacist or Healthcare Provider	Date Signed
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Return completed form to address listed in header.

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# HILLERBY & ASSOCIATES

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LEGISLATIVE ADVOCACY  
GOVERNMENT RELATIONS

March 7, 2011

The Nevada Legislature has now passed the 4 week mark, nearly one quarter their allocated time in Carson City.

Legislative Democrats continued their practice of topical press conferences to introduce bills, most recently on education and jobs, furthering their attempts to build anger over budget cuts and support for a possible tax increase. In an effort to take the mantle of education reformers, and to possibly woo a few Republican votes, the Democratic majorities introduced bills to change teacher tenure laws and evaluations, and encourage more parental involvement.

In the first real skirmish of the Session, they also directly attacked one of the centerpieces of the Governor's budget, his proposal to use \$425 million in school construction bond reserves to replenish his proposed cuts to the operating budgets of schools districts. Assembly Democrats quickly heard and passed a bill to allow the use of these reserve funds for school construction and rehabilitation, selling it also as a jobs bill for the hard-hit construction industry. Both sides now accuse the other of opening a hole in the budget. Both sides are correct on one thing at least- there is now a sizable hole in the budget.

Job creation was the other theme of the fortnight, with two main bills being introduced. The Assembly quickly passed a bidders preference bill for public works, only to find it stalled in the Senate over objections from minority activists who want to see the law require more minority participation (Democrats' bill no slam dunk after all- LV Sun). In the Senate SB 192 would require Washoe and Clark counties to significantly increase building maintenance spending. It would also allocate \$.02 of property tax revenue to each county's Regional Transportation Commission for transportation construction. In a déjà vu moment however, the same property tax revenue is also used in the Governor's budget to help offset his proposed higher education budget cuts. Both SB 192 proposals add to the mounting fiscal hit on Clark and Washoe counties.

Governor Sandoval has likewise continued his advocacy for his budget, and his stance that any tax increases would slow the creation of jobs. The Administration has pointed to recent positive gains in sales tax revenues, as well as mining revenue gains due to record gold prices, as reason to believe the revenue picture will improve before the budget is finalized. The Governor has also announced plans to pursue a constitutional change to allow school vouchers (Sandoval School Vouchers- Nevada News Bureau), and pension changes for new employees (Public Pension Details- Nevada News Bureau).

Assembly Minority Leader Pete Goicoechea (R) made the most public connection yet between a list of Republican reforms and possible support of taxes. It is a greatest hits list of perennial conservative favorites: reform of local government collective bargaining rules; reducing prevailing wage rates; changes to pension and health benefits; education reforms like vouchers; and reform to Nevada's much-maligned construction defect laws. The list is a veritable menu for the end of session horse trading to come.

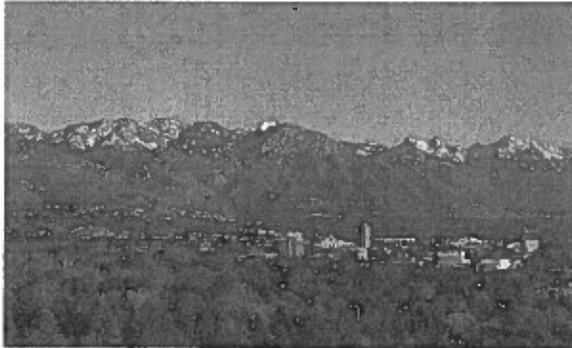
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## University of Utah School on Alcoholism and Other Drug Dependencies

University of Utah School on Alcoholism and Other Drug Dependencies [Home](#)

### 60th Annual Session - June 19-24, 2011



The School on Alcoholism and Other Drug Dependencies is held annually on the University of Utah campus. This beautiful campus is located in the foothills of the Wasatch Mountains, just two miles east of downtown Salt Lake City, Utah.



Native American Dancers entertain at the School picnic.

#### CONTACT INFORMATION

**Mailing Address**  
School on Alcoholism and Other Drug Dependencies  
30 N. 1900 E., Room 1C307  
Salt Lake City, UT 84132-0006

**Email**  
[Susan.Langston@hsc.utah.edu](mailto:Susan.Langston@hsc.utah.edu)

**Phone/Fax**  
(801) 585-5296 phone  
(801) 585-5498 fax

## University of Utah School on Alcoholism and Other Drug Dependencies

University of Utah School on Alcoholism and Other Drug Dependencies Introduction

<p><b>Email Address</b> Susan.Langston@hsc.utah.edu</p> <p><b>Web Site:</b> medicine.utah.edu/uas</p>	<p><b>Office Street Address</b> 30 N. 1900 E., Room 1C307</p> <p>Salt Lake City, UT 84132</p>	<p><b>Phone:</b> 801-585-5296</p> <p><b>FAX:</b> 801-585-5498</p>
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The School, which is recognized internationally, has continually expanded its scope to keep pace with increased awareness of the health and social problems of alcoholism and other drug dependencies. All areas of these problems are presented in training sessions for professional and lay personnel. The School provides students with the latest methods and techniques for working effectively in their respective disciplines.

### COURSES OFFERED

For substance abuse counselors, clinicians, physicians, dentists, pharmacists, nurses, medical personnel, rehabilitation counselors, public health administrators, educators, judges, lawyers, peace officers, county commissioners, industrial and community leaders, advisory council and board members, college and graduate students, families, treatment center personnel, and others desiring special instruction on alcoholism and other drug dependencies. GENERAL SESSIONS for the entire student body will focus on current issues and trends in the field of substance abuse education, prevention and treatment.

### GROUP SECTIONS

Provide specialized information and techniques for working effectively with substance abuse problems in various disciplines. Specific groups are: American Indian; Dental; Drugs: Treatment and Rehabilitation; Education and Community Prevention; Employee Assistance and Human Resources; Nursing; Pharmacy; Physicians; Professional Treatment; Recovery Support; Relapse Prevention Counseling; Substance Abuse Overview and Current Issues; Vocational Rehabilitation and Women's Treatment. The promoters and sponsors of this conference assume no responsibility for the comments expressed by the speakers/presenters, nor do they accept responsibility for the content or reprinting of any materials used or handed out during the meetings. Experiential learning situations are for training purposes only. They are not intended to be therapeutic or a part of any ongoing therapy process. In the event of illness or other emergency, we reserve the right to substitute speakers and/or topics listed.

# University of Utah School on Alcoholism and Other Drug Dependencies

University of Utah School on Alcoholism and Other Drug Dependencies General Sessions Program

June 19-24, 2011

## PROGRAM

*Union Building, Center Ballroom, Unless Otherwise indicated*

### Sunday, June 19

3:00-7:00 p.m. — Check-in — *Union Building, East Panorama Room*

### Monday, June 20

7:30-9:00 a.m. — Check-In [Continued] — *Union Building, East Panorama Room*

9:00 a.m. Introductions and Welcome — *Stephen Sheppard, Ph.D., School Director*

Presentation of Ewart A. Swinyard Award to: *Charlie Broussard, R.Ph., M.Ed.*

*The "Swinyard Award" was established in 1987 to recognize outstanding service to the field of substance abuse education, treatment and prevention and to honor Ewart A. Swinyard, Ph.D., who served the School for over forty years as Planning Committee Member, Trustee and as the School's Director for 16 years.*

9:15 a.m. **Opening Address:** Seasons of Sobriety — *Chuck Jackson, Ed.D.*

10:15 a.m. Break

10:30 a.m. **Keynote Address:** The Impact of High Risk People on Your Self-Esteem —  
*Robert Ackerman, Ph.D.*

12:00 noon Lunch - *Box lunch provided*

12:15 p.m. Short orientation meeting for everyone registered for (paid \$50 credit fee) or considering registering for university credit — *Lynne Durrant, Ph.D.*

12:15 p.m. Video Festival Preview — *Union Building, Theatre*

1:00 p.m. Group Sections

5:00 p.m. Video Festival — *Union Building, Theatre*

### Tuesday, June 21

7:30 p.m. Video Festival Rerun — *Union Building, Theatre*

8:30 a.m. Group Sections

8:30 a.m. Ethics Credit for LSAC and CAC Licensure —  
[Break when convenient]

12:00 p.m. Lunch

12:15 p.m. Video Festival Rerun — *Union Building, Theatre*

1:30 p.m. Group Sections

1:30 a.m. Ethics Credit for LSAC and CAC Licensure [Continued] —  
[Break when convenient]

5:30 p.m. School Picnic — *Union Building Patio*  
*Featuring Native American Music and Dance*

### Wednesday, June 22

7:30 p.m. Video Festival Rerun — *Union Building, Theatre*

8:30 a.m. Group Sections

11:00 a.m. Presentation of Clyde & Marie Gooderham Award [made posthumously]: *John Grimmatt, Ph.D.*

*The "Gooderham Award" was established in 1977 to recognize outstanding service to the field of substance abuse education, treatment and prevention and to honor Clyde Gooderham, the visionary who established this School and other programs and services, and his wife Marie, who worked by his side to help those impacted by substance abuse.*

*Gooderham Lecture: Healing Relationships in Recovering Families — Scott Anderson, Ph.D.*

12:00 noon Lunch

12:15 p.m. Video Festival Rerun — *Union Building, Theatre*

1:30 p.m. Group Sections

7:30 p.m. Alcoholics Anonymous Meeting — *Union Building, Saltair Room*

### Thursday, June 23

7:30 p.m. Video Festival Rerun — *Union Building, Theatre*

8:30 a.m. Group Sections

12:00 p.m. Lunch

12:15 p.m. Video Festival Rerun — *Union Building, Theatre*

1:30 p.m. Group Sections

### Friday, June 24

8:30 a.m. Group Sections

11:00 a.m. **Closing Address:** Leaving A Legacy — *Chuck Jackson, Ed.D.*

12:00 p.m. Adjourn 2011 School Sessions

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nabp

**National Association of Boards of Pharmacy**

1600 Feehanville Drive • Mount Prospect, IL 60056-6014  
Tel: 847/391-4406 • Fax: 847/391-4502  
Web Site: [www.nabp.net](http://www.nabp.net)

TO: EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY  
FROM: Robert T. Cowan, Chief Operating Officer  
DATE: March 11, 2011  
RE: PMP Interconnect Development

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The National Association of Boards of Pharmacy (NABP) is pleased to move forward with efforts to develop and make available to states the PMP Interconnect. The PMP Interconnect will serve as a communications exchange platform to facilitate the secure transfer of prescription monitoring program (PMP) data across state lines to authorized requestors, while ensuring that each state's data access rules are enforced. NABP became involved in this area to continue prior efforts to fund and develop state PMPs and design systems to address the lack of interoperability and data sharing among the various PMPs. Without interoperability and data sharing, state PMPs will be limited in serving their purpose to help reduce drug abuse and diversion.

NABP has made a commitment to cover the costs of developing and deploying the PMP Interconnect as well as to fund the annual operating costs of the system. In addition, NABP has informed potentially participating state PMPs that it will cover the costs involved in modifying their individual state PMPs to function with the PMP Interconnect. In light of the current government funding challenges at all levels, NABP believes it is important that the costs of this enhancement to the programs are not borne by the state PMPs, as this would present a barrier to participation. NABP has the financial resources and stability to provide funding and will stand by its commitment to ensure that the PMP Interconnect meets its objectives.

On March 9, 2011, Purdue Pharma L.P. announced that it would provide NABP with a grant of \$1 million to support the deployment of the PMP Interconnect, and to show its support for applying this enhancement to the existing PMPs nationwide. This will be an **unrestricted** grant to the NABP Foundation and will help ensure that NABP can continue to fund its other important initiatives while guaranteeing the ongoing support of the PMP Interconnect. The NABP Foundation is soliciting unrestricted grants from a wide variety of public and private entities that have a shared interest in enhancing the effectiveness of PMPs in this manner.

NABP has determined that the decisions and recommendations regarding the Interconnect will be made by a steering committee selected solely from administrators of PMPs that are participating in the PMP Interconnect program. This group will advise and assist in decision-

## EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY

March 11, 2011

Page 2

making regarding the policies and procedures of the PMP Interconnect. While other interested parties, including other government agencies and regulators devoted to protecting the public through law enforcement or public health initiatives, as well as private entities that share these interests, may be invited to participate in the activities of the steering committee, the official actions of the steering committee will reside with the PMP administrators and the NABP Executive Committee. The PMP Interconnect will be managed and administered exclusively to support the objectives of the participating PMPs and in support of NABP's mission to assist state boards of pharmacy in creating uniform standards to protect public health.

cc: NABP Executive Committee  
Carmen A. Catizone, Executive Director/Secretary



**nabp**  
**National Association of Boards of Pharmacy**

1600 Feehanville Drive • Mount Prospect, IL 60056-6014  
Tel: 847/391-4406 • Fax: 847/391-4502  
Web Site: [www.nabp.net](http://www.nabp.net)

TO: EXECUTIVE OFFICERS – STATE BOARDS OF PHARMACY  
FROM: Carmen A. Catizone, Executive Director/Secretary  
DATE: March 11, 2011  
RE: NABP Launches CPE Monitor Service

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This week the National Association of Boards of Pharmacy (NABP), in collaboration with the Accreditation Council for Pharmacy Education (ACPE), launched the CPE Monitor service. A continuing pharmacy education (CPE) electronic tracking system, this new service will provide participating state boards of pharmacy with a streamlined process to verify their licensees' and registrants' compliance with CPE requirements. Boards of pharmacy that choose to participate in the service will receive reports on pharmacists' and technicians' completed ACPE-accredited CPE units, which will be authenticated and stored in the system. The program is expected to save boards of pharmacy, pharmacists, and technicians time and money in managing CPE-compliance activities.

Pharmacists and pharmacy technicians are now able to set up an NABP e-Profile through the NABP Web site and obtain their permanent identification number, or NABP e-Profile ID. Beginning in the latter part of 2011, all pharmacists and technicians will be able to provide their NABP e-Profile ID, plus their birth date (MMDD), in order to receive credit for CPE activities taken from ACPE-accredited providers. To set up an e-Profile, pharmacists and technicians can visit the CPE Monitor Web page, which is accessible at [www.MyCPEmonitor.net](http://www.MyCPEmonitor.net). NABP and ACPE will work with CPE providers to ensure an adequate amount of time is allotted to implement this new service.

To help educate pharmacists and pharmacy technicians on the new CPE Monitor service, NABP representatives will be available at booth 1114 during the American Pharmacists Association Annual Meeting and Exposition, March 25-28, 2011, in Seattle, WA, to provide informational material and answer questions regarding the service. NABP is also providing information in the *National Pharmacy Compliance News*, *NABP Newsletter*, and *e-News*, and plans to provide any CPE Monitor updates in future communications. Additionally, ACPE has developed communications to keep its providers informed and up to date on the new service.

NABP continues to reach out to executive officers interested in forming a CPE Monitor advisory group, which will ultimately be responsible for determining the needs of the boards of pharmacy as they pertain to the CPE Monitor service. NABP invites any executive officers interested in participating in this advisory group to contact NABP Chief Operating Officer Robert T. Cowan via e-mail at [rcowan@nabp.net](mailto:rcowan@nabp.net).

cc: Peter H. Vlases, Executive Director, ACPE  
NABP Executive Committee

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**AWARxE**

Foster, Beth VHAREN [BETH.FOSTER@va.gov]

Sent: Wednesday, March 09, 2011 4:30 PM

To: LARRY L. PINSON

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Larry – just wondered if we were interested in placing this on the Board Web site...just a thought.

## **New AWARERX.ORG Resources on Prescription Drug Abuse and Medication Safety**

The AWARxE™ Web site has been updated with inviting, easy-to-read, and timely content to more effectively reach consumers seeking information on prescription drug abuse and medication safety. As the primary communication vehicle of the AWARxE consumer protection program, AWARERX.ORG aims to educate consumers about what they can do to protect their families, friends, and communities from prescription drug misuse, counterfeit drugs, and illegal Internet drug outlets.

Visit www.AWARERX.ORG for updated information and the latest news on prescription drug misuse and abuse, the Drug Enforcement Administration (DEA) National Prescription Drug Take-Back Day, counterfeit medications, and buying medicine online. The new Pharmacists page provides links to patient medication safety materials and information on medication disposal programs and PMPs as tools to fight prescription drug abuse. The Pharmacists page also includes links to relevant NABP documents and relevant resources from DEA, Food and Drug Administration, and Environmental Protection Agency. In addition, the AWARxE Web site includes medication safety tip pages that provide patients with guidelines for safely obtaining, administering, and monitoring over-the-counter and prescription drugs, including guidelines specific to seniors and children. All AWARERX.ORG materials encourage consumers to use medications safely by following their doctor's instructions and talking with their pharmacist when they have questions.

Boards of pharmacy addressing the problem of prescription drug abuse in their state may recommend to their licensees and registrants that they use the AWARxE Web site as a resource for educating their patients about this alarming trend. Boards of pharmacy that wish to place the AWARxE logo on their Web site, hyperlinked to www.AWARERX.ORG, may obtain information by sending an e-mail to AWARERX@NABP.NET. As AWARERX.ORG resources are further developed, the Association will provide state boards of pharmacy and other pharmacy organizations with updates on using AWARxE tools. Suggestions for additional content, resources, or topics for the AWARxE Web site Pharmacists page may be sent by e-mail to

AWARERX@NABP.NET.

**Beth Foster, R.Ph.**

**Chief, Pharmacy Service**

**VA Sierra Nevada Health Care System**

**1000 Locust St.**

**Reno, NV 89502**

**(775) 328-1836 (office)**

**(775) 722-3507 (cell)**

**(775) 691-6905 (VA cell)**

**Beth.Foster@va.gov**

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# 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

#### MARCH 2 & 3, 2011 BOARD MEETING HELD IN RENO, 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 March 2011 Board meeting.

#### Licensing Activity:

- 13 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 7 licenses were granted for Out-of-State pharmacies.
- 19 licenses were granted for Out-of-State wholesalers.
- 3 licenses were granted for Nevada pharmacies (pending inspection).
- 1 license was granted for a Nevada wholesaler (pending inspection).
- 3 licenses were granted for a Nevada MDEG company (pending inspection).

#### Disciplinary Action:

- Pharmacist RC and Pharmacy CV were disciplined for filling a Zoloft prescription with a thyroid medication and alleged harm to the patient.
- Physician RM was granted a dispensing license after agreeing to remain enrolled in PRN-PRN (program for impaired health care professionals) and reporting back to the Board in 3 years after completion of that program.
- Pharmaceutical Technician AH was revoked for theft of controlled substances for personal use and sale.
- Pharmacists SI and TT were disciplined for misfiling an antidepressant prescription and failure to counsel.
- Pharmaceutical Technician AB's application for registration was tabled pending reports from her methadone clinic and evaluation by PRN-PRN.

#### Other Activity:

- A presentation was given by Chris Ferrari on NPLeX (a meth precursor tracking system).
- The usual Board business reports were given.

#### Public Hearing:

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.

## DISCUSSION AND DETERMINATION APRIL – 2011

At the request of Mr. Macdonald, the following topics with regard to discipline are put forth for discussion:

### 1) Case Settlement:

It appears to be somewhat disconcerting to gear up and prep for a hearing only to be asked to sit for 30-45 minutes at the time of hearing while the attorneys negotiate in the hallway for a settlement. Is it not feasible for that process to take place prior to the hearing date, or for that process to be limited to 10-15 minutes?

As you all are aware, the settlement process is somewhat complex and certainly not "cut and dried" by any means. When the actual time of hearing nears, often the parties begin to think differently, including the complainant. General Counsel will discuss this in more detail.

### 2) Witness Credibility:

Are the claims made by the patient who has ingested a wrong medication at the fault of the pharmacy, realistic, feasible, credible? How do you determine that?

This is complex. As a Board member, you all need to remember why you are here and who you are charged with protecting. If a patient claims harm, staff must allow that patient their "day in court" to air their complaint. They want to tell you what happened to them and how they feel about it. To substantiate their claims through the hiring of expert witnesses would not only be cost prohibitive, but would draw the hearing process out to unacceptable lengths. That process is for the civil courts to sort out. Your immediate job is to listen and make your own determination.

### 3) Discipline guidelines:

Consistency in your rulings:

Staff is proposing the following for consideration:

- a) Designate "The Matrix" a tool, rather than a solid guideline. The matrix was originally developed some time ago to do simply what you are asking, namely bring consistency to discipline as well as give staff a guideline in bringing cases to you. It has served us well over the years, but in reality, binds staff, not you as the Board. It should not be totally discarded, but if designated not binding on staff, it would allow staff more leeway in the settlement process.

- b) Develop a "Perpetual Discipline Document" to be included in every Board book along with the disciplinary guidelines and matrix that are already included, showing what your rulings have been over the past dozen or so cases. Staff has prepared a sample for your consideration.

Staff appreciates the difficulty and often discomfort you all face and experience during the very complex disciplinary process. Making decisions that affect the careers and lives of your peers is never an easy task, nor is it ever easy to order discipline for your current employers. In reality, you as Board members, the pharmacists and techs that we regulate, and the pharmacies that we regulate, all have the same goal, that being the safe practice of pharmacy for the citizens of Nevada. None of us ever want to see that patient harmed. The reality however is that patients do suffer harm on occasion, and that fact then becomes your problem. Upon acceptance of your appointment, you essentially promised to take on the task of dealing with that patient's experience and above all, figure out some way to correct the cause of the problem to prevent others from similar injury. Not easy . . .

Following, for the new Board members, is the press release regarding our Board's recent recognition nationally by NABP for our safety initiatives. Our work over recent years through discipline, the inspection process, and the development and utilization of "Your Success" has not gone unnoticed.

## **FOR IMMEDIATE RELEASE**

May 26, 2010

### **NATIONAL ASSOCIATION OF BOARDS OF PHARMACY HONORS LEADERS AT THE FOREFRONT OF PUBLIC HEALTH PROTECTION AT THE ASSOCIATIONS 106<sup>TH</sup> ANNUAL MEETING**

The Nevada State Board of Pharmacy has been chosen by the Executive Committee of the National Association of Boards of Pharmacy (NABP) to receive the prestigious Fred T. Mahaffey Award for 2010 because of Nevada's recent initiative of "inspecting for safety", which focuses on continuous quality improvement and patient safety. The Board's initiative included a retooling of its inspection process to include the safety of the patient as the primary inspection goal. The Board's goal with inspecting for safety is to keep all pharmacies in Nevada compliant with the law and to emphasize patient safety. The impressive team effort took the support of all Board members as well as the cooperation of the Board's investigators, staff and inspectors.

The Fred T. Mahaffey Award is named after the late NABP Executive Director Emeritus who held the executive director position from 1962 to 1987. The National Association of Boards of Pharmacy represents the state boards of pharmacy in all 50 states, the District of Columbia, Guam, Puerto Rico, the Virgin Islands, New Zealand, eight Canadian provinces, two Australian states and South Africa. It is an extremely high honor for our state to be recognized for its exemplary performance in advancing the protection of the public health. Incidentally, this is the second Fred T. Mahaffey Award bestowed upon the Nevada Board of Pharmacy in five years.

For more information contact:

Larry L. Pinson, Pharm. D.  
Executive Secretary  
775-850-1440  
lpinson@pharmacy.nv.gov



### 2010 Fred T. Mahaffey Award

Two state boards of pharmacy were honored with the 2010 Fred T. Mahaffey Award for their exemplary service and dedication to NABP's mission of protecting the public health. The Nevada State Board of Pharmacy was recognized because of its recent initiative of "inspecting for patient safety," which focuses on continuous quality improvement and patient safety. Larry L. Pinson, PharmD and Donald Fey, RPh (above left) accepted the award on behalf of the Nevada Board. The Iowa Board of Pharmacy was recognized for its efforts related to the eventual outcome of the September 2003 action against Union Family Pharmacy in Dubuque, IA, which had unlawfully dispensed prescription pain, diet, and psychiatric medications for two Internet pharmacies. The Board was also recognized for its continuous efforts to regulate medical marijuana. Lloyd K. Jessen, RPh, JD and Vern Benjamin, RPh (above right) accepted the award on behalf of the Iowa Board.



### 2010 John F. Atkinson Service Award

William T. Winsley, MS, RPh, executive director, Ohio State Board of Pharmacy and 2010-2011 NABP president, accepted the 2010 John F. Atkinson Service Award on behalf of Joanne D. Predina, MBA, RPh, who could not be in attendance at the 106<sup>th</sup> Annual Meeting. Predina was recognized for her efforts in protecting the public health through her work as a compliance specialist for the Ohio Board.

### Biographies Available Online

A full biography of each award recipient is available in the May 26, 2010 NABP news release "NABP Honors Leaders at the Forefront of Public Health Protection at the 106<sup>th</sup> Annual Meeting." News releases may be accessed on the NABP Web site at [www.nabp.net/news](http://www.nabp.net/news).

FINDING	HARM	DISCIPLINE RPH – TECH	DISCIPLINE PHARMACY
Misfill – ingested (Synthroid for Zolof) )	Alleged psychological symptoms	\$1,000 fine	P & P augmentation with Your Success Rx
Theft – Controlled Substances (Tech)		Revocation	
Misfill – ingested (Fluoxetine for Paroxetine)	Alleged psychological symptoms	\$1,000 fine	\$1,000 fine
Failure to counsel (Fluoxetine for Paroxetine)	Alleged psychological symptoms	Your Success Rx	
Misfill – ingested (Prednisone for Provera)	Alleged dizziness and headache	Fees and Costs	Letter of admonition
Theft – Controlled Substances (Tech) (Two Cases)		Revocation	
Theft – Controlled Substances (RPh)	No Contest Plea	Revocation	
Misfill (Enalapril for Estradiol)	Hot flashes	\$500 fine	Work with Your Success Rx for P & P on multiple bottles for one Rx
Failure to investigate patient concerns	Hot flashes	\$1,000 fine – Your Success Rx with emphasis on communication	
Intoxicated at work (RPh)		Suspended 4 mos. Probation 1 year PRN-PRN	
Theft – Cash (Tech)		Revocation	
Theft – Controlled Substances (Tech) (Two Cases)		Revocation	
Unlicensed Wholesaler/Manufacturing Activity (Compounding pharmacy) (RPh)		5 yrs probation- no managing RPh, no ownership interest, notify employer, Bd staff approve potential employment, sell pharmacy.	
Misfill – Ingested Keflex to penicillin allergic wrong patient and metoprolol 50mg. for metoprolol 25 mg.	None	Your Success Rx	Fees and Costs
Shred pharmacy records (Tech)		Revocation	

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