

May 18, 2011

AGENDA

◆ PUBLIC NOTICE ◆

NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

at the

Airport Plaza Hotel  
1981 Terminal Way  
Reno

Wednesday, June 1, 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.

## June 2011 Board Meeting Agenda

\* 1. Approval of April 13-14, 2011, Minutes

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

- A. Aamco Medical – Sandy, UT
- B. Comfort Medical, LLC – Coral Springs, FL
- C. FedEx Supply Chain Systems, Inc. – Memphis, TN
- D. FedEx Supply Chain Systems, Inc. – Memphis, TN
- E. Gordian Medical, Inc. – Irvine, CA
- F. Medtronic CoreValve, Inc. – Irvine, CA
- G. Orsini Home Medical Equipment Inc. – Elk Grove Village, IL
- H. Orthassist, LLC – Libertyville, IL
- I. Spectrum Healthcare, Inc. – Phoenixville, PA
- J. Togetherhealth – Sunrise, FL

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

- K. Coastal Express Pharmacy, Inc. – Long Beach, CA
- L. Confidential Pharmacy Services Inc. – Glendale, CA
- M. Custom Pharmacy Solutions – Birmingham, AL
- N. PharMerica – Phoenix, AZ

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

- O. Auburn Pharmaceutical Company – Salt Lake City, UT
- P. Boehringer Ingelheim Vetmedia, Inc. – Fort Dodge, IA
- Q. BUDCO, Inc. – Highland Park, MI
- R. CAO Group, Inc. – West Jordan, UT
- S. Independent Pharmacy Cooperative – Phoenix, AZ
- T. Paddock Laboratories, LLC – Minneapolis, MN
- U. Paddock Laboratories, LLC – New Hope, MN
- V. Pharma Logistics, Ltd. – Mundelein, IL
- W. Schering Corporation – Kenilworth, NJ
- X. Smith Drug Company – Spartanburg, SC
- Y. UPS Supply Chain Solutions, Inc. – Louisville, KY

Applications for Nevada Pharmacy – Non Appearance:

- Z. BHS Specialty Pharmacy – Las Vegas
- AA. The Nevada Center for Reproductive Medicine – Reno
- BB. Walgreens #15035 – Las Vegas

## June 2011 Board Meeting Agenda

Application for Nevada MDEG – Non Appearance:

CC. CPAP & More – Sparks

### ◆ 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. Marty L. Martins, R.Ph (10-083-RPH-N)
  - B. Scolari's Pharmacy #25 (10-083-PH-N)
  - C. James E. Christensen, R.Ph (10-043A-RPH-N)
  - D. Matthew R. Christensen, R.Ph (10-043B-RPH-N)
  - E. Rex Drugs (10-043-PH-N)
  - F. Frank Alvarado (11-036-PTT-N)
  - G. CVS/pharmacy #8779 (11-036-PH-N)
  - H. CVS Pharmacy Corporation (11-036-PH-N)
- \* 4. Requests for Pharmaceutical Technician in Training License – Appearance:
  - A. Andrea K. Boucher
  - B. Nathan A. Evans
- \* 5. Requests for Pharmacist License – Reciprocity – Appearance:
  - A. Howard Pulver
  - B. Shaleen Srivastava
- \* 6. Application for Nevada Wholesaler – Appearance:

Burkhart Dental Supply Co. – Reno
- \* 7. Application for Out-of-State Pharmacy – Appearance:

River's Edge Pharmacy – Rancho Mirage, CA
- \* 8. Request for Reinstatement of Pharmacy Technician License – Appearance:

Heidi R. Miscovich (08-087-PT-N)

## June 2011 Board Meeting Agenda

### \* 9, Request for Reinstatement of Pharmacist License – Appearance:

Zachary W. Bergan

(07-083-RPH-N)

### \*10. Credit Card Authorization

### \*11. General Counsel Reports:

A. Legislative Commission

B. Legislative Update

### \*12. Executive Secretary Report:

A. Financial Report

B. Temporary Licenses

C. Staff Activities

i. CE In Carson City (6/7) Joe & Larry

ii. CE In Ely (5/18) – Joe

iii. University of Utah Alcohol & Drug Abuse School (6/20-6/24) – Larry

iv. Address Philippine Medical Association in Las Vegas (6/25/) – Larry

v. Address Nevada Osteopathic Association in Reno (6/25) - Carolyn

D. Reports to Board

i. Hillbery Report

ii. TB Reporting

E. Board Related News

F. Activities Report

### 13 . Next Board Meeting:

July 13-14, 2011 – Las Vegas

### 14 . 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.

## June 2011 Board Meeting Agenda

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

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## BOARD MEETING

at

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

April 13<sup>th</sup> and 14<sup>th</sup>, 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	

### Board Members Absent:

Kam Gandhi	Cheryl Blomstrom
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### Board Staff Present:

Larry Pinson	Jeri Walter	Carolyn Cramer	Rose Marie Reynolds
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## CONSENT 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

Applications for Nevada Wholesaler – Non Appearance:

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

Discussion:

The consent agenda applications and supporting documents were reviewed.

NOTE: Russ Smith recused from participation in the vote on Item BB as he is employed by Walgreens.

Board Action:

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

Second: Jody Lewis

Action: Passed Unanimously.

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

Second: Kirk Wentworth

Action: Passed Unanimously.

### REGULAR AGENDA

#### 3. Disciplinary Actions:

- A. Victor A. Beraja, R.Ph (09-099-RPH-S)
- B. Victory Pharmacy (09-099-PH-S)

NOTE: Russ Smith disclosed that he works for Walgreens, as does Mr. Beraja however advised that it would not affect his participation in this matter. Jody Lewis disclosed that she and Mr. Beraja worked together at Sav-On years ago, however advised that it would not affect her participation in this matter.

Victor Beraja appeared and was sworn by President Foster prior to answering questions or offering testimony.

Phil Chin, DO, the complainant in this matter, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Dr. Chin explained that Mr. Beraja and Victory Pharmacy refilled a prescription early for Lortab for a patient that was being treated for headaches without his authorization.

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

Mr. Garcia testified that the original prescription was filled at Walgreens. Walgreens was approached to refill the prescription by the patient, however it was too soon and they declined to fill at that time. The patient then had the prescription transferred to Victory Pharmacy. Mr. Garcia stated that Mr. Beraja knew it was an early fill however felt he used his professional judgment to fill the prescription early.

Mr. Beraja apologized to the Board for causing Dr. Chin's patient any discomfort, but he felt he was doing the patient a service since she was so ill. Mr. Beraja described that the patient was waiting for him to open the pharmacy when he arrived at work. She was wearing a hospital wrist band and throwing up. Mr. Beraja felt compassionate towards her and filled the prescription for Lortab early.

Carolyn Cramer gave closing statements and noted that Mr. Beraja should not have filled this prescription early without authorization to do so by Dr. Chin. Ms. Cramer



noted for the record that Mr. Beraja admits guilt on the First and Second Causes of Action and she is leaving the penalty in this matter to the Board's discretion.

Board Action:

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

Second: Keith Macdonald

Action: Passed Unanimously

Motion: Keith Macdonald moved to fine Mr. Beraja \$1,000.00 plus fees and costs in this matter.

Second: Kirk Wentworth

Action: Passed Unanimously

Motion: Keith Macdonald moved to find Victory Pharmacy guilty of the Second Cause of Action.

Second: Kirk Wentworth

Action: Passed Unanimously

Motion: Keith Macdonald moved not to impose a penalty against Victory Pharmacy.

Second: Jody Lewis

Action: Passed Unanimously

C. Joel Forman, R.Ph (10-020-RPH-S)

D. CVS/pharmacy #8812 (10-020-PH-S)

NOTE: Jody Lewis recused from participation as she is a district pharmacy supervisor for CVS.

Mike Dyer was present to represent Joel Forman and CVS #8812.

Carolyn Cramer presented a stipulated agreement to the Board for their consideration. Both parties admit guilt in the First and Second Causes of Action. They will stipulate to a \$500.00 fine for Mr. Forman, to be paid by CVS for Mr. Forman, and CVS agrees to accept a letter written by the Executive Secretary of the Board of Pharmacy addressing concerns outlined in section three of the Stipulation and CVS is to send an all pharmacy

personnel e-mail to address the need to ascertain that the medication being dispensed is the correct medication and that the pharmacist will be responsible for verification that the initial input is correct. Ms. Cramer advised the Board that they could accept or reject this Stipulation and if they rejected the Stipulation that all parties were ready to go to hearing.

After discussion, President Foster asked for a motion.

Board Action:

Motion: Keith Macdonald moved to accept the Stipulated Agreement as presented.

Second: Russ Smith

Action: Passed Unanimously

E. Miguel Martinez, R.Ph (10-088-RPH-S)

F. CVS/pharmacy #8807 (10-088-PH-S)

NOTE: Jody Lewis recused from participation as she is a district pharmacy supervisor for CVS.

Miguel Martinez appeared and was sworn by President Foster prior to answering questions or offering testimony. Mr. Martinez was represented by Maria Nutile.

Mike Dyer was present to represent CVS #8807.

Carolyn Cramer advised the Board that she and the represented parties were in agreement to the admission of guilty on the First Cause of Action, the Second Cause of Action is withdrawn in exchange for admission to the First Cause of Action, and the Third Cause of Action is admitted.

The presentation is a verbal settlement agreement allowing that Mr. Martinez will participate in the Your Success Rx program. Legal counsel defers to the Board for imposing discipline for CVS in this matter.

21 Exhibits were presented and accepted into the record.

Tammy Jordan appeared and was sworn by President Foster prior to answering questions or offering testimony.

Kyren Lewis, Ms. Jordan's son, was prescribed methylphenidate, however methadone was dispensed to him. Ms. Jordan explained that Kyren took two tablets daily and she would split the medication in half and give half to the school nurse to dispense to Kyren at noon. Ms. Jordan indicated that she was out of state on family business and left

Kyren with his grandfather. Kyren's grandfather advised Ms. Jordan that Kyren's behavior was out of control both in school and at home. When Ms. Jordan returned home and witnessed this behavior she devoted all of her time trying to get Kyren under control. The school nurse finally discovered the error, Kyren's physician was notified and he advised Ms. Jordan to decrease the methadone slowly so he would not go through withdrawals. Ms. Jordan chose not to heed this advice and took Kyren off the methadone completely hoping to get him back on the methylphenidate and control his behavior as soon as possible. Ms. Jordan advised the Board that she had not spoken to anyone from CVS regarding what was done so this type of error did not happen to anyone else.

Mike Dyer noted that he was withdrawing his Motion to Dismiss.

Mr. Dyer described how the error occurred. Ms. Nutile contested and indicated that the Board only needs to determine a penalty in this matter.

Board Action:

Motion: Russ Smith moved to have Mr. Martinez participate in the Your Success Rx program to be completed once he is employed.

Second: Keith Macdonald

Action: Passed Unanimously

Mr. Dyer indicated that the CVS computer system did what it was supposed to do and there should be no penalty imposed upon CVS in this matter.

Board Action:

Motion: Russ Smith moved to impose the fees and costs upon CVS #8807 in this matter.

Second: Kirk Wentworth

Action: Passed Unanimously

G.	Thai Vo, R.Ph	(11-003-RPH-S)
H.	CVS/pharmacy #8807	(11-003=PH-S)

NOTE: Jody Lewis recused from participation as she is a district pharmacy supervisor for CVS.

Mike Dyer was present to represent both Mr. Vo and CVS #8807.

Carolyn Cramer presented a Stipulated Agreement for the Board's determination. Mr. Vo will now require two forms of identification when dispensing a prescription. CVS will reemphasize by e-mailing policies to all pharmacy staff to read and sign that they have read and understand the CVS policies. Both Mr. Vo and CVS will be fined \$750.00 and both fines will be paid by CVS.

Board Action:

Motion: Keith Macdonald moved to accept the Stipulated Agreement as presented.

Second: Russ Smith

Action: Passed Unanimously

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

Michelle Lambert

NOTE: Russ Smith disclosed that he works for Walgreens, however that would not influence his participation in this matter as he does not know Ms. Lambert.

Michelle Lambert appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Lambert explained that she was arrested for contempt of court and at that time she possessed a small amount of methamphetamine. Ms. Lambert was charged with possession, mandated to drug counseling and fined. Ms. Lambert indicated that she has been clean and sober now for almost four years.

Board Action:

Motion: Keith Macdonald moved to accept Ms. Lambert's application for pharmaceutical technician in training pending a positive PRN evaluation.

Second: Kirk Wentworth

Action: Passed Unanimously

5. Application for Nevada Wholesaler – Appearance:

Benco Dental Supply Co. – Sparks

Lou Mangino appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Mangino explained that Benco Dental is the largest distributor of dental supplies in the United States. They are a privately owned company and have been in business for 81 years. They have a large sales force and they supply dental offices with supplies and equipment and, if necessary, they also fix any equipment they have sold that may need attention. He gave details regarding their business plan and procedures. Mr. Mangino advised the Board that Benco Dental Supply Company is VAWD certified through NABP.

Board Action:

Motion: Keith Macdonald moved to accept the Nevada wholesaler application for Benco Dental Supply Company.

Second: Russ Smith

Action: Passed Unanimously

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

A. Biomed Pharmaceuticals – Lenexa, KS

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

Mr. Renzi testified that Biomed Pharmaceuticals specializes in injectables. They monitor their patient's care during their therapy to assure appropriate dispensing. They ship via FedEx in temperature controlled packaging to specific patients. Mr. Renzi reviewed their procedures to the Board's satisfaction.

Board Action:

Motion: Russ Smith moved to accept the out of state pharmacy application for Biomed Pharmaceuticals

Second: Jody Lewis

Action: Passed Unanimously

B. Cantrell Drug Company – Little Rock, AR

James McCarley appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. McCarley explained that they were an outsourcing pharmacy that supplies medications to hospitals. Mr. McCarley advised that the products that they ship to hospitals were not patient specific.

Board staff explained that Nevada law requires a pharmacy to ship patient specific. If he is supplying bulk product to hospitals in Nevada, Mr. McCarley was advised that he would have to be licensed as a manufacturer. Board staff also allowed that the fees already paid could be transferred to the new application. The Board took no action pending the proper application.

C. Specialty Therapeutic Care – Houston, TX

Michelle DeRon appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. DeRon explained that they ship products for hemophilia patients. They use FedEx for their shipping needs in temperature controlled packages. Ms. DeRon explained their procedures to the Board's satisfaction.

Board Action:

Motion: Russ Smith moved to accept the out of state pharmacy application for Specialty Therapeutic Care.

Second: Jody Lewis

Action: Passed Unanimously

7. Request for Controlled Substance License – Appearance:

Mohamed O. Saleh, MD

Carolyn Cramer presented ten exhibits marked Exhibit 1 and 3 through 11. Dr. Saleh had no objection and they were entered into the record. The Board reviewed the exhibits and Ms. Cramer called Danny Garcia to testify.

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

Mr. Garcia testified that he went to the Valley View address where Dr. Saleh was supposedly licensed to practice to verify the prescription that was marked as Exhibit 1. Mr. Garcia indicated that there was nothing at that address. Mr. Garcia tried to contact Dr. Saleh by phone and the phone number transferred to a Florida telephone number. Mr. Garcia indicated that he looked up Dr. Saleh on a website and found another location in Las Vegas. He went to the address indicated on the website and it was inhabited but was closed with a note on the door that indicated they were looking for an administrator for that location.

Dr. Saleh presented a letter to the Board of Pharmacy dated April 14, 2011 which was marked as Exhibit A and accepted into the record.

Carolyn Cramer questioned Dr. Saleh regarding the telephone numbers on his prescription pads. Dr. Saleh indicated that he keeps patient records both in Nevada and Florida so he can access them if necessary while he is in Florida. Dr. Saleh explained that he did not realize that he needed two DEA numbers – one for his Florida practice and one for his Nevada practice – as he thought his DEA license was good anywhere in the United States, which is why he did not complete the process of applying for a second DEA license in 2006. When Ms. Cramer questioned Dr. Saleh about not answering “Yes” to any of the questions on his controlled substance application dated November 23, 2010, he indicated that he thought the disciplinary matter he did not disclose on the application was going to be dismissed, however now he understands that he should have answered “Yes” to the question on his application.

Ms. Cramer noted that Dr. Saleh was arrested after his appearance in January for writing prescriptions in Nevada without a license to do so. Dr. Saleh explained that he needs a license from the Board of Pharmacy so he can get his DEA license and continue treating his patients. Dr. Saleh indicated that his patients are now seeing another doctor while he is waiting to obtain his prescribing privileges, however the doctor can only see his patients one day a week and that is not adequate.

Carolyn Cramer gave closing statements. She indicated that Dr. Saleh lied on his application for a controlled substance license and does not feel that his practices are in the public's best interest and recommends that the Board deny his application.

Dr. Saleh gave closing statements and indicated that he did not mean to lie on his application and that it was just an oversight.

Board Action:

Motion: Russ Smith moved to deny Dr. Saleh's application for a controlled substance license.

Second: Keith Macdonald

Action: Passed Unanimously

Keith Macdonald would like Board staff to ensure that all of Dr. Saleh's claimed registrations and certifications are verified to be true before accepting another application for a controlled substance license from him again.

8. Request for Reinstatement of Pharmacist License – Appearance:

Matthew Osayaren

Matthew Osayaren appeared and was sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer read a letter from the Federal Department of Health and Human Services to the Board disallowing Mr. Osayaren to work in any facility that allows Medicare or Medicaid billing. She also indicated that he is under an Order not to practice pharmacy for five years.

Mr. Osayaren indicated that he has an opportunity to teach, but they require him to be a licensed pharmacist and asked the Board to reinstate his license so he could take advantage of this prospect. Mr. Osayaren indicated that he obtained a certificate to return to work from his physician as he was requested to do at his last appearance. Board staff indicated that there was no request for such a document.

Two exhibits were reviewed and admitted into the record. Exhibit 1 was a work release from a physician and Exhibit 2 was the letter from the Federal Department of Health and Human Services sent to Board staff not allowing Mr. Osayaren to practice in any facility that bills Medicare and Medicaid.

Board Action:

Motion: Kirk Wentworth moved to deny Matthew Osayaren's request for reinstatement of his pharmacist license.

Second: Keith Macdonald

Action: Passed Unanimously

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

Mayra Arreola

Ms. Arreola cancelled her appearance before the Board to request reinstatement of her pharmaceutical technician registration.

10. Applications for Nevada MDEG – Appearance:

A. Global Orthopedics, LLC – Las Vegas

No one appeared to represent Global Orthopedics, LLC.

Board Action:

Motion: Russ Smith moved to deny the application for a Nevada MDEG license for Global Orthopedics.



Second: Keith Macdonald

Action: Passed Unanimously

Before the end of the meeting two representatives of Global Orthopedics came forward to ask why their application was denied. President Foster asked if they were in the room when she called Global Orthopedics to come forward. They indicated that they were present but did not know what they should do so they did not come to the table. President Foster advised them that the Board had already denied their application and if they wanted to pursue licensure in Nevada they could reapply.

B. Health Essentials, LLC – Las Vegas

Rod Borkowsky, Milette Cruz and Troy Smith appeared and were sworn by President Foster prior to answering questions or offering testimony.

The Board questioned Mr. Borkowsky and Mr. Smith regarding their business plan and how they will operate Health Essentials. Ms. Cruz was asked about her qualifications to be the facility administrator and she indicated that she has a degree as a nurse. She will be the person at the facility on a daily basis operating the business.

Board Action:

Motion: Jody Lewis moved to approve the Nevada MDEG application for Health Essentials, LLC pending receipt of a copy of Ms. Cruz's vocational nursing degree.

Second: Russ Smith

Action: Passed Unanimously

C. Next Step Medical LLC – Las Vegas

Carlos Paule appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Paule indicated that they are providers of muscle stimulators and home rehab products, including braces. Mr. Paule gave an overview of his work history, including experience with oxygen concentrators, and other MDEG products.

Board Action:

Motion: Keith Macdonald moved to approve the Nevada MDEG application for Next Step Medical LLC.

Second: Jody Lewis

Action: Passed Unanimously

D. United Seating and Mobility LLC – Las Vegas

James Wilcox and Brent Die appeared and were sworn by President Foster prior to answering questions or offering testimony.

Mr. Wilcox and Mr. Die described their business model and policies and procedures. Mr. Wilcox has been providing services to disabled patients with mobility devices for over 21 years. He evaluates patients and determines what the most appropriate equipment would be for their specific needs. They are a full sales and service company.

Board Action:

Motion: Russ Smith Keith moved to approve the Nevada MDEG application for United Seating and Mobility LLC.

Second: Kirk Wentworth

Action: Passed Unanimously

11. Applications for Nevada Pharmacy – Appearance:

A. Institutional Pharmacy Solutions – Las Vegas

Selamawit Taylor appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Taylor explained that they were applying for a pharmacy license to practice at Monte Vista Hospital. There was some confusion about the pharmacy already in Monte Vista Hospital. It is owned by someone else other than the Hospital. Ron Shockey, Board inspector, cleared up the confusion and indicated that it is an outside management company that currently runs the pharmacy and now Monte Vista has hired Institutional Pharmacy Solutions to operate their pharmacy in house. Mr. Shockey said he has been inspecting the Monte Vista Hospital pharmacy for years and they run a good facility. This would be considered a new pharmacy to Nevada.

Board Action:

Motion: Russ Smith moved to approve the Nevada pharmacy application for Institutional Pharmacy Solutions.

Second: Keith Macdonald

Action: Passed Unanimously

B. Valley View Surgery Center – Las Vegas

Fay Delacruz appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Delacruz gave an accounting of how she will control the drugs maintained at the surgery center. They have policies and procedures in place to ensure security. Ms. Delacruz indicated that they will use single needle/single dose practices and they have a means to control the issue of the medications and the needles. They also have a witness procedure for wasting excess drugs after surgical procedures.

Board Action:

Motion: Keith Macdonald moved to approve the Nevada pharmacy application for Valley View Surgical Center.

Second: Jody Lewis

Action: Passed Unanimously

12. Presentation of 50 Year Pharmacist Certificate:

Gerald Mandel, R.Ph

President Foster and Larry Pinson gave a synopsis of Mr. Mandel's professional history and presented him with a 50 year pharmacist certificate.

Mr. Mandel reminisced about his experience with the Nevada State Board of Pharmacy and shared a letter he received from Keith Macdonald when he inquired with three states whether he could get a discount on his licensing fees since he had worked for 35 years. Mr. Mandel noted that Mr. Macdonald was the only person to respond to his inquiry and he appreciated his response and candor.

Again, President Foster thanked Mr. Mandel for 50 years of service to the profession of pharmacy.

13. General Counsel Report

Carolyn Cramer reported that the legislature is still in session and they have not been called to appear since the last meeting. Ms. Cramer indicated that she has been doing fiscal notes as requested by various legislators. We should know more after Friday because bills that do not come out of committee will probably be dropped.

14. Executive Secretary Report:

A. Financial Report

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

i. Personal check issues

Mr. Pinson reported to the Board that bounced checks are becoming a problem and advised that Board staff would like to require payment by credit card, certified check or money order only. Occasionally people come to the Board office with cash to pay for a registration. Since we do not keep cash in the office, we would also like to discontinue accepting cash. After discussion, President Foster asked for a motion.

Board Action:

Motion: Keith Macdonald moved to accept Mr. Pinson's recommendation to no longer accept personal checks.

Second: Russ Smith

Action: Passed Unanimously

B. Temporary Licenses

One temporary license was granted since the last Board meeting.

C. Staff Activities

i. CE in Reno (3/12)

Ron Shockey and Joe Depczynski did a CE in Reno on Saturday, March 12<sup>th</sup>.

1. Will repeat in September in Las Vegas
2. CC in June

Mr. Pinson indicated that there would be ongoing continuing education courses provided in both the North and the South before pharmacist's renewal this coming October. He also advised that he would be addressing the Philippine Medical Association in June. Mr. Pinson visited the new student training facility at UCSF used for training pharmacists, physicians, dentists and nurses and found it amazing how the utilization of lifelike mannequins and their response to simulated drugs given by students is so valuable.

ii. Washoe County Child Death Review Team (4/1)

Larry Pinson advised the Board that he has been asked to participate on the Child Death Review Team and found it to be a most difficult experience reviewing a child's death. The team really appreciates his input on the drug related cases.

iii. Cancer Drug Donation Program

Melissa Menji, an intern from Idaho State School of Pharmacy that spent six weeks with the Board staff, was instrumental in helping institute the cancer donation program which is now up and running.

D. Reports to Board

i. Hillberby Report

The Hillerby Report was given to the Board to update them on legislative issues.

ii. University of Utah Alcohol & Drug Abuse School

Mr. Pinson will be attending the University of Utah Alcohol and Drug Abuse School this year in June. Those who have attended in the past have found it to be a valuable program.

E. Board Related News

Larry Pinson advised the Board that at a previous legislative session it was mandated by statute that pharmacists/pharmacies report to a TB group if a patient receives two drugs from a list of TB drugs. Mr. Pinson was unaware of the law and was sure that pharmacists/pharmacies are also unaware of this requirement. Mr. Pinson indicated that he plans to meet with the TB group and find out more about the requirements.

i. PMP Interconnect Development – NABP

Mr. Pinson provided a memo from NABP regarding a communications exchange between states for PMP programs.

ii. CPE Monitoring Services – NABP

NABP will have an electronic continuing education tracking system available to pharmacists and pharmaceutical technicians available toward the end of 2011.

iii. AWARe – added to Website

Mr. Pinson reported that AWARe, a resource on prescription drug abuse and medication safety, has been added to our website.

F. Activities Report

15. Discussion and Determination:

Disciplinary Process

Larry Pinson reminded the Board that Keith Macdonald asked that the disciplinary process be discussed. One of the issues that Mr. Macdonald brought up was the case settlement process and why legal counsel waits until the last minute when a hearing is to begin to negotiate, ultimately wasting the Board's time. Mr. Pinson explained that the settlement process is complex and sometimes the parties begin to think differently as the hearing is ready to progress. Another issue was witness credibility – are claims made by the patient who has ingested a wrong medication at the fault of the pharmacy realistic, feasible or even credible? Mr. Pinson indicated that this is another complex issue. The patient has the right to his/her "day in court" to tell the Board what happened to them. Mr. Pinson also reminded the Board that they are charged with protecting the patient and it is their job to determine credibility. It was suggested that expert witnesses be hired to substantiate a witnesses claims, however that would be cost prohibitive and the hearing process would be drawn out to unacceptable lengths.

Mr. Pinson suggested that the Board designate the matrix as a tool rather than a solid guideline. The matrix was originally developed to bring consistency to discipline as well as give staff a guideline in bringing cases forward. In reality it binds Board staff's ability to negotiate in the settlement process. Mr. Pinson also suggested a perpetual discipline document be included in every Board book along with the disciplinary guidelines and matrix that are already included showing what the rulings have been

over the past dozen or so cases. Mr. Pinson provided a sample of the document he was proposing for the Board's review.

President Foster indicated that she supported the use of the matrix as a tool so the Board has more flexibility. Jody Lewis noted that pharmacists cannot work in fear of retribution for minor offenses that can be a learning experience. Ms. Lewis also suggested that perhaps Katie Johnson could do a mini version of the Your Success Rx program that wouldn't be as intense or as expensive.

Regarding witness credibility, Keith Macdonald wanted to know how much the Board can question patients/complainants that read the drug fact sheets that accompany their medications and then allege harm from what they learned from reading the possible side effects.

Board Action:

Motion: Keith Macdonald moved to allow Board staff to use the matrix as a tool.

Second: Jody Lewis

Action: Passed Unanimously

16. Next Board Meeting:

June 1, 2011 – Reno

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

There were no public comments.

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 X Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_

**FACILITY INFORMATION**

Facility Name: Damico Medical

Physical Address: 1015 W. 9400 S. Ste #118 Sandy, UT 84070  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2975 W. Executive Pkwy #158

City: Lehi State: UT Zip Code: 84043

Telephone Number: 801-255-5202 Fax Number: 888-816-0880

E-mail: Stephanie.A@damcoMedical.com Website: damcoMedical.com

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

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

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

Name: Stephanie Andelin

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

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

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

Name: N/A Telephone: \_\_\_\_\_ Page 1-2010

56524

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

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

**FACILITY INFORMATION**

Facility Name: Comfort Medical, LLC

Physical Address: 4248 NW 120th Avenue, Coral Springs, FL 33065  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4248 NW 120th Avenue

City: Coral Springs State: FL Zip Code: 33065

Telephone Number: (800) 700-4246 Fax Number: (954) 510-2307

E-mail: tim.stocksdate@comfortmedical Website: www.comfortmedicaldirect.com  
direct.com

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

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

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

Name: Timothy L. Stocksdate

**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: catheters, ostomy products

\*\* 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. N/A

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

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1278

# NEVADA STATE BOARD OF PHARMACY

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

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

wholesaler

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: FedEx SupplyChain Systems, Inc.

Physical Address: 5025 Tuggle Road, Memphis, TN 38118-7514  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5025 Tuggle Road

City: Memphis State: TN Zip Code: 38118-7514

Telephone Number: 901.566.2800 Fax Number: 901.566.2906

E-mail: N/A Website: www.fedex.com/us/supply-chain

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

Mon: 24 to hrs Tue: 24 to hrs Wed: 24 to hrs Thu: 24 to hrs  
Fri: 24 to hrs Sat: 24 to hrs Sun: 24 to hrs Holidays: 24 to hrs.

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

Name: Steve Gadd

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

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

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

☒ Other: Class I, II & III devices will be distributed

\*\* 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: N/A Telephone: N/A

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1283

but  
NOT  
sold

# NEVADA STATE BOARD OF PHARMACY

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

## APPLICATION FOR OUT-OF-STATE MDEG PROVIDER WHOLESALER CORPORATION

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

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"/>
--	---	--------------------------------------	--

### FACILITY INFORMATION

Facility Name: FedEx SupplyChain Systems, Inc.

Physical Address: 3630 E. Raines Road, Memphis, TN 38118-6893  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5025 Tangle Road

City: Memphis State: TN Zip Code: 38118-7514

Telephone Number: 901.566.2800 Fax Number: 901.566.2904

E-mail: N/A Website: www.fedex.com/us/supply-chain

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

Mon: 0600 to 2330 Tue: 0600 to 2330 Wed: 0600 to 2330 Thu: 0600 to 2330

Fri: 0600 to 2330 Sat: 0800 to 1630 Sun: 0800 to 1830 Holidays: 0800 to 1630

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

Name: Raymond (Cecil) Wray

### 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: Class I, II & III devices will be distributed

\*\* 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: N/A Telephone: N/A

but  
Not  
Sold.

56792

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

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## FACILITY INFORMATION

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

**Website:**

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1272

**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**

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New MDEG   X   Ownership Change        Name Change        Location Change       

**FACILITY INFORMATION**

Facility Name: Medtronic USA, Inc. DBA Medtronic CoreValve, Inc.

Physical Address: 100 Jenner Ste 100 Irvine, CA 92618  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 710 Medtronic Parkway LS245 Attn: Melissa Fatchett

City: Minneapolis State: MN Zip Code: 55432

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

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

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

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

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

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

Name: James Sparks

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

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

Board Use Only

Received

**APR 18 2011**

Check Number

426

Amount

500.00

56536  
1280

# NEVADA STATE BOARD OF PHARMACY

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

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

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

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New MDEG X Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_

### FACILITY INFORMATION

Facility Name: ORSINI HOME MEDICAL EQUIPMENT INC

Physical Address: 1111 NICHOLAS BLVD ELK GROVE VILLAGE, IL 60007  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1111 NICHOLAS BLVD

City: ELK GROVE VILLAGE State: IL Zip Code: 60007

Telephone Number: 847-734-7373 Fax Number: 847-860-0239

E-mail: ORSINI@ORSINIHC.COM Website: WWW.ORSINIHEALTHCARE.COM

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

Mon: 7<sup>30</sup> to 5<sup>30</sup> Tue: 7<sup>30</sup> to 5<sup>30</sup> Wed: 7<sup>30</sup> to 5<sup>30</sup> Thu: 7<sup>30</sup> to 5<sup>30</sup>  
Fri: 7<sup>30</sup> to 5<sup>30</sup> Sat: 9 to 3 Sun: — to — Holidays: — to —

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

Name: HOWARD MARZUK

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

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

56673  
1284

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

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New MDEG X Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_

**FACILITY INFORMATION**

Facility Name: ORTHASSIST, LLC

Physical Address: 28085 N. ASHLEY CIRCLE #101 LIBERTYVILLE, IL 60048  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 28085 N. ASHLEY CIRCLE #101

City: LIBERTYVILLE State: IL Zip Code: 60048

Telephone Number: 847-327-9510 Fax Number: 847-327-9511

E-mail: DMETERS@ORTHASSIST.COM Website: WWW.ORTHASSIST.COM

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

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

Fri: 8 to 6 Sat: N/A Sun: N/A Holidays: N/A

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

Name: RICHARD B. METERS

**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: SPINE STIMULATORS

\*\* 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: JODI PERALES Telephone: 702-492-9114

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

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New MDEG X Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_

**FACILITY INFORMATION**

Facility Name: Spectrum Healthcare Inc  
Physical Address: 1260 Valley Forge Rd, Ste 111 Phoenixville, PA 19460  
(This must be a business address, we can not issue a license to a home address)  
Mailing Address: 1260 Valley Forge Rd, Ste 111  
City: Phoenixville State: PA Zip Code: 19460  
Telephone Number: 888-210-5576 Fax Number: 888-228-4581  
E-mail: bmanderach@spectrumhealthcare.net Website: Spectrumhealthcare.net

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

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

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

Name: Becky Manderach

**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: pneumatic compression pumps

\*\* 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

56522  
1279



**NEVADA STATE BOARD OF PHARMACY**  
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**APPLICATION FOR OUT-OF-STATE MDEG PROVIDER**  
**CORPORATION**

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

**FACILITY INFORMATION**

Facility Name: NATIONWIDE HOME MEDICAL RETAIL, INC. D/B/A TOGETHER HEALTH

Physical Address: 1560 SAWGRASS CORPORATE PARKWAY, SUITE 140, SUNRISE, FL 33323  
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1560 SAWGRASS CORPORATE PARKWAY, SUITE 140

City: SUNRISE State: FL Zip Code: 33323

Telephone Number: 954 641 9800 Fax Number: 888 507-2733

E-mail: JASON@TOGETHERHEALTH.COM Website: \_\_\_\_\_

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

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

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

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

Name: GREGORY LONTO

**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: UROLOGY SUPPLIES (FOLEY CATHETERS)

\*\* 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: \_\_\_\_\_

**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 01997)

**GENERAL INFORMATION**

Pharmacy Name: Coastal Express Pharmacy, Inc.  
Physical Address: 2632 Pacific Avenue  
Mailing Address: same as above  
City: Long Beach State: CA Zip Code: 90806  
Telephone Number: 562 997 2580 Fax Number: 888 988 8575  
Toll Free Number: 866 527 7745  
E-mail: toan.thai@phlb.org Website: \_\_\_\_\_  
Managing Pharmacist: Toan Thai License Number: RPH 4674

**Hours of Operation:**

Monday thru Friday 9 am 530 pm      Saturday 9 am 1 pm  
Sunday X am X pm      24 Hours X

**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: MAY 18 2011 Check Number: 1036 Amount: 500.00

**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: Confidential Pharmacy Services inc.

Physical Address: 31 East Santa Anita Ave, Burbank, CA 91502

Mailing Address: P.O. Box 5065

City: Glendale State: CA Zip Code: 91221-1065

Telephone Number: (818) 558-1181 Fax Number: (818) 558-1859

Toll Free Number: (888) 884-6337

E-mail: Art@confidentialpharmacy.com Website: www.confidentialpharmacy.com

Managing Pharmacist: Sevak Olmessekian License Number: RPH 53157

**Hours of Operation:**

Monday thru Friday 9:30 am 5:30 pm

Saturday closed am closed pm

Sunday closed am closed 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: MAY 16 2011 Check Number: 273 Amount: 500.00

56877

**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

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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: Custom Pharmacy Solutions  
Physical Address: 2637 Valleydale Road  
Mailing Address: SAME  
City: Birmingham State: AL Zip Code: 35244  
Telephone Number: 205-988-3383 Fax Number: 205-988-3553  
Toll Free Number: 866-988-3383  
E-mail: danny@custompharmacy<sup>.com</sup>solutionsWebsite: NONE  
Managing Pharmacist: Brandon Thornton License Number: P15661

**Hours of Operation:**

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

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

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

**Board Use Only**

Received: MAY 11 2011 Check Number: 482 Amount: 500.00

56823

**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: Phar-Merica  
Physical Address: 8826 N. 23<sup>rd</sup> Ave., Ste. C-2  
Mailing Address: 8826 N. 23<sup>rd</sup> Ave., Ste. C-2  
City: Phoenix State: AZ Zip Code: 85021-4154  
Telephone Number: (602) 995-1320 Fax Number: (800) 354-0711  
Toll Free Number: (800) 246-1843  
E-mail: 6xs7054@pharmerica.com Website: www.pharmerica.com  
Managing Pharmacist: Bhavesh Soni License Number: 5013212

**Hours of Operation:**

Monday thru Friday \_\_\_\_\_ am \_\_\_\_\_ pm      Saturday \_\_\_\_\_ am \_\_\_\_\_ pm  
Sunday \_\_\_\_\_ am \_\_\_\_\_ pm      24 Hours ☒

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

- |  |  |
|--|--|
| <input type="checkbox"/> Retail                    | <input type="checkbox"/> Off-site Cognitive Services |
| <input type="checkbox"/> Hospital (# beds _____)   | <input type="checkbox"/> Parenteral                  |
| <input type="checkbox"/> Internet                  | <input type="checkbox"/> Parenteral (outpatient)     |
| <input type="checkbox"/> Nuclear                   | <input type="checkbox"/> Outpatient/Discharge        |
| <input 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: MAY 11 2011 Check Number: 3069 Amount: 500

56832

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

**GENERAL INFORMATION**

Facility Name: AUBURN PHARMACEUTICAL COMPANY

Physical Address: 1979 S. 4130 W.

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

City: SALT LAKE CITY State: UT Zip Code: 84104

Telephone Number: 801-886-1522 Fax Number: 801-886-1526

Toll Free Number: n/a

E-mail: amp99@yahoo.com Website: auburngenerics.com

Facility Manager: Daniel Hackley

Professional qualifications and experience of facility manager: Previously Warehouse manager for Cardinal Drug in Utah.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies      ☐ Practitioners      ☒ Hospitals      ☒ Wholesalers

Type of Products to be handled or wholesaled:

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

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

**Board Use Only**

Received: MAY 11 2011 Check Number: 414 Amount: 500.00

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

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

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

New Wholesaler ☒ Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_  
(Please provide current license number if making changes: WH \_\_\_\_\_)

**GENERAL INFORMATION**

Facility Name: Boehringer Ingelheim Vetmedica, Inc.

Physical Address: 141 East Riverside Drive

Mailing Address: Same as above

City: Fort Dodge State: Iowa Zip Code: 50501

Telephone Number: 515-955-4600 Fax Number: 515-362-2063

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

E-mail: Christine.nostrom@boehringer-ingelheim.com Website: WWW.bi-vetmedica.com

Facility Manager: Jill Eckardt

Professional qualifications and experience of facility manager: See attached resume for Jill Eckardt.

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers  
Distributors

Type of Products to be handled or wholesaled:

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

Licensed as a Manufacturer by the FDA? ☒ Yes ☐ No, If yes include a copy of the FDA registration. – See "Drug Firm Annual Registration Status" enclosed with this packet.

**Board Use Only**

Received: APR 21 2011 Check Number: 576 Amount: 500.00

56634  
2103



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

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

Application must be printed legibly

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

New Wholesaler <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: BRIAN UNLIMITED DISTRIBUTION COMPANY (DBA/ BUNDO, INC)  
Physical Address: 13700 OAKLAND AVENUE  
Mailing Address: Same As Above  
City: HIGHLAND PARK State: MI Zip Code: 48203  
Telephone Number: 313-957-5176 Fax Number: 313-957-5477  
Toll Free Number: 888-283-2640  
E-mail: TONY.NADER@BUNDO.COM Website: WWW.BUNDO.COM  
Facility Manager: ANTHONY NADER  
Professional qualifications and experience of facility manager: See Attached Resume

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies      ☒ Practitioners      ☒ Hospitals      ☒ Wholesalers

**Type of Products to be handled or wholesaled:**

☒ Legend Pharmaceuticals, Supplies or Devices      ☐ Hypodermic Devices  
☐ Poisons or Chemicals      ☒ Veterinary Legend Drugs  
☐ Controlled Substances (include copy of DEA)      ☐ Parenterals  
☒ Other: MEDICAL DEVICES / RX / DTC

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

<b>Board Use Only</b>		
Received: <u>MAY 11 2011</u>	Check Number: <u>647</u>	Amount: <u>500.00</u>

56794



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

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

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

New Wholesaler ☒ Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_  
(Please provide current license number if making changes: WH \_\_\_\_\_)

**GENERAL INFORMATION**

Facility Name: CAO Group, Inc.  
Physical Address: 4628 West Skyhawk Drive  
Mailing Address: 4628 West Skyhawk Drive  
City: West Jordan State: Utah Zip Code: 84084  
Telephone Number: 801-256-9282 Fax Number: 801-256-9287  
Toll Free Number: 877-877-9778  
E-mail: info@caogroup.com Website: www.caogroup.com  
Facility Manager: James Jenkins

Professional qualifications and experience of facility manager: \_\_\_\_\_  
Experience: 1yr as Vice president of operations Education: MBA

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: APR 13 2011 Check Number: 219 Amount: 500.00

56521

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

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

Application must be printed legibly

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

New Wholesaler ☒ Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_  
(Please provide current license number if making changes: WH \_\_\_\_\_)

**GENERAL INFORMATION**

Facility Name: INDEPENDENT PHARMACY COOPERATIVE

Physical Address: 5610 S. 40th St., Suite 1, Phoenix, AZ 85040

Mailing Address: State License Servicing, 321 Route 94 South

City: Warwick State: NY Zip Code: 10990

Telephone Number: (608) 825-4850 Fax Number: (608) 834-5418

Toll Free Number: 800-755-1531

E-mail: paul.abbott@ipcrx.com Website: www.ipcrx.com

Facility Manager: Paul Abbott

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

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers

Type of Products to be handled or wholesaled:

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

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

**Board Use Only**

Received: MAY 16 2011 Check Number: 2006 Amount: 500.00

56888

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

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

Application must be printed legibly

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

New Wholesaler ☒ Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_  
(Please provide current license number if making changes: WH \_\_\_\_\_)

**GENERAL INFORMATION**

Facility Name: PADDOCK LABORATORIES, LLC

Physical Address: 3940 Quebec Avenue North, Minneapolis, MN 55427

Mailing Address: State License Servicing, 321 Route 94 South,

City: Warwick State: NY Zip Code: 10990

Telephone Number: (763) 732-0355 Facility  
(845) 544-2482 Licensing Fax Number: (763) 546-4842 Facility  
(845) 544-2481 Licensing

Toll Free Number: 800-328-5113

E-mail: TLindow@PaddockLabs.com Website: www.paddocklabs.com

Facility Manager: Traci Jo Lindow Sullivan

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

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers

Type of Products to be handled or wholesaled:

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

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

**Board Use Only**

Received: MAR 31 2011 Check Number: 116 Amount: 500.00

56455  
2095

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

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

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

New Wholesaler ☒ Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_  
(Please provide current license number if making changes: WH \_\_\_\_\_)

**GENERAL INFORMATION**

Facility Name: PADDOCK LABORATORIES, LLC

Physical Address: 5175 Winnetka Avenue North, New Hope, MN 55428

Mailing Address: State License Servicing, 321 Route 94 South

City: Warwick State: NY Zip Code: 10990

(763) 732-0355 Facility (763) 546-4842 Facility  
Telephone Number: (845) 544-2482 Licensing Fax Number: (845) 544-2481 Licensing

Toll Free Number: 800-328-5113

E-mail: PAD@slny.com Website: www.paddocklabs.com

Facility Manager: Gary Jossart

Professional qualifications and experience of facility manager: Please see attached

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers

Type of Products to be handled or wholesaled:

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

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

**Board Use Only**

Received: MAR 31 2011 Check Number: 111 Amount: 500.00

56456  
2092

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

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

Application must be printed legibly

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

New Wholesaler ☒ Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_  
(Please provide current license number if making changes: WH \_\_\_\_\_)

**GENERAL INFORMATION**

Facility Name: Pharma Logistics, Ltd.

Physical Address: 1050 E. High St.

Mailing Address: 1050 E. High St.

City: Mundelein State: IL Zip Code: 60060

Telephone Number: 1-847-837-1224 Fax Number: 1-847-837-1226

Toll Free Number: 1-888-729-7427

E-mail: dvolz@pharma-logistics.com Website: www.pharma-logistics.com

Facility Manager: Michael Zaccaro

Professional qualifications and experience of facility manager: Owner / President & CEO

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☐ Practitioners ☒ Hospitals ☒ Wholesalers

Type of Products to be handled or wholesaled:

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

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

**Board Use Only**

Received: APR 23 2011 Check Number: 450 Amount: 500

VIAWD

56650  
2105

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

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

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

New Wholesaler ☒ Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_  
(Please provide current license number if making changes: WH \_\_\_\_\_)

**GENERAL INFORMATION**

Facility Name: Schering Corporation  
Physical Address: 2000 Galloping Hill Road  
Mailing Address: 2000 Galloping Hill Road  
City: Kenilworth State: NJ Zip Code: 07033  
Telephone Number: (908) 298-5219 Fax Number: (908) 298-6635  
Toll Free Number: N/A  
E-mail: james.downey@merck.com Website: www.merck.com  
Facility Manager: James Downey  
Professional qualifications and experience of facility manager: Please see attached resume

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers

Type of Products to be handled or wholesaled:

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

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

**Board Use Only**

Received: APR 13 2010 Check Number: 647 Amount: 500.00

56488  
2097

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

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

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

New Wholesaler ☒ Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_  
(Please provide current license number if making changes: WH \_\_\_\_\_)

**GENERAL INFORMATION**

Facility Name: Smith Drug Company

Physical Address: 9098 Fairforest Road, Spartanburg, SC 29301

Mailing Address: P. O. Box 1779

City: Spartanburg State: SC Zip Code: 29304

Telephone Number: 864-582-1216 Fax Number: 864-591-0333

Toll Free Number: 800-572-1216

E-mail: irogers@smithdrug.com Website: www.smithdrug.com

Facility Manager: Isaac K. Rogers

Professional qualifications and experience of facility manager: See enclosed 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 31 2011 Check Number: 436 Amount: 500-

VAWD

56444  
2091

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

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

Application must be printed legibly

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

New Wholesaler ☒ Ownership Change \_\_\_\_\_ Name Change \_\_\_\_\_ Location Change \_\_\_\_\_  
(Please provide current license number if making changes: WH \_\_\_\_\_)

**GENERAL INFORMATION**

Facility Name: UPS Supply chain Solutions, Inc.

Physical Address: 1840 Butler Loop Road, Louisville, KY 40219

Mailing Address: 220 Lake Drive

City: Newark State: DE Zip Code: 19702

Telephone Number: 562-639-21620 Fax Number: 302-631-5238

Toll Free Number: NA

E-mail: amymuller@ups.com Website: \_\_\_\_\_

Facility Manager: Stephen Lowell

Professional qualifications and experience of facility manager: See Attached

**Types of licensed outlets or authorized persons firm will serve:**

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers

**Type of Products to be handled or wholesaled:**

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

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

**Board Use Only**

Received: 4-21-11 Check Number: 557 Amount: 500.00

10-9

56603  
2102



**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: BHS SPECIALTY PHARMACY  
Physical Address: 2870 S. MARYLAND PKWY, Suite #110 <sup>Las Vegas, NV 89106</sup>  
Mailing Address: 2644 HOURGLASS DR  
City: HENDERSON State: NV Zip Code: 89052  
Telephone Number: 702-290-4613 Fax Number: (702) 836-3390  
(702) 836-3670  
Toll Free Number: \_\_\_\_\_  
E-mail: BHS Pharmacy @ Gmail.com Website: PENDING  
Managing Pharmacist: RACHEL KEMISOLA License Number: 15199  
TUNRAREBI

**Hours of Operation:**

Monday thru Friday 8 am 6 pm Saturday 10 am 3 pm  
Sunday CLOSE am CLOSE pm 24 Hours N/A

**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: MAY 16 2011 Check Number: 180 Amount: 500.00

56900

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

**GENERAL INFORMATION**

Pharmacy Name: The Nevada Center for Reproductive Medicine

Physical Address: 645 Sierra Rose Drive, Suite 205

Mailing Address: Same

City: Reno State: NV Zip Code: 89511

Telephone Number: 828-1200 Fax Number: 828-1785

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

E-mail: timothy.jay@integrated.com Website: nevadafertility.com

Managing Pharmacist: Jeffrey L. Moraghan License Number: 6078

**Hours of Operation:**

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

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

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

**Board Use Only**

Received: MAY 16 2011 Check Number: 509 Amount: 500-

56899

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

**GENERAL INFORMATION**

Pharmacy Name: Walgreens #15035  
Physical Address: 3150 N Tenaya Way Suite 170  
Mailing Address: P.O. Box 901, Deerfield, IL 60015  
City: Las Vegas State: NV Zip Code: 89128  
Telephone Number: TBD Fax Number: TBD  
Toll Free Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Website: \_\_\_\_\_  
Managing Pharmacist: Holly Prieto License Number: 15932

**Hours of Operation:**

Monday thru Friday 8:30 am 5:30 pm  
Sunday closed am closed pm  
Saturday closed am closed 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: APR 25 2011 Check Number: 509 Amount: 500

56651  
3379

**NEVADA STATE BOARD OF PHARMACY**

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

**APPLICATION FOR NEVADA MDEG PROVIDER****PARTNERSHIP ~~SOLE~~****FEE: \$500.00 (non-refundable and not transferable) - Application must be printed legibly**

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

New MDEG ☒ Ownership Change ☐ Name Change ☐ Location Change ☐  
Please provide current license number if making changes: \_\_\_\_\_

**FACILITY INFORMATION**Facility Name: C. Pat & MorePhysical Address: 470 N. McCarren Blvd, Sparks, 89431  
(This must be a business address, we can not issue a license to a home address)Mailing Address: 360 Ash Springs CTCity: Sparks State: NV Zip Code: 89436Telephone Number: 75-815-2063 Fax Number: NaE-mail: Abhayman1@charter.net Website: Na**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 5Fri: 9 to 5 Sat: 0 to 0 Sun: 0 to 0 Holidays: 0 to 0**MDEG ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)**Name: Robin Wyberg**\*\*Please complete the attached form. Must be included with the application.****TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

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

- ☐ Assistive Equipment  
☐ Parenteral and Enteral Equipment  
☐ Orthotics and Prosthesis  
☐ Other: \_\_\_\_\_

**Board Use Only**  
Received \_\_\_\_\_

MAY 16 2011

Check Number

276

Amount

500.00

Page 1-2010

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**CORRECTED**  
**NOTICE OF INTENDED ACTION**  
**AND ACCUSATION**

MARTY MARTINS, R.Ph.,  
Certificate of Registration #16045,

Case No. 10-083-RPH-N

SCOLARI'S PHARMACY #25,  
Certificate of Registration #PH00999,

Case No. 10-083-PH-N

Respondents.

\_\_\_\_\_/

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Marty Martins is a pharmacist licensed by the Board and Scolari's Pharmacy #25 (Scolari's #25) is a pharmacy licensed by the Board, located at 176 West Goldfield Avenue in Yerington, Nevada.

II.

Walter Solway is a hospice patient that receives care from XL Hospice, located in Yerington, Nevada. On or about October 25, 2010, Dr. Gary Ridenour as an attending physician at XL Hospice, wrote a prescription for 50 morphine sulfate IR 15 mg. tablets for Mr. Solway and faxed it to Scolari's #25. This prescription reflected a change in Mr. Solway's drug delivery system from extended release to immediate release morphine sulphate tablets.

### III.

Gerry Riley, Mr. Solway's daughter, was present at her father's house when the prescription was delivered. Ms. Riley looked at the label on the prescription bottle that she was given and noted that the change in directions to take one to two tablets by mouth every hour as need for pain were reflected. Ms. Riley opened the bottle and found that the tablets were exactly the same as the extended release tablets her father had previously taken. Ms. Riley telephoned XL Hospice and spoke with Becky Taylor, the director of patient care, who confirmed that the tablets that Ms. Riley was describing were extended release rather than immediate release tablets as prescribed by Dr. Ridenour. Ms. Riley and Ms. Taylor met at Scolari's #25 where they reported the error to Marty Martins.

### IV.

During the investigation of this matter, Board investigator Joe Depczynski could not substantiate who incorrectly entered extended release morphine sulphate tablets rather than the prescribed immediate release tablets. Mr. Depczynski could not substantiate who printed and affixed a label to the prescription bottle identifying the contents as morphine sulphate ER tablets but with directions for taking the medication as if it were for immediate release tablets as prescribed. Mr. Martins was the verifying pharmacist but failed to note the drug error and the inconsistent labeling instructions.

### V.

There was a discrepancy in the pharmacy regarding when the prescription was picked up and whether counseling actually took place. Scolari's #25 provided a Transaction List Detail Report that indicates the prescription was picked up by Anne Jean Hansston on October 26, 2010. That report also indicates that Ms. Hansston was counseled. Ms. Hansston maintains that she was not counseled nor was she offered counseling. No counseling log was located in the pharmacy at Scolari's #25 with a record of a pharmacists initials to validate that counseling was or was not given.

### **FIRST CAUSE OF ACTION**

#### **VI.**

In failing to strictly follow the instructions of Mr. Solway's physician by filling his prescription for 15 mg. morphine sulfate immediate release tablets with 15 mg. morphine sulfate extended release tablets labeled with dosing instructions for immediate release tablets, Mr. Martins 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 failing to counsel Ms. Hansston for Mr. Solway's new prescription, Mr. Martins violated NRS 639.210(4) and/or 639.266(1) and/or NAC 639.707(1)(a) and/or 639.945(1)(i).

### **THIRD CAUSE OF ACTION**

#### **VIII.**

During the investigation of the initial case, above, additional information was received of another dispensing error by the same pharmacist and pharmacy. Two identical prescriptions were written for 30 ml. of 20 mg/ml morphine concentrate. One of the prescriptions was written for Mr. Solway by Dr. Linda Bradley and the other was written by Dr. Gary Ridenour for another XL Hospice patient. Both prescriptions were filled and staged for pickup. During a routine visit to Mr. Solway's home by XL Hospice nurse Tami Duty it was discovered that Mr. Solway was dispensed the other XL Hospice patient's prescription for morphine concentrate.

#### **IX.**

In dispensing another XL Hospice's prescription for morphine concentrate to Mr. Solway, Mr. Martins violated NRS 639.210(4) and/or NAC 639.945(1)(d) and/or (i).



#### FOURTH CAUSE OF ACTION

X.

On February 2, 2007, the Board entered Findings of Fact, Conclusions of Law, and Order regarding Mr. Martins (Case No. 06-023-RPH-N). The basis of the discipline entered against Mr. Martins was that he failed to notice during the verification process that a prescription written for "Reglan 5 mg/ml soln 0.7 mg po 15 minutes tid ac" for a baby with colic, was inadvertently typed 7 mg. dosing instead of 0.7 mg. dosing as prescribed.

XI.

In being repeatedly negligent as evidenced by the Board's discipline against him in Case No. 06-023-RPH-N and in the first matter in this Notice of Intended Action and Accusation, Mr. Martins violated NRS 639.210(4) and/or (16) and NAC 639.945(1)(i).

#### FIFTH CAUSE OF ACTION

XII.

In owning and operating a pharmacy in which the alleged violations occurred, Scolari's #25 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 18<sup>th</sup> day of May, 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**

**MARTY MARTINS, R.Ph.,  
Certificate of Registration #16045,**

**Case No. 10-083-RPH-N**

**Respondent.**

\_\_\_\_\_/

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

**I.**

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

**II**


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

The Board has reserved June 1, 2011 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 15<sup>th</sup> day of April, 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.**

**MARTY MARTINS, R.Ph.,  
Certificate of Registration #16045,**

**ANSWER AND  
NOTICE OF DEFENSE**

**Case No. 10-083-RPH-N**

**Respondent.**

\_\_\_\_\_/

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

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

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

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

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

\_\_\_\_\_  
Marty Martins, R.Ph.

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**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**v.**

**ANSWER AND**  
**NOTICE OF DEFENSE**

**SCOLARI'S PHARMACY #25,  
Certificate of Registration #PH00999,**

**Case No. 10-083-PH-N**

**Respondent.**

\_\_\_\_\_ /

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

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



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

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

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

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

\_\_\_\_\_  
for Scolari's #25

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,  
Petitioner,**

**v.**

**NOTICE OF INTENDED ACTION  
AND ACCUSATION**

**JAMES E. CHRISTENSEN, RPH  
Certificate of Registration No.: 07904**

**Case No. 10-043A-RPH-N**

**MATTHEW R. CHRISTENSEN, RPH  
Certificate of Registration No.: 17632**

**Case No. 10-043B-RPH-N**

**REX DRUGS  
Certificate of Registration No.: PH00369  
Respondents.**

**Case No. 10-043-PH-N**

---

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondents James Christensen and Matthew Christensen are registered pharmacists with the Board, and Rex Drugs is a registered pharmacy with the Board.

II.

On or about April 12, 2010, Dr. Ritu Dixon provided his patient, John Hernandez, a free seven day trial voucher as well as a written prescription for Nuvigil 150 mg. tablets to treat his shift work disorder which causes excessive daytime sleepiness and obstructive sleep apnea. The directions for use were to take one tablet one hour after waking for 30 days. Mr. Hernandez took the prescription to be filled to Rex Drugs that same day and picked up the filled prescription the following day, April 13, 2010.

III.

On or about April 17, 2010, Mr. Hernandez took a weekend trip and ingested the

first tablet of the medication he received from Rex Drugs while driving. Soon after taking the tablet he experienced nausea and a severe headache. Mr. Hernandez did not take another dose during the weekend and contacted Dr. Dixon on Monday, April 19, 2010. The filling error was discovered after contacting Dr. Dixon.

#### IV.

During the investigation of this incident Board investigator, Joseph Depczynski, visited Rex Drugs to review pharmacy records and interview pharmacy staff. A computer record of the filling of the Nuvigil prescription could not be found. Mr. Depczynski spoke with managing pharmacist, James Christensen, and learned that on April 20, 2010 prescription number 0694254 had been deleted by pharmacist Matthew Christensen after he was informed by Mr. Hernandez's physician that an error had occurred. The following is the likely scenario from examination of available pharmacy records and interviews with the patient and pharmacy personnel:

1. On April 13, 2010 James Christensen dispensed 60 Nucynta 75 mg. tablets instead of 30 Nuvigil 150 mg. tablets as prescribed by Dr. Dixon.
2. On April 13, 2010 James Christensen incorrectly transcribed patient dosing instructions to read in part, "Take two tablets by mouth after walking..." instead of "Take one tablet by mouth after waking..."
3. On April 13, 2010 James Christensen failed to counsel or counseled improperly.
4. On April 19, 2010, after being notified of the filling error, the computerized prescription history for the filling of the April 13<sup>th</sup>, 2010 prescription number 0694254 was erased and replaced with a prescription history with the same prescription number indicating the first Nuvigil prescription was filled on April 20, 2010.
5. On April 20, 2010 Matthew Christensen dispensed 7 Nuvigil 150 mg. tablets with incorrectly transcribed patient instructions that read in part, "Take two tablets by mouth after walking..." instead of "Take one tablet by mouth after waking..."
6. On April 20, 2010 Matthew Christensen failed to counsel or counseled improperly.

7. On April 26, 2010 James Christensen dispensed 23 Nuvigil 150 mg. tablets with incorrectly transcribed instructions that read in part, "Take one tablet by mouth after walking..." instead of "Take one tablet by mouth after waking..."
8. On all of the fills for prescription number 0692254 no refills were indicated, when in fact three refills were authorized.

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

##### **V.**

In failing to strictly follow the instructions of Mr. Hernandez's physician by transcribing and filling his prescription for 30 150 mg. Nuvigil tablets with 60 75 mg. Nucynta tablets, James Christensen 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**

##### **VI.**

In mislabeling Mr. Hernandez's prescription with directions to "Take two tablets by mouth after walking..." rather than "Take one tablet by mouth after waking..." James Christensen and Matthew Christensen violated NRS 639.210(4) and/or NAC 639.945(1)(d) and/or (i).

#### **THIRD CAUSE OF ACTION**

##### **VII.**

In failing to counsel or adequately counsel Mr. Hernandez on his new prescription, James Christensen and Matthew Christensen violated NRS 639.210(4) and/or 639.266(1) and/or NAC 639.707(1)(a) and/or 639.945(1)(i).

#### **FOURTH CAUSE OF ACTION**

##### **VIII.**

In failing to strictly follow the instructions of Mr. Hernandez's physician by not including refills on the Nuvigil prescription for Mr. Hernandez, James Christensen and Matthew Christensen violated NRS 639.210(4) and/or 639.266(1) and/or NAC

639.707(1)(a) and/or 639.945(1)(i).

**FIFTH CAUSE OF ACTION**

IX.

In deleting the original patient history of prescription number 0694254, Matthew Christensen violated NRS 639.210(4) and/or NAC 639.910(1)(a) and/or 639.945(1)(i).

**SIXTH CAUSE OF ACTION**

X.

In owning and operating a pharmacy in which the alleged violations occurred, Rex Drugs 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 certificate of registration of the Respondent.

Signed this 27<sup>th</sup> day of April, 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, STATEMENT TO THE RESPONDENT  
NOTICE OF INTENDED ACTION  
AND ACCUSATION  
v. RIGHT TO HEARING**

**JAMES E. CHRISTENSEN, RPH  
Certificate of Registration No.: 07904  
Respondent.**

**Case No. 10-043A-RPH-N**

**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, June 1, 2011 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV

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

DATED this 27<sup>th</sup> day of April, 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**

**JAMES E. CHRISTENSEN, RPH  
Certificate of Registration No.: 07904  
Respondent.**

**Case No. 10-043A-RPH-N**

\_\_\_\_\_/

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.

---

James E. Christensen, RPh

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**v.**

**ANSWER AND NOTICE  
OF DEFENSE**

**MATTHEW R. CHRISTENSEN, RPH  
Certificate of Registration No. PH01613  
Respondent.**

**Case No. 10-043B-RPH-N**

\_\_\_\_\_/

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.

\_\_\_\_\_  
Please type or print name for

\_\_\_\_\_  
Matthew R. Christensen, RPH

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**v.**

**ANSWER AND NOTICE  
OF DEFENSE**

**REX DRUGS  
Certificate of Registration No.: PH00369  
Respondent.**

**Case No. 10-043-PH-N**

\_\_\_\_\_/

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.

\_\_\_\_\_  
Please type or print name for

\_\_\_\_\_  
Rex Drugs

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,  
Petitioner,**

**v.**

**NOTICE OF INTENDED ACTION  
AND ACCUSATION**

**FRANK ALVARADO, PTT  
Certificate of Registration No.: PT11394**

**Case No. 11-036-PTT-N**

**CVS PHARMACY #8779  
Certificate of Registration No.: PH01613**

**Case No. 11-036-PH-N**

**CVS PHARMACY CORPORATION  
A Rhode Island Corporation**

**Case No. 11-036-PH-N**

**Respondents.**

\_\_\_\_\_/

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Frank Alvarado is a registered pharmaceutical technician-in-training with the Board, CVS Pharmacy #8779 (CVS #8779) is a registered pharmacy with the Board and CVS Pharmacy Corporation is the corporate owner of CVS #8779.

II.

On or about January 24, 2011, Mr. Alvarado contacted Board staff to obtain a duplicate copy of his pharmaceutical technician-in-training registration. It was discovered that Mr. Alvarado had not renewed his pharmaceutical technician-in-training registration that was due for renewal by October 31, 2010. Mr. Alvarado indicated that he was working at CVS #8779.

III.

On or about March 23, 2011, Board staff contacted Ed Smith, pharmacy

supervisor for CVS, and requested the hours that Mr. Alvarado worked from November 1, 2010 to January 28, 2011, the date the Board received Mr. Alvarado's renewal application. Mr. Smith reported to Board staff that Mr. Alvarado worked for approximately 521 hours. Assuming Mr. Alvarado worked eight hour shifts, Mr. Alvarado worked unregistered for 65.13 days.

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

##### **IV.**

By working without having renewed his pharmaceutical technician-in training registration for 65.13 days, Mr. Alvarado violated NRS 639.210(4) and (13) and NAC 639.945(1)(k).

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

##### **V.**

By employing Mr. Alvarado and allowing Mr. Alvarado to work for 65.13 days without being registered with the Board, CVS #8779 violated NRS 639.210(4) and (13) and NAC 639.945(1)(k) and (2).

#### **THIRD CAUSE OF ACTION**

##### **VI.**

At the Board's regularly scheduled meeting on June 6, 2007 in Las Vegas, Nevada, the Board heard a consolidation of ten cases regarding pharmaceutical technicians and pharmaceutical technicians-in-training that worked unlicensed in numerous CVS pharmacies. On October 25<sup>th</sup>, 2007, the Board filed an Amended Findings of Fact, Conclusions of Law and Order for the following CVS pharmacies: CVS #4495 (Case No. 07-035-PH-S), CVS #8782 (Case No. 07-036-PH-S), CVS #8782 (Case No. 07-037-PH-S), CVS #4495 (Case No. 07-038-PH-S), CVS #4495 (Case No. 07-039-PH-S), CVS #8795 (Case No. 07-040-PH-S), CVS #5144 (Case No. 07-042-PH-S), CVS #5068 (Case No. 07-044-PH-S), CVS #8821 (Case No. 07-052-PH-S), and CVS #2990 (Case No. 07-053-PH-S).

VII.

In being repeatedly negligent as the common owner of CVS #8779, in which repeated disciplinary actions occurred for the same violations in the above referenced Case Numbers in averment VI, CVS Pharmacy Corporation violated NRS 639.210(4) and (16) and/or NAC 639.945(1)(k) and/or (2)

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

Signed this 15<sup>th</sup> day of April, 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, STATEMENT TO THE RESPONDENT  
NOTICE OF INTENDED ACTION  
AND ACCUSATION  
v. RIGHT TO HEARING**

**FRANK ALVARADO, PTT  
Certificate of Registration No.: PT11394  
Respondent.**

**Case No. 11-036-PTT-N**

**\_\_\_\_\_/**  
**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, June 1, 2011 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV

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

DATED this 15<sup>th</sup> day of April, 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**

**FRANK ALVARADO, PTT  
Certificate of Registration No.: PT11394  
Respondent.**

**Case No. 11-036-PTT-N**

\_\_\_\_\_ /

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.

\_\_\_\_\_  
Frank Alvarado, PTT

Blank

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**v.**

**ANSWER AND NOTICE  
OF DEFENSE**

**CVS PHARMACY #8779  
Certificate of Registration No. PH01613  
Respondent.**

**Case No. 11-036-PH-N**

\_\_\_\_\_ /

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.

\_\_\_\_\_  
Please type or print name for

\_\_\_\_\_  
CVS PHARMACY #8779

**BEFORE THE NEVADA STATE BOARD OF PHARMACY**

**NEVADA STATE BOARD OF PHARMACY,**

**Petitioner,**

**v.**

**ANSWER AND NOTICE  
OF DEFENSE**

**CVS PHARMACY CORPORATION  
A Rhode Island Corporation**

**Case No. 11-036-PH-N**

**Respondent.**

\_\_\_\_\_ /

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

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



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

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

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

\_\_\_\_\_  
Please type or print name for

\_\_\_\_\_  
CVS PHARMACY Corporation

NEVADA STATE BOARD OF PHARMACY  
431 W. Plumb Lane ~ Reno, NV 89509 ~ (775) 850-1440  
PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION  
Registration Fee: \$40.00 - (non-refundable)

☒ New Application    ☐ Change of Pharmacy    ☐ Additional Pharmacy (Please check one)  
Complete Name (no abbreviations):

First: Andrea    Middle: Kristin    Last: Baucher

Home Address: 347 Occidental Drive    Apt #: NA

City: Dayton    State: NV    Zip Code: 89403

Telephone: \_\_\_\_\_    Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_    Place of Birth: Las Vegas, NV    Sex: M or ☒ F

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

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

Pharmacy: Walmart Pharmacy    Store #: 11648

Address: 3770 S. Highway 395 / Tapscott Lane

City: Carson City    State: NV    Zip Code: 89701

Signature of Managing Pharmacist: [Signature]    Lic #: 13981    Date: 9/23/10

(Without the signature of the managing pharmacist, the application will be returned.)

- 1) Are you 18 years of age or older?    Yes ☒ No ☐  
2) Are you a high school graduate or the equivalent?    Yes ☒ No ☐  
(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)  
3) I have ☒ I have not ☐ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse.  
4) I have ☐ I have not ☒ been charged, arrested or convicted of a misdemeanor ☐ or felony ☐  
5) I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.  
6) I have ☐ I have not ☒ had a professional license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 3 thru 6, please include the following information and provide documentation and/or an explanation.

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

b) Criminal Action    State: \_\_\_\_\_    Date: \_\_\_\_\_    Case #: \_\_\_\_\_  
County: \_\_\_\_\_    Court: \_\_\_\_\_

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

I am ☐ I am not ☒ subject to a court order for the support of a child.

**IF YOU ARE SUBJECT** to a court order for the support of a child, please mark the appropriate response.

I am ☐ I am not ☒ in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order for the support of one or more children.

I hereby certify that the information furnished on this document is true and correct. I agree to abide by all the statutes, rules and regulations governing pharmaceutical technicians in training and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Andrea Baucher  
Signature

09/23/2010  
Date

Board Use Only  
Received: OCT 06 2010    Check Number: MO    Amount: 40.00

55171  
14151

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.

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: Nathan Middle: Aaron Last: Evans

Home Address: 1917 C St Apt #: \_\_\_\_\_

City: Sparks State: NV Zip Code: 89431

Telephone: 775 336-9129 Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: RENO

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

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

Pharmacy: Nolan Institute Store #: \_\_\_\_\_

Address: 950 Industrial Way

City: Sparks State: NV Zip Code: 89431

Signature of Managing Pharmacist: [Signature] Lic #: \_\_\_\_\_ Date: 5/16/11

(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 ☐ *marijuana Possession*  
5) I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.  
6) I have ☐ I have not ☒ had a professional license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 3 thru 6, please include the following information and provide documentation and/or an explanation.

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

b) Criminal Action County: Polk State: FL Date: 6-17-09 Case #: M 1009-004430-BA  
Court: Polk 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: [Signature]

Date: 05-16-11

Board Use Only

Received: MAY 16 2011 Check Number: 100 Amount: 40

50915

I was arrested for poss of marijuana paraphernalia  
on 06-17-09. I had taken blame for the  
charge so my girlfriend at the time didn't  
lose her childcare license. It wasn't gonna  
affect my job at the time. I went to court  
and paid my \$500.00 dollar fine to resolve  
this matter. I haven't been in trouble  
since this matter, I even moved back  
to Reno NV, from winter haven FL and  
I'm no longer seeing the same girl.  
I'm trying to change my life around and  
no longer put myself into bad situations  
like this any longer.

thank you

 Nathan Evans

**Richard M Weiss, Polk County Clerk of Courts**  
**Collections Enforcement Department**  
Drawer CC-17, PO Box 9000  
Bartow, FL 33831

(Ph) 863-534-4442

(Fx) 863-534-4443

RE: Cause #MM09-004430-BA

**Nathan Aaron Evans**

## **Payment Schedule**

Initial Payment:	Friday, July 17, 2009	\$96.00
Installment(s)	Monday, August 17, 2009	\$96.00
	Thursday, September 17, 2009	\$96.00
	Saturday, October 17, 2009	\$96.00
Final Payment:	Tuesday, November 17, 2009	\$91.50

**Plan Total:**

**\$475.50**

(Includes all applicable time payment and/or  
transaction fees)

PARTIAL PAYMENT PLAN

Case No. MM09-004430-BA

Aaron Evans, Defendant

WHEREAS, on 6/17/2009, in the above styled case and court the defendant was assessed and ordered to pay the Court the sum of \$172.50;

WHEREAS, the defendant does hereby acknowledge and understand this sum is due and payable immediately to the Clerk of the Circuit Court, Polk County;

WHEREAS, the defendant has petitioned the Court for an extension of time for payment of this sum.

WHEREAS, the defendant does hereby acknowledge and understand there will be a \$25.00 administration fee added to the fine and court costs for the extension of the time for the Defendant to participate in a partial payment plan;

NOW THEREFORE, the Clerk on behalf of the Court does hereby grant without waiver or modification of any previous court order or judgment, an extension of time for payment of this sum owing by the Defendant and the Defendant voluntarily agrees to the following Terms and Conditions:

**Terms and Conditions**

\$96.00 will be paid to the Clerk of the Circuit Court by July 17, 2009

the balance due in 3 MO installments of \$96.00 with  
the first installment of \$96.00 due on 8/17/2009 plus  
a final installment of \$91.50 due on 11/17/2009

Your first installment payment will include a \$25.00 administrative fee.

All payments will be made as instructed as follows:

**By Mail: PLEASE, NO CASH BY MAIL**

Richard M. Weiss, Clerk of Courts  
P.O. Box 9000, CC-17  
Bartow, Florida 33831

**In Person or by Express Mail**

Richard M. Weiss, Clerk of Courts  
Collections Enforcement Dept. (1st Floor)  
Polk County Courthouse  
255 N. Broadway Ave  
Bartow, Florida 33830

Any modification of this agreement shall be approved in writing by the Court

**VIOLATION OF ANY PART OF THIS AGREEMENT IS CAUSE FOR IMMEDIATE CANCELLATION AND COULD SUBJECT THE DEFENDANT TO DRIVER'S LICENSE SUSPENSION AND/OR FURTHER COURT ACTION INCLUDING ADDITIONAL COSTS, ISSUANCE OF SUMMONS, COURT APPEARANCES AND WRITS OF BODILY ATTACHMENT (ARREST) FOR FAILURE TO APPEAR.**

Signed:

Richard M. Weiss  
Clerk of the Circuit Court

X: \_\_\_\_\_  
Signature of Defendant

By: [Signature]  
Deputy Clerk

**RICHARD M. WEISS, CLERK OF COURTS  
COLLECTIONS ENFORCEMENT DEPARTMENT**

**Ph: 863-534-4442 Fx: 863-534-4443**

Nathan Aaron Evans, Defendant

Case No. MM09-004430-B

You have agreed to a payment plan with the Polk County Clerk of Courts Collections Enforcement Department. Please keep all your paperwork together. If you do not understand or agree with any of the terms of your payment agreement, please ask your Collections Enforcement Officer for an explanation. By signing the bottom of this letter, you agree with the following:

- You have been made aware of the terms and conditions of your payment plan in detail including payment amounts, number of payments, and due dates. It is extremely important that your payments be made on time. The ability to make payments toward your obligation is a privilege provided to you by the Court. If you do not follow the agreement, you are in default. If you receive a "DEFAULT NOTICE" you must follow its instructions as directed. If you do not comply with the directions, it may result in your driver's license being suspended and/or further court action including additional costs, issuance of summons, court appearances and writs of bodily attachment (arrest) for failure to appear.
- There is NO grace period for your due date. Your payment arrangement is not comparable to a loan or debt and will not be treated as such.
- Your payment agreement is part of a court order. Willful failure to comply with the Court's Order on the Partial Payment Plan may result in the imposition of additional costs and sanctions, including contempt. You may at any time, file a written request with the Clerk of Courts to schedule your case before the Court for review of your partial payment plan. However, you will still be responsible for on-time payments in the interim.
- You understand if you receive a license suspension notice, your payment plan is void and the remaining balance plus any applicable delinquent or service fees will be due in full before your license may be reinstated.
- You have been made aware of the acceptable methods of payment: cash, personal check, cashier's check, certified check, money order, credit card, or debit card, or Western Union Quick Collect (Code City: CLERKCOLLPOLK; State: FL; Acct No.: Case number & last name).
- You understand it is your responsibility to contact the Collections Enforcement Department at 863-534-4442 within 5 days of any status change, including but not limited to any change in name, address, telephone number, employer, employer telephone number, income, etc.

\*\*\*\*\*

I have read and understand the above. My enforcement officer has reviewed all documents with me, and has provided me an opportunity to ask any questions regarding such

\_\_\_\_\_  
Defendant's Signature

June 17, 2009

By: \_\_\_\_\_

Deputy Clerk



JUDGMENT  
MEMO OF SENTENCE /  
ORDER OF THE COURT

IN THE CIRCUIT / COUNTY COURT POLK COUNTY, FLORIDA / CRIMINAL DIVISION

PAGE

11:0912895

DIVISION

DATE: 05/17/09

BONDSMAN: EASY

DEF. LOC: EASY BAIL BONDS

CASE NO: 0902-004430-BA

STATE VS: EVANS

NATHAN

AARON

SECTION

GT#

1 MISDEMEANOR POSS OF CANNABIS

FINE / CST

BD SRTY / C

2 USE OR POSSESS DRUG PARAPHERNALIA

09AA45193  
09AA45194

NO MORE CHARGES FOR THIS CASE ONLY

STATE ATTORNEY: Pademota  
ECR / BEFORE COURT / COURT REPORTER

JUDGE: ANITA APPENDY

DEFENDANT

- ☐ Pres w/o Atty  
☐ Pres w/Atty  
☒ Pres w/APD  
☐ APD/Atty/RC Mugai  
☐ Interpreter Pres  
☐ Deft's Pres Waived  
☐ FTA  
☐ Capias / Warrant Ordered  
☐ Bond Set \$ \_\_\_\_\_ c/s  
☐ Each CT ☐ Total ☐ PISA  
☐ Bond \$ \_\_\_\_\_ Forfeited  
☐ Bond Changed to \$ \_\_\_\_\_  
☐ Bond Discharged / Reinstated  
☐ Capias / Warr W/D (PCSO Notified)

PLEA

- ☐ Not Guilty  
☐ Guilty  
☒ Nolo Cont ct 2  
☐ PNG W/D  
☒ Waive JT & Counsel  
☐ Waive Speedy Trial  
☐ Case Refer to DIVR/DIVD/DIVC  
☐ Adapt / AIM for NB / NP

ADJUDICATION

- ☐ Not Guilty  
☐ Guilty  
☒ Withheld ct 2  
☐ Withheld Pending Disposition  
☐ PSI / PDR Ordered

FINAL DISPOSITION

- ☐ Acquitted  
☐ Dismissed  
☐ No-Bill WR / O  
☒ Nolle Prose ct 1  
☐ ADMITS / DENIES VOP  
☐ VOP HRG HELD  
☐ Revoked ☐ Term (S / U)  
☐ Restored ☐ Modified  
☐ Addendum Aff. Filed  
☐ \$ \_\_\_\_\_ COS  
☐ FINE RED TO LIEN

Defendant Placed on PROBATION for \_\_\_\_\_ (DYS / MOS / YRS) to run CONCUR / CONSEC w/

CONDITIONS OF ☐ PROBATION / ☐ PRETRIAL RELEASE / ☐ OTHER

- ☐ ACS HOURS w/in \_\_\_\_\_  
☐ NCTI / AIM / ADAPT CLASS w/in \_\_\_\_\_  
☐ NO WEAPONS / FIREARMS / AMMO  
☐ 8 WEEK ANGER MGMT CLASS  
☐ EVAL: SA / DV / MH w/in \_\_\_\_\_  
☐ TREATMENT IF REC BY ORD EVAL  
☐ NO ALCOHOL, BARS, LOUNGES  
☐ VICTIM IMPACT PANEL w/in \_\_\_\_\_  
☐ NO DRIVING W/OUT VALID D/L  
☐ REST \$ \_\_\_\_\_ to \_\_\_\_\_ w/in \_\_\_\_\_  
☐ FINES/CC TO COME FROM CASH BOND/RETURN BALANCE TO DEPOSITOR (F.S. 903.286)  
☐ DEFT'S SIGNATURE (X)  
☐ MAY Buy Out ☐ NO CONTACT w/ \_\_\_\_\_  
☐ 8 / 12 / 26 WEEK DV COURSE / BIP  
☐ NO FURTHER ACTS OF VIOLENCE  
☐ DDS / DUI / MOP DUI / BOAT COURSE w/in \_\_\_\_\_  
☐ WARRANTLESS SEARCHES/RANDOM URINALYSIS  
☐ COURT ORD DL SUSP \_\_\_\_\_ (DYS/MOS/YRS)  
☐ MAY / NO EARLY TERM after \_\_\_\_\_  
☐ VEHICLE IMMOB / TAG IMPOUND ORD for \_\_\_\_\_  
☐ LETTER OF APOLOGY TO \_\_\_\_\_

- ☐ Court Retains Jurisdiction  
☒ \$ 25.00 FINE/CC  
☐ \$ \_\_\_\_\_ IC to \_\_\_\_\_  
☒ \$ 25.00 PD/CA FEE  
☐ \$ \_\_\_\_\_ ADDL. SAO FEE  
☒ \$ 50.00 PD/CA APP FEE  
☐ \$ 10.00 CLERK FEE  
☐ \$ \_\_\_\_\_ TOTAL DUE  
☐ STDT w/in \_\_\_\_\_

☐ FINES/CC TO COME FROM CASH BOND/RETURN BALANCE TO DEPOSITOR (F.S. 903.286) ☒ REFER TO COLLECTIONS

SPECIAL CONDITIONS:

☐ CONTINUED FOR: ☐ ARR ☐ DOCK ☐ DISP ☐ HEAR ☐ JTRL ☐ NTRL ☐ PLEA ☐ PRET ☐ PYMT ☐ HREV  
CC: DEFT @ PA/PD/RC SAO ☐ NOTIFY DEFT / ATTY / ALL  
☐ JAIL ☐ PROB ☐ COLL

COMMITMENT

☐ Incarceration Costs Assessed \$ \_\_\_\_\_ per day (F.S. 960.293)

☐ Defendant Remanded into Custody

It is the judgment of the court, and the sentence of the law that you, the above named defendant be confined in the

☐ POLK COUNTY JAIL ☐ YOUTHFUL OFFENDER for a term of:  
\_\_\_\_\_ DYS / MOS / YRS CT# \_\_\_\_\_ TO RUN CONCUR / CONSEC WITH  
\_\_\_\_\_ DYS / MOS / YRS CT# \_\_\_\_\_ TO RUN CONCUR / CONSEC WITH  
\_\_\_\_\_ DYS / MOS / YRS CT# \_\_\_\_\_ TO RUN CONCUR / CONSEC WITH  
\_\_\_\_\_ DYS / MOS / YRS CT# \_\_\_\_\_ TO RUN CONCUR / CONSEC WITH

☐ TO BE GIVEN CREDIT FOR \_\_\_\_\_ TIME SERVED. ☐ DEFT TO BE RELEASED THIS CASE ONLY  
☐ INMATE WORK RELEASE TO BEGIN \_\_\_\_\_ @ 7:45 AM \_\_\_\_\_ WEWR MEMO SIGNED \_\_\_\_\_ PTR \_\_\_\_\_ ROR

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND AFFIXED THE SEAL OF THE CIRCUIT / COUNTY COURT.

(SEAL)

RICHARD M. WEISS, CLERK

DATE: 6-17-09 BY: R. Beckman D.C.

COMMITMENT

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane ~ Reno, NV 89509 ~ (775) 850-1440  
**APPLICATION BY RECIPROCATATION AS A PHARMACIST**

**Total Fee: \$300.00 (non-refundable, money order or cashier's check only)**

Money Order or Cashier's Check made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: Howard Middle: Vern Last: Pulver

Mailing Address: 4115 West Chama Drive

City: Glendale State: Arizona Zip Code: 85310

\_\_\_\_\_ Social Security Numb

Date of Birth: May 23, 1972 Place of Birth: Des Moines, Iowa ☒ M ☐ F

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

**College of Pharmacy Information**

Graduation Date: 07/24/06  
(mm/dd/yy)

Degree Received: ☒ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: Midwestern University

Location of School: Glendale, Arizona

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

State which are licensed by exam: Arizona

Other states where you are (or were) licensed as a pharmacist or print "none"

State	License #	Is the license active?	State	License #	Is the license active?
<u>AZ</u>	<u>15422</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Board Use Only**

Received: FEB 10 2011 Check Number: MO Amount: 300.00  
Date Law Book Mailed: \_\_\_\_\_ MPJE Approved: \_\_\_\_\_

56018  
10356

- 1) I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse.
- 2) I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
- 3) I have ☒ I have not ☐ been the subject of an administrative action whether completed or pending.
- 4) I have ☒ I have not ☐ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 2, 3 or 4 above, please include the following information and an explanation and/or documents.

- a) Board Administrative Action and/or State: AZ Date: \_\_\_\_\_ Case Number: 09-0035-PHR
- b) Criminal Action State: \_\_\_\_\_ Date: \_\_\_\_\_ Case Number: \_\_\_\_\_
- County: \_\_\_\_\_ Court: \_\_\_\_\_

**FEDERALLY MANDATED REQUIREMENTS**

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

I am ☐ I am not ☒ subject to a court order for the support of a child.

If you are subject to a court order for the support of a child, please mark the appropriate response.

I am ☐ I am not ☐ in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order for the support of one or more children.

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

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

  
SIGNATURE OF APPLICANT

2/2/11  
DATE

To: Nevada State Board of Pharmacy

2/2/11

I was sanctioned in AZ for misinterpretation of prescription refills when I entered them in the computer. The right drug was picked but an extra refill was added based on the way I was entering them. I was also sanctioned for the misuse of gift cards.

Sincerely,

Howard Pulver

1 TERRY GODDARD  
Attorney General  
2 Firm State Bar No. 14000  
3 ELIZABETH A. CAMPBELL  
Assistant Attorney General  
4 State Bar No. 018311  
1275 W. Washington, CIV/LES  
5 Phoenix, Arizona 85007-2997  
Tel: (602) 542-7979  
6 Fax: (602) 364-3202

7 Attorneys for the Arizona State Board of Pharmacy

8  
9 **BEFORE THE ARIZONA STATE BOARD OF PHARMACY**

10 In the Matter of

11 **HOWARD PULVER,**

12 Holder of License No. S015422  
For the Practice of Pharmacy  
13 In the State of Arizona

Board Case No. 09-0035-PHR

**CONSENT AGREEMENT  
AND ORDER FOR SUSPENSION**

14  
15 **RECITALS**

16 In the interest of a prompt and judicious settlement of this case, consistent with the  
17 public interest, statutory requirements and the responsibilities of the Arizona State Board  
18 of Pharmacy ("Board") under A.R.S. § 32-1901, *et. seq.*, Howard Pulver ("Respondent"),  
19 holder of Pharmacist License Number S015422 in the State of Arizona, and the Board  
20 enter into the following Recitals, Findings of Fact, Conclusions of Law and Order  
21 ("Consent Agreement") as a final disposition of this matter.

22 1. Respondent has read and understands this Consent Agreement and has had  
23 the opportunity to discuss this Consent Agreement with an attorney, or has waived the  
24 opportunity to discuss this Consent Agreement with an attorney.  
25  
26

1           2.     Respondent understands that he has a right to a public administrative  
2 hearing concerning the above-captioned matter, at which hearing he could present  
3 evidence and cross examine witnesses. By entering into this Consent Agreement,  
4 Respondent knowingly and voluntarily relinquishes all right to such an administrative  
5 hearing, as well as rights of rehearing, review, reconsideration, appeal, judicial review or  
6 any other administrative and/or judicial action, concerning the matters set forth herein.

7           3.     Respondent affirmatively agrees that this Consent Agreement shall be  
8 irrevocable.

9           4.     Respondent understands that this Consent Agreement or any part of the  
10 agreement may be considered in any future disciplinary action by the Board against him.

11          5.     Respondent understands this Consent Agreement deals with Board  
12 Complaint No. 3621 involving allegations of unprofessional conduct against Respondent.  
13 The investigation into these allegations against Respondent shall be concluded upon the  
14 Board's adoption of this Consent Agreement.

15          6.     Respondent understands that this Consent Agreement does not constitute a  
16 dismissal or resolution of any other matters currently pending before the Board, if any,  
17 and does not constitute any waiver, express or implied, of the Board's statutory authority  
18 or jurisdiction regarding any other pending or future investigation, action or proceeding.

19          7.     Respondent also understands that acceptance of this Consent Agreement  
20 does not preclude any other agency, subdivision, or officer of this State from instituting  
21 any other civil or criminal proceedings with respect to the conduct that is the subject of  
22 this Consent Agreement.

23          8.     Respondent acknowledges and agrees that, upon signing this Consent  
24 Agreement and returning this document to the Board's Executive Director, he may not  
25 revoke his acceptance of the Consent Agreement or make any modifications to the  
26

1 document regardless of whether the Consent Agreement has been signed by the  
2 Executive Director. Any modification to this original document is ineffective and void  
3 unless mutually agreed by the parties in writing.

4 9. Respondent understands that the Consent Agreement shall not become  
5 effective unless and until adopted by the Board and signed by its Executive Director.

6 10. If a court of competent jurisdiction rules that any part of this Consent  
7 Agreement is void or otherwise unenforceable, the remainder of the Consent Agreement  
8 shall remain in full force and effect.

9 11. Respondent understands and agrees that if the Board does not adopt this  
10 Consent Agreement, he will not assert as a defense that the Board's consideration of this  
11 Consent Agreement constitutes bias, prejudice, prejudgment or other similar defenses.

12 12. Respondent understands that this Consent Agreement is a public record that  
13 may be publicly disseminated as a formal action of the Board and may be reported as  
14 required by law to the National Practitioner Data Bank and the Healthcare Integrity and  
15 Protection Data Bank.

16 13. Respondent understands that any violation of this Consent Agreement  
17 constitutes unprofessional conduct and may result in disciplinary action. A.R.S. §§ 32-  
18 1901.01(B)(20), -1927(A)(1).

19 ACCEPTED AND AGREED BY RESPONDENT

20 [Signature]  
21 Howard Pulver

Dated: 9/17/09

22 Subscribed and sworn to before me in the County of Maricopa State of Arizona  
23 this 17th day of Sept., 2009, by Howard Pulver.

24 Margaret E. Bango  
25 NOTARY PUBLIC



26 My Commission expires: 2/11/10

1 FINDINGS OF FACT

2 1. The Board is the duly constituted authority for licensing and regulating the  
3 practice of pharmacy in the State of Arizona.

4 2. Respondent is the holder of license number S015422 to practice as a  
5 pharmacist in the State of Arizona.

6 3. During all times relevant to these Findings, Respondent worked as a  
7 pharmacist at Wal-Mart Pharmacy #1532 in Glendale, Arizona (the "Pharmacy").

8 4. In November 2008, Respondent was observed on video stealing \$80.00  
9 from the accounting office at the Wal-Mart store.

10 5. In October 2008, Respondent was observed on video using unauthorized  
11 coupons to load Wal-Mart gift cards. Prescription coupons had been used when a new  
12 customer transferred their prescriptions to Wal-Mart from another pharmacy. Use of  
13 prescription coupons was discontinued in July 2008. Respondent had Wal-Mart  
14 employees load gift cards for the dollar amount shown on the coupon.

15 6. Respondent used the improperly loaded gift cards to purchase prescription  
16 medications and merchandise from Wal-Mart. Wal-Mart estimates its total loss due to  
17 Respondent's gift card activity to be \$1,642.

18 7. Respondent did unauthorized price overrides at Wal-Mart. On one  
19 transaction, Respondent did a price override on a camera from \$149 to \$79. Respondent  
20 then used improperly loaded gift cards to purchase the camera. Respondent also did price  
21 overrides on two MP3 players, two bikes and a microwave. Wal-Mart estimates its total  
22 loss due to Respondent's price overrides to be \$296.61.

23 8. Respondent took merchandise, mostly food and drink items, from Wal-  
24 Mart without paying for them.



9. Respondent falsified numerous prescriptions and their refills for himself, including prescriptions for Propo-N/APAP (dextropropoxyphene), Cheratussin AC Syrup (cough syrup with codeine), Meloxicam 7.5 mg (prescription-only), Atenolol 100 mg (prescription-only), and Allopurinol 100 mg (prescription-only).

10. Respondent falsified a prescription for his wife for Propo-N/APAP (dextropropoxyphene).

11. Respondent refilled numerous prescriptions for himself without authorization including refills for Balacet® 325 (dextropropoxyphene) and lorazepam 0.5 mg.

12. Respondent changed the quantity of medication prescribed for his daughter without authorization including changing prescription number 6511956 for albuterol 0.083% (prescription-only) from #50 to #150 and prescription number 6505789 for albuterol (prescription-only) 0.083% from #50 with 3 refills to #150 with 3 refills.

13. Dextropropoxyphene is a Schedule IV controlled substance. A.R.S. § 36-2515(A)(5)(b).

14. Lorazepam is a Schedule IV controlled substance. A.R.S. § 36-2515(A)(2)(aa).

15. Cough syrup with codeine is a Schedule V controlled substance. A.R.S. § 36-2516(1)(a).

### CONCLUSIONS OF LAW

1. The Board possesses jurisdiction over the subject matter and over Respondent pursuant to A.R.S. § 32-1901 *et seq.*

2. Pursuant to A.R.S. § 32-1927(A)(1), the Board may discipline a pharmacist who has engaged in unprofessional conduct.

1           3.     Respondent's practice and conduct, as described in the Findings of Fact,  
2 constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01(B)(2) (Violating any  
3 federal or state law, rule or regulation relating to the manufacture or distribution of drugs  
4 and devices or the practice of pharmacy).

5           4.     The conduct and circumstances described above constitutes unprofessional  
6 conduct pursuant to A.R.S. § 32-1901.01(B)(8) (Committing a felony, whether or not  
7 involving moral turpitude, or a misdemeanor involving moral turpitude or any drug-  
8 related offense. In either case, conviction by a court of competent jurisdiction or a plea  
9 of no contest is conclusive evidence of the commission).

10          5.     The conduct and circumstances described above constitute unprofessional  
11 conduct pursuant to A.R.S. § 32-1901.01(B)(10) (Violating a federal or state law or  
12 administrative rule relating to marijuana, prescription-only drugs, narcotics, dangerous  
13 drugs, controlled substances or precursor chemicals when determined by the board or by  
14 conviction in a federal or state court).

15          6.     Respondent's practice and conduct, as described in the Findings of Fact,  
16 constitutes unprofessional conduct pursuant to A.R.S. § 32-1901.01(B)(11) (Knowingly  
17 dispensing a drug without a valid prescription order as required pursuant to section 32-  
18 1968, subsection A).

19          7.     Respondent's conduct as described in the Findings of Fact constitutes a  
20 violation of A.R.S. § 32-1968(A) ("A prescription-only drug shall be dispensed only  
21 under one of the following conditions: (1) By a medical practitioner in conformance with  
22 A.R.S. § 32-1921; (2) On a written prescription order bearing the prescribing medical  
23 practitioner's manual signature; (3) On an electronically transmitted prescription order  
24 containing the prescribing medical practitioner's electronic or digital signature that is  
25 reduced promptly to writing and filed by the pharmacist; (4) On a written prescription  
26

1 order generated from electronic media containing the prescribing medical practitioner's  
2 electronic or manual signature. A prescription order that contains only an electronic  
3 signature must be applied to paper that uses security features that will ensure the  
4 prescription order is not subject to any form of copying or alteration; (5) On an oral  
5 prescription order that is reduced promptly to writing and filed by the pharmacist; (6) By  
6 refilling any written, electronically transmitted or oral prescription order if a refill is  
7 authorized by the prescriber either in the original prescription order, by an electronically  
8 transmitted refill order that is documented promptly and filed by the pharmacist or by an  
9 oral refill order that is documented promptly and filed by the pharmacist.”)

10 8. The conduct and circumstances described in the Findings of Fact constitute  
11 a violation of A.R.S. § 13-1802(A)(1) (A person commits theft if, without lawful  
12 authority, the person knowingly controls another person's property with the intent to  
13 deprive that other person of such property). Theft is a crime of moral turpitude. *State v.*  
14 *Superior Court of Pima County*, 121 Ariz. 174, 175-76, 589 P.2d 48, 49-50 (App. 1978)  
15 (shoplifting involves moral turpitude and bears a close relationship to the common law  
16 crime of larceny).

17 9. A person may not knowingly acquire or possess a prescription-only drug  
18 unless the person obtains the prescription-only drug pursuant to a valid prescription of a  
19 licensed prescriber. A.R.S. § 13-3406(A)(1). Furthermore, a person may not knowingly  
20 obtain or procure the administration of a prescription-only drug by fraud, deceit,  
21 misrepresentation or subterfuge. A.R.S. § 13-3406(A)(6). In either case, such illegal  
22 acquisition, possession or procurement of a prescription-only drug is a class 1  
23 misdemeanor. A.R.S. § 13-3406(B)(1).

24 10. A person shall not provide a false prescription for a controlled substance or  
25 knowingly or intentionally acquire or obtain possession of a controlled substance by  
26

1 means of forgery, fraud, deception or subterfuge, including the forgery or falsification of  
2 a prescription or the nondisclosure of a material fact. A.R.S. § 36-2531(E). A person  
3 who violates this statute is guilty of a class 4 felony.

4 **ORDER**

5 Based upon the above Findings of Fact and Conclusions of Law, the Board issues  
6 the following Order:

7 1. Respondent's Pharmacist License No. S015422, which was issued to  
8 Respondent for the practice of Pharmacy in the State of Arizona, is immediately  
9 **SUSPENDED** for a period of six (6) months from the effective date of this Consent  
10 Agreement.

11 2. Within six (6) months of the effective date of this Consent Agreement,  
12 Respondent shall successfully complete the MPJE examination and provide proof of the  
13 successful completion to the Board.

14 3. Respondent shall pay all necessary fees and complete all continuing  
15 education requirements throughout the term of his suspension.

16 4. Respondent shall furnish the Board with a list of all jurisdictions in which  
17 he maintains or has maintained licensure in the profession of pharmacy along with the  
18 registration numbers of said licenses.

19 5. If Respondent violates this Order in any way or fails to fulfill the  
20 requirements of this Order, the Board, after giving the Respondent notice and the  
21 opportunity to be heard, may revoke, suspend or take other disciplinary actions against  
22 Respondent's license. The issue at such a hearing will be limited solely to whether this  
23 Order has been violated.

24 ...

25 ...

1 DATED this 19<sup>th</sup> day of November, 2009.

2 ARIZONA STATE BOARD OF PHARMACY

3 (Seal)

4 By:   
5 HAL WAND, R.Ph.  
6 Executive Director

7  
8  
9 ORIGINAL OF THE FORGOING FILED  
10 this 19 day of November, 2009, with:

11 Arizona State Board of Pharmacy  
12 1700 West Washington, Suite 250  
13 Phoenix, Arizona 85007

14 EXECUTED COPY OF THE FOREGOING MAILED  
15 BY FIRST-CLASS and CERTIFIED MAIL  
16 this 19 day of November, 2009, to:

17 Howard Pulver  
18 4115 W. Charma Dr.  
19 Glendale, Arizona 85310

20 EXECUTED COPY OF THE FOREGOING MAILED  
21 this 19 day of November, 2009, to:

22 Elizabeth A. Campbell  
23 Assistant Attorney General  
24 1275 W. Washington Street, CIV/LES  
25 Phoenix, Arizona 85007  
26 Attorney for the Board

  
397506

**NEVADA STATE BOARD OF PHARMACY**  
431 W Plumb Lane ≈ Reno, NV 89509 ≈ (775) 850-1440  
**APPLICATION BY RECIPROCATATION AS A PHARMACIST**

**Total Fee: \$300.00 (non-refundable, money order or cashier's check only)**

Money Order or Cashier's Check made payable to: **Nevada State Board of Pharmacy**

Complete Name (no abbreviations):

First: Shaleen Middle: \_\_\_\_\_ Last: Srivastava

Mailing Address: 3685 S.W. Spring Garden Ct

City: Portland State: OR Zip Code: 97219

Date of Birth: 11/23/1974 Place of Birth: Saharanpur, India ☒ M ☐ F

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

**College of Pharmacy Information**

Graduation Date: 6/12/2005  
(mm/dd/yy)

Degree Received: ☒ PharmD ☐ BS in Pharmacy ☐ Other (check one)

Name of Pharmacy School: Oregon State University

Location of School: Corvallis, OR

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

State which are licensed by exam: OR

Other states where you are (or were) licensed as a pharmacist or print "none"

State	License #	Is the license active?	State	License #	Is the license active?
<u>OR</u>	<u>10638</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>OR</u>	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Board Use Only**

Received: APR 27 2011 Check Number: 110 Amount: 300.00  
Date Law Book Mailed: \_\_\_\_\_ MPJE Approved: \_\_\_\_\_

56674  
10453

- 1) I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse.
- 2) I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.
- 3) I have ☒ I have not ☐ been the subject of an administrative action whether completed or pending.
- 4) I have ☒ I have not ☐ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 2, 3 or 4 above, please include the following information and an explanation and/or documents.

- a) Board Administrative Action and/or State: OR Date: 3/20/2006 Case Number: 2005-0478
- b) Criminal Action State: \_\_\_\_\_ Date: \_\_\_\_\_ Case Number: \_\_\_\_\_
- County: \_\_\_\_\_ Court: \_\_\_\_\_

=====

=

**FEDERALLY MANDATED REQUIREMENTS**

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

I am ☐ I am not ☒ subject to a court order for the support of a child.

If you are subject to a court order for the support of a child, please mark the appropriate response.

I am ☐ I am not ☐ in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order for the support of one or more children.

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

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

  
\_\_\_\_\_  
SIGNATURE OF APPLICANT

4/19/11  
\_\_\_\_\_  
DATE

Dear Board of Pharmacy:

Disciplinary action was taken against my license in December 2005 for taking medication from a number of pharmacies I worked at as a float pharmacist at Safeway. I took less than 20 hydrocodone tabs and some 5 or so phentermine tablets total, over the course of about 3 months. I also had a morphine, an adderall and an ecstasy tab which I had not taken from the pharmacy. I never intended to give them away or sell them, and though I had intended to use them, I could not go through with it.

I cannot explain to you what I was thinking when I did this. I can say, however, that it was a really stupid thing to do as a young pharmacist and will never happen again. I exhibited very, very poor judgment.

I was working at a pharmacy where board inspectors confronted me, pulled me from the job, and urine drug tested me on the spot. This UA was negative. I fully complied with the inspectors, let them search me and my car, and then I offered to have them come to my house where I had the drugs. I had no drugs on my person or in my car, nor was I impaired on the job. I then offered to have them come back with me to my house where I gave back all of these drugs. When they came, they also found the ecstasy tab, morphine tab, and adderall tab, which I hadn't even recalled having, in addition to all the of prescriptions medications I had taken in full count from the pharmacies which were missing them. I complied to the fullest as I felt extremely remorseful.

As disciplinary action proceeded, I remained fully compliant, waived my right to a hearing. I made sure I communicated with the board to the fullest to ensure them this was not who I am, and that I made a terrible mistake. I was directed to the pharmacy recovery network for monitoring in order to keep my license in probationary status as I work as a pharmacist. In the PRN program, I was required to attend bi- and tri- weekly meetings, in addition to submitting quarterly evaluations, and being urine tested on a random basis. I was board ordered to do this for 5 years. While in the program, I gathered documentation signed by my parents, friends, and employers who had worked with me in the past to petition PRN and the board of pharmacy that I had never had issues with addiction. I remained fully compliant and did not miss a beat while in the program. I spent the next 4 1/2 years in the PRN program and was released eight months early in April of 2010. My license is now in good standing with the board of pharmacy in Oregon, without restriction or blemish.

Since April of 2006, I have worked for a company called Omnicare which is a long term care pharmacy. I have become the highest output pharmacist, and the guy to go to when stressful situations arise. I have additionally picked up some work through a temp agency within the past year working for bi-mart. I have had no issues at work relating to any of my past behavior.

It is easy to regret everything that has happened, but I feel that I have learned a lot about both pharmacy, and life in the past 6 years. I have a perspective and appreciation that few get to experience with respect to their careers. This experience has given me humility, as well as compassion for my patients and co-workers. I definitely take a moment now to think about decisions I make before making them. I feel that I have become a better clinician, and truly appreciate the privilege it is to be a pharmacist.

Lastly, I would like to say that I am from Reno, respect this community, and am happy to have the opportunity to return. My parents live here, my wife has a job here, and I would love to be here again. I am hopeful you will grant me the privilege of serving this community. I will, of course, gladly and truthfully answer any questions you may and probably have.

Thank you,



Shaleen Srivastava





# Oregon

Theodore R. Kulongoski, Governor

## Board of Pharmacy

800 NE Oregon Street, Suite 150

Portland, OR 97232

Phone: 971/673-0001

Fax: 971/673-0002

Email: [pharmacy.board@state.or.us](mailto:pharmacy.board@state.or.us)

Web: [www.pharmacy.state.or.us](http://www.pharmacy.state.or.us)

May 3, 2010

Shaleen Srivastava, R.Ph  
3685 SW Spring Garden Ct  
Portland, OR 97219

Re: Case No. 2005-0478

With the successful completion of your Pharmacy Recovery Network (PRN) contract and good standing with the PRN Council, the Board voted at its April 2010 meeting to end your probation on April 6, 2010. This letter will confirm the end of your probation and all requirements included.

It is the Board's desire that you continue your practice in accordance with all pharmacy laws and continue recovery work as necessary.

Should you have any questions concerning your practice in the future, you are encouraged to call the Board office for assistance.

Sincerely,

Gary Miner, R.Ph.  
Compliance Director

CC: Licensing Department  
Pharmacy Recovery Network

GM/kw



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**BOARD OF PHARMACY  
OF THE STATE OF OREGON**

5 In the Matter of the ) Case No. 2005-0478  
6 Pharmacist License of )  
7 )  
8 SHALEEN SRIVASTAVA, R.PH. ) **AMENDED NOTICE OF**  
9 ) **PROPOSED LICENSE**  
10 ) **REVOCATION;**  
11 ) **ANSWER REQUIRED**  
12 )  
13 Licensee.

14 The Oregon Board of Pharmacy proposes to revoke your license pursuant to ORS  
15 689.445, 689.405, 689.135, and 689.145, because you violated the Oregon Pharmacy Act  
16 and the Board of Pharmacy rules as alleged below:  
17

18 On or about November 2005, you obtained without a valid prescription, Adderall  
19 20 mg tablets from a co-worker.  
20

21 On or about November 2005, you obtained without a valid prescription, a  
22 phentermine tablet from a co-worker.  
23

24 On or about 12/5/2005, while you were working at Safeway Pharmacy in Keizer,  
25 you appeared to be impaired while on duty. You had previously obtained the Adderall  
26 from a Safeway technician  
27

28 In December 2005, you admitted to stealing and consuming prescription  
29 medication that was not prescribed to you and occasional binge drinking. You stole, by  
30 your admission, approximately 16 Norco (Hydrocodone/APAP) 10/325mg tablets from  
31 four Safeway Pharmacies (#353, #424, #1073, and #1627) and 5 tablets of phentermine  
32 from Safeway #424, and took Percocet from your father's prescription bottle for your  
33 own use. Following an interview, two Board Inspectors accompanied you to your  
34 residence where you surrendered generic Norco, generic Adderall, phentermine,  
35 morphine, and ecstasy. You stated that the morphine and ecstasy came from a person at a  
36 bar located in Florence. Norco, Adderall, phentermine, morphine, Percocet, and ecstasy  
37 are controlled substances.  
38

39 The conduct identified above is in violation of the Oregon Pharmacy Act and the  
40 Board of Pharmacy rules and grounds for discipline as follows:

- 41 1. unlawful possession of prescription drugs is in violation of ORS  
42 689.765(6) and ORS 475.992 and grounds for discipline pursuant to ORS  
43 689.405(1)(e)(B) and (i);  
44 2. illegal use of drugs, medications, or devices without a practitioner's  
45 prescription, or otherwise contrary to federal or state law or regulations is  
46 unprofessional conduct as defined in OAR 855-019-0055(2)(c) and

47 grounds for discipline pursuant to ORS 689.405(1)(a) and ORS  
48 689.405(1)(e)(B);

49 3. theft of drugs is unprofessional conduct as defined in OAR 855-019-  
50 0055(2)(d) and grounds for discipline pursuant to ORS 689.405(1)(a) and  
51 ORS 689.405(1)(e)(B);

52 4. habitual or excessive use of intoxicants, drugs or controlled substances is a  
53 violation and grounds for discipline pursuant to ORS 689.405(1)(d).

54  
55 Based on these alleged violations, the Board proposes to revoke your pharmacist  
56 license as authorized by ORS 689.405(1) and ORS 689.445(1).  
57

### 58 HEARING RIGHTS

59  
60 You are entitled to a hearing as provided by the Administrative Procedures Act  
61 (ORS chapter 183). If you wish to have a hearing, you must file a written request for  
62 hearing with the Board within 21 days from the date this notice was mailed. You may  
63 send or deliver a request for hearing to:  
64

65 Oregon Board of Pharmacy  
66 800 NE Oregon Street, Suite 150  
67 Portland, OR 97232  
68 Fax (971) 673-0002  
69

70 If a request for hearing is not received within this 21-day period, your right to a  
71 hearing shall be considered waived.  
72

73 If you request a hearing, you will be notified of the time and place of the hearing.  
74 Before the commencement of the hearing, you will be given information on the  
75 procedures, right of representation and other rights of parties relating to the conduct of  
76 the hearing. You may be represented by legal counsel.  
77

78 If you do not request a hearing within 21 days, or if you withdraw a hearing  
79 request, notify the Board or Administrative Law Judge that you will not appear, or fail to  
80 appear at a scheduled hearing, the Board may issue a final order by default imposing  
81 discipline. If the Board issues a final order by default, it designates its file on this matter  
82 as the record.  
83

### 84 ANSWER REQUIRED

85  
86 Pursuant to OAR 855-001-0010 and OAR 855-001-0015, if you request a hearing  
87 you must also provide, within 21 days from the date this document was served, a written  
88 answer to the allegations set forth in this document. Your written answer must include an  
89 admission or denial of each factual matter alleged in the notice. Except for good cause,  
90 factual matters alleged in this document and not denied in your answer will be presumed  
91 admitted.  
92

93 **Hearing Request and Answers:**  
94 **Consequences of Failure to Answer**  
95 **855-001-0015**

96  
97 (1) A hearing request, and answer when required, shall be made in writing to  
98 the Board by the party or his attorney and an answer shall include the following:

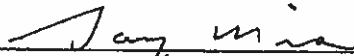
- 99 (a) An admission or denial of each factual matter alleged in the notice;  
100 (b) A short and plain statement of each relevant affirmative defense  
101 the party may have.  
102

103 (2) Except for good cause;

- 104 (a) Factual matters alleged in the notice and not denied in the answer  
105 shall be presumed admitted;  
106 (b) Failure to raise a particular defense in the answer will be  
107 considered a waiver of such defense;  
108 (c) New matters alleged in the answer (affirmative defenses) shall be  
109 presumed to be denied by the agency; and  
110 (d) Evidence shall not be taken on any issue not raised in the notice  
111 and the answer.  
112  
113  
114

115 DATED this 20 day of March, 2006.  
116

117  
118 OREGON BOARD OF PHARMACY  
119

120  
121   
122 Gary Miner, R.Ph.  
123 Compliance Director  
124  
125  
126  
127  
128  
129  
130

131 DATE OF MAILING 3/20/2006

BEFORE THE BOARD OF PHARMACY  
OF THE STATE OF OREGON

In the Matter of the  
Pharmacist License of

SHALEEN SRIVASTAVA, R.PH.,  
Licensee.

Case No. 2005-0478

CONSENT ORDER

RECEIVED  
APR 11 2006  
BOARD OF PHARMACY

WHEREAS, the Board of Pharmacy of the State of Oregon has filed a Notice of Proposed License Revocation; Answer Required ("Notice"), hereby incorporated by reference, regarding the licensee in the above-captioned matter; and

WHEREAS, the above-noted Notice was duly served on the licensee as required by law; and

WHEREAS, the parties are desirous of resolving and settling those matters contained in the above-noted Notice without further proceedings thereon; and

WHEREAS, the licensee is aware of the right to a hearing with the assistance of counsel and the right to judicial review of the Board's decision, and hereby freely and voluntarily waives those rights; and

WHEREAS, the licensee admits that the facts alleged in the above-noted Notice are true, that the licensee's conduct, as admitted, violated the statutes and rules cited in the Notice, and that legal cause exists pursuant to ORS 689.405 for disciplinary action by the Board; and

WHEREAS, the licensee consents to the disciplinary action as set forth herein;

The Board finds that the allegations in the Notice are true and hereby imposes the following sanctions:

1. Revocation stayed pending compliance with the terms of probation.
2. The licensee is placed on probation for a period of ten (10) years and the licensee shall comply with the following conditions of probation:
  - a. The licensee must join PRN (Pharmacy Recovery Network) and participate in the PRN program in good faith.
  - b. The licensee must comply with all conditions of, and complete, the PRN contract at the licensee's own expense.
  - c. The licensee must comply with all laws and rules regarding pharmacy practice.
  - d. The licensee may not register with the Board to be a preceptor.
  - e. The licensee may not be employed as a pharmacist-in-charge (PIC).
  - f. During the ten (10) year probationary period, the licensee shall, as soon as

reasonably practical, provide all present and prospective pharmacy related employers and any pharmacists-in-charge of the licensee with a copy of the Notice and this Consent Order and have the PIC and management acknowledge to the Board in writing, on a form supplied by the Board, that the PIC and management have received a copy of both the Notice and the Order.

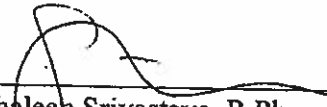
3. Failure to complete the PRN contract or failure to participate in the PRN program in good faith will be reported to the Board, as required in ORS 689.348.

4. Failure of the licensee to comply with all the requirements of this Consent Order constitutes unprofessional conduct and is grounds for revocation or any other form of discipline or sanction authorized by law.

5. If Licensee complies with the requirements of this Consent Order, at the completion of the probationary period, the Licensee's Pharmacist License shall be cleared of all restrictions and the Licensee will possess an unencumbered, unrestricted License.

#### CONSENT

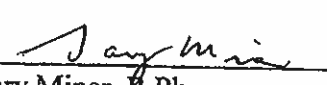
I hereby acknowledge that I have read and understand the above-noted Notice with Notice of Rights and the terms of the Consent Order. I agree to the Board entering the Consent Order.

  
Shaleen Srivastava, R.Ph.  
Licensee (License No. RPH-0010638)

3/28/06  
Date

IT IS SO ORDERED.

BOARD OF PHARMACY  
FOR THE STATE OF OREGON

  
Gary Miner, R.Ph.,  
Compliance Director

4/11/06  
Date

Blank

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

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

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

New Wholesaler ☒      Ownership Change ☐      Name Change ☐      Location Change ☐  
(Please provide current license number if making changes: WH \_\_\_\_\_)

**GENERAL INFORMATION**

Facility Name: BURKHART DENTAL Supply Co.  
Physical Address: 1316 Capital Blvd., Suite 104, Bldg A, Reno NV 89502  
Mailing Address: 2502 S. 78th Street  
City: TACOMA      State: WA      Zip Code: 98409  
Telephone Number: 775-856-4433      Fax Number: 775-856-4432  
Toll Free Number: N/A  
E-mail: kudbye@burkhartdental.com      Website: www.burkhartdental.com  
Facility Manager: Buddy Omvig  
Professional qualifications and experience of facility manager: Facility manager since NOV. 2005, prior to that served as warehouse clerk - Total warehouse experience 11 years  
Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies      ☒ Practitioners (dentists)      ☐ Hospitals      ☐ Wholesalers  
☐ Other: \_\_\_\_\_

Type of Products to be handled or wholesaled by firm:

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

**Board Use Only**

Received: APR 27 2011      Check Number: 948      Amount: 500.<sup>00</sup>

56671  
2106



# OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Washington

Parent Company if any: N/A

Corporation Name: Burkhart Dental Supply Co.

Mailing Address: 2502 S. 78th St.

City: TACOMA

State: WA

Zip: 98409

Telephone: (253) 474-7761 ext 4865 Fax: 866-401-6648

License Contact Person: KARI Udbye

Professional Compliance Contact Person: Michael BAXTER

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

Officer or director name

Officer or director title

See Attachment "A"

For any corporation non publicly traded, disclose the following:

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

a) See 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. 29,128

3) What was the price paid per share? Various, primarily gifted

4) What date did the corporation actually receive the cash assets? Various dates over its 120 year history. Most stock was gifted over 5 generations.

5) Provide a copy of the corporations stock register evidencing the above information  
See Attachment B

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) See Attachment "C" for location of all Burkhardt Branch

Name

Address

Offices & Distribution Centers

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) CUSTOMS

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 "D" & Attachment "E"

- 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.

L. Isbell  
Signature of corporation officer

April 1, 2011  
Date

LORI Isbell, President  
Print or Type name and title



2502 South 78th Street  
P.O. Box 11265  
Tacoma, Washington 98411-0265

p: 253.474.7761  
f: 866.401.6648

Attachment A

**BURKHART DENTAL SUPPLY CO.  
OFFICERS AND DIRECTORS 2011**

**Lori Isbell, President**

**Perry Burkhart, Chairman & Treasurer**

**Judiann Jacobs Secretary**

**Greg Biersack, Vice President Corp. Operations**

**Jeff Reece, Vice President Sales**

**Sharon Burkhart, Director**

**David Wolkenhauer, Director**

**Sam Skinner, Director**

**Gary Gessel, Director**

Attachment B



**STOCK OWNERSHIP AS OF  
March 21, 2011**

<u>STOCKHOLDER</u>	<u>SHARES</u>	<u>ADDRESS</u>
Burkhart, Carolyn J	405	P.O. Box 1061 Lakebay, WA 98349
Burkhart, Dorothy	100	934 Fairview Dr. So. Tacoma, WA 98465
Burkhart Family LLC	10,250	LLC Manager, Lori Isbell (w/full-authority/control) 20619 4 <sup>th</sup> Ave S. Des Moines, WA 98198
Burkhart, James E.	144	5302 SE Baseline #355 Hillsboro, OR 97123
Burkhart, Perry N	8,072	4519 Murphy Dr. NW Gig Harbor, WA 98335
Burkhart, Richard H.	218	4802 S. Othello St. Seattle, WA 98118-3851
ESOP:	8,777	<b>Kim Scott</b> Vice-President Wells Fargo Institutional Trust Services 608 2nd Avenue South Minneapolis, MN 55479 N9303-09C 612-667-8763 (Business) 612-685-4632 (Cellular) 612-316-4180 (fax) Kim.Scott@WellsFargo.com
Henrickson, Judith L.	1,162	7611-51st St. Ct. W Tacoma, WA 98467 -or- P.O. Box 581158, No. Palm Springs, CA 92258
<b>TOTAL SHARES</b>	<b>29,128</b>	

(began year 2011 with 29,248 shares outstanding)

# Attachment C

## BURKHART BRANCH INFORMATION

### TACOMA CORPORATE OFFICE

**Main** 253-474-7761  
**Assoc. Use Only:** 800-828-2129

**Main Fax** 866-401-6648  
**Parts Fax** 253-212-4962

**Carol Schienle (A/R)** 800-828-8476  
**Krista Fiala (A/R)** 800-828-8492

**14- LAKEWOOD (DC)**  
11101 S. Tacoma Way 253-212-4941  
Suite D Fax 253-581-8605  
Lakewood, WA 98499

**50- SAN DIEGO (SZ)**  
**Jim Panigall - Br. 26 vm # 4556**  
8291 Aero Place, Suite 100  
San Diego, CA 92123

**82- DALLAS (SZ)**  
**Jim Lout - Br. 26 vm # 4600**  
508 Wrangler Drive, Suite 100  
Coppell, TX 75019

**16- RENO (DC)**  
**Buddy Omvig - Br. 26 vm # 4490**  
1316 Capital Blvd, Suite 104, Bldg A  
Reno, NV 89502  
**Local (Spd Dial 16)** 775-856-4433  
**Toll Free to 67** 888-869-3183  
**Fax** 775-856-4432

**Local** 858-694-5504  
**Toll Free to 50** 800-552-4522  
**Fax** 866-403-0129

**Local** 972-471-2727  
**From Br. 26** 4701  
**Toll Free to 82** 800-324-4868  
**Fax** 866-486-9649

**55- DENVER (SZ)**  
**Mary Kehoe - Br. 26 vm #4555**  
6900 W. Jefferson, Suite 175  
Lakewood, CO 80235

**84- OKLAHOMA (SZ)**  
**George Reed - Br. 26 vm # 4581**  
1301 Cornell Parkway, Suite 100  
Oklahoma City, OK 73108

**75- ANCHORAGE (NZ)**  
**Bret Wangrud - Br. 26 voicemail # 4576**  
12000 Industry Way, Unit N-1  
Anchorage, AK 99515  
**Local** 907-561-8950  
**Toll Free to 25** 800-997-8950  
**Fax** 907-563-3154

**Local** 303-988-9006  
**Toll Free to 55** 800-447-2845  
**Fax** 866-408-3481

**Local** 405-948-7085  
**Toll Free to 84** 800-324-4867  
**Fax** 866-408-3486

**26- TACOMA (NZ)**  
**Jerry Ritsema - Br. 26 vm # 4836**  
2502 S. 78th St.  
Tacoma, WA 98409  
**Tacoma Direct (to Console)** 866-324-1983  
**Customer Service** 800-562-8176  
**Cust. Serv. Hotline** 800-828-2089  
**Service Dept. Hotline** 800-828-2158

**59- SALT LAKE CITY (SZ)**  
**Michael Russell - Br. 26 vm # 4444**  
12278 South Lone Peak Parkway, Suite 101  
Draper, UT 84020

**85- AUSTIN (SZ)**  
**Jim Lout - Br. 26 vm # 4600**  
4616 W Howard Lane, Suite 970  
Austin, TX 78728

**37- YAKIMA (NZ)**  
**Reedy Berg - Br. 26 vm # 4520**  
1705 Creekside Loop  
Yakima, WA 98902  
**Local** 509-248-5441  
**Toll Free to 37** 800-572-5618  
**Fax** 866-401-6649

**Local** 801-619-7006  
**Toll Free to 59** 866-222-4841  
**Fax** 866-408-3482

**Local** 512-206-0401  
**Toll Free to 85** 877-363-8717  
**Fax** 512-206-0461

**38- SPOKANE (NZ)**  
**David Wolkenhauer - Br. 26 vm # 4476**  
10807 E Montgomery Dr, Suite 6  
Spokane, WA 99206  
**Local** 509-928-7474  
**Toll Free to 38** 800-541-5870  
**Fax** 866-401-6650

**60- BOISE (NZ)**  
**Derek Johnson - Br. 26 vm # 4772**  
917 Industry Way Suite 105  
Meridian, Idaho 83642

**George Reed - Br. 26 vm # 4581**  
18513 East Admiral Place  
Catoosa, OK 74015

**40- PORTLAND (NZ)**  
**Barry Schwartz - Br. 26 ext & vm #4808**  
11879 NE Glenn Widing Drive  
Portland, OR 97220  
**Local** 503-252-9777  
**Toll Free to 40** 800-367-3030  
**Fax** 866-408-3488

**Local** 208-898-9575  
**Toll Free To 60** 877-269-9315  
**Fax** 208-898-9509

**Local** 918-266-7700  
**Toll Free to 88** 800-324-4869  
**Fax** 866-408-3485

**43- EUGENE (NZ)**  
**Andy Hutson - Br. 26 vm #4529**  
890 Beltline Road  
Springfield, OR 97477  
**Local** 541-746-4866  
**Toll Free to 43** 800-634-6890  
**Fax** 866-408-3480

**63- PHOENIX (SZ)**  
**Steven Lappin - Br. 26 vm # 4672**  
4625 E. Cotton Center Blvd, Suite 181  
Phoenix, AZ 85040

**91- HOUSTON (SZ)**  
**Mark Oliver - Br. 26 vm # 4545**  
15031 Woodham Dr., Suite 300  
Houston, TX 77073

**77- SACRAMENTO (NZ)**  
**Andrew Mallett - Br. 26 vm #4596**  
1009 Enterprise Way, Suite 250  
Roseville, CA 95678  
**Local** 916-784-8200  
**Toll Free to 77** 800-606-9836  
**Fax** 916-784-8212

**Local** 602-437-1701  
**Toll Free to 63** 800-220-4119  
**Fax** 866-408-3484

**Local** 281-821-7000  
**Toll Free to 91** 800-500-9598  
**Fax** 866-408-3487

**65- LAS VEGAS (SZ)**  
**Steven Lappin - Br. 26 vm # 4672**  
3119 West Post Rd.  
Las Vegas, NV 89118  
**Local** 702-454-3599  
**Toll Free to 65** 888-454-3599  
**Fax** 702-617-2719

**PRACTICE LEADERSHIP CENTER**  
**Margaret Boyce-Cooley - Br. 26 vm #4404**  
11879 NE Glenn Widing Drive  
Portland, OR 97220  
**Local** 503-249-1115  
**LD to PLC** 800-665-LEAD (5323)  
**Fax** 503-281-2203  
info@practiceleadership.com

**70- BAY AREA (NZ)**  
**Lisa Wells - Br. 26 vm #4424**  
32970 Alvarado-Niles Rd., Suite 720  
Union City, CA 94587  
**Local** 510-441-6280  
**Toll Free to 70** 800-829-7949  
**Fax** 866-401-6647

**SUMMIT DENTAL STUDY GROUP**  
**Margaret Boyce-Cooley - Br. 26 vm #4404**  
11879 NE Glenn Widing Drive  
Portland, OR 97220  
**Local** 800-765-7277  
**Fax** 866-885-1958  
cmills@summitdds.com



Attachment "D"



STATE OF WASHINGTON  
**BOARD OF ACCOUNTANCY**  
PO Box 9131 • Olympia, Washington 98507-9131  
(360) 753-2585 • FAX (360) 664-9190 • [www.cpaboard.wa.gov](http://www.cpaboard.wa.gov)

November 1, 2010

Dawne Swanson, CFO  
Burkhart Dental Supply  
PO Box 11265  
Tacoma, WA 98411

Re: Complaint against Steven W. Floyd; Case # 2009-123

Dear Ms. Swanson

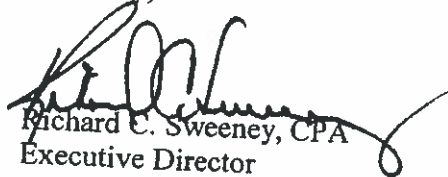
The Board believes it should formally advise you (complainant) of the revocation of the Washington State Certified Public Accountant (CPA) certificate and eligibility to register, renew, or reinstate the practice licenses of:

Steven W. Floyd  
Certificate Number 04734

The effective date of this Board action was October 15, 2010. Enclosed please find a copy of the *Stipulation and Agreed Order*.

Thank you for your referral.

Sincerely,

  
Richard C. Sweeney, CPA  
Executive Director

Enclosure

Please be advised: The Washington State Board of Accountancy is required to comply with the Public Records Act, Chapter 42.56 RCW. This act establishes a strong state mandate in favor of disclosure of public records. As such, the information you submit to the board, including personal information, may ultimately be subject to disclosure as a public record.



**PROCEEDINGS BEFORE THE  
WASHINGTON STATE  
BOARD OF ACCOUNTANCY**

In the matter of the Certificate and/or  
License(s) to practice as a Certified Public  
Accountant of

Steven W. Floyd,

Respondent.

NO. ACB-1241

**STIPULATION AND  
AGREED ORDER**

The Washington State Board of Accountancy (Board) and Steven W. Floyd (Respondent) stipulate and agree as follows:

**Section 1: Procedural Stipulations**

- 1.1 Respondent understands that the State may issue a statement of charges in this matter and proceed to a hearing before the Board upon the merits of said charges although the State has not done so, in order to facilitate resolution of this matter in accordance with the legislative intent endorsed in RCW 34.05.060.
- 1.2 Respondent understands that should the State prevail at hearing based on a statement of charges that the Board has the power and authority to deny, suspend, revoke, or refuse to renew the Respondent's certified public accountant certificate or any individual or firm license to practice public accounting as a certified public accountant in Washington and may impose a fine plus the Board's investigative and legal costs in bringing charges or impose conditions precedent to renewal of the certificate or license, or impose full restitution to injured parties.
- 1.3 Respondent understands that Respondent has the right to defend against a statement of charges by demanding a hearing and presenting evidence on Respondent's behalf and Respondent voluntarily waives the right to a hearing and all other rights which may be



accorded the Respondent by the Administrative Procedures Act, chapter 34.05 RCW, and the laws of Washington, including the right to petition the courts for judicial review.

- 1.4 Respondent wishes to expedite the resolution of this matter by means of this Stipulation and Agreed Order and does not desire to proceed to a formal hearing based on the issuance of a statement of charges.
- 1.5 The Respondent understands that the Stipulation and Agreed Order are not binding unless approved by the Board.
- 1.6 Should this Stipulation and Agreed Order be rejected by the Board and the State proceeds to issue a statement of charges, Respondent waives any objection to the participation of any members of the Board at a hearing on this matter, other than the consulting board member in this proceeding.
- 1.7 The parties further stipulate to the following Stipulated Facts, Conclusions of Law and Agreed Order:

## **Section 2: Stipulated Facts**

- 2.1 At all times material hereto, Respondent, Steven W. Floyd, has held a Certified Public Accountant (CPA) certificate (No. 04734) in the state of Washington. The Respondent's individual license to practice public accounting as a CPA lapsed on June 30, 2009, due to the Respondent's failure to renew. The Respondent was the sole owner of the CPA firm, Steven W. Floyd, CPA (No. 2486). The CPA firm license issued to Steven W. Floyd, CPA became invalid effective October 2, 2009, due to Respondent's failure to renew Respondent's individual license to practice public accounting.
- 2.2 The Respondent was employed as Controller of Burkhart Dental Supply (Burkhart) from June 2, 1986, through April 20, 2009. During the period April 4, 2000, through April 9, 2009, the Respondent, in his capacity as Controller, converted in excess of \$700,000 of Burkhart's funds to pay Respondent's personal credit card debt and altered Burkhart's account coding to disguise payments as actual business expenses.

2.3 The Respondent helped Burkhart with documents and information to determine the extent of the theft and recover approximately \$692,000 of the misappropriated funds from Burkhart's insurance carrier.

2.4 On January 11, 2010, the Prosecuting Attorney for Pierce County charged the Respondent with theft in the first degree in the Superior Court of Washington for Pierce County ("Superior Court") (Cause No. 10-1-00126-5) in violation of RCW 9A.56.020(1)(b) and RCW 9A.56.030(1)(a).

2.5 On March 10, 2010, the Respondent pled guilty in Superior Court and entered the following admission:

**The judge has asked me to state what I did in my own words that makes me guilty of this crime. This is my statement:**

During a period of time between approx 2000 & 2009 I obtained money from my employer valued well in excess of \$1500. I agree that aggravating factors exist as set out in the plea agreement which I have reviewed and signed. This took place in Pierce Co.

2.6 On March 24, 2010, the Superior Court entered a Judgment and Sentence finding the Respondent guilty by plea of one count of theft in the first degree and concluding the offense was a major economic offense or series of offenses, because the Respondent used his position of trust, confidence, or fiduciary responsibility to facilitate the commission of the offense. The Superior Court sentenced the Respondent to 36 months confinement in the custody of the Washington State Department of Corrections and ordered payment of:  
(1) restitution to Burkhart Dental Supply in the amount of \$58,000, (2) restitution to Hartford Financial Products in the amount of \$692,000, (3) a \$500 crime victim assessment, (4) a \$200 criminal filing fee, and (5) a \$100 DNA collection fee.

Based on the foregoing Stipulated Facts, the Board makes the following:

### **Section 3: Conclusions of Law**

- 3.1 The Washington State Board of Accountancy has jurisdiction over the subject matter herein.
- 3.2 The Respondent's conduct described in Stipulated Facts 2.2 through 2.6 constitutes cause for Board discipline under RCW 18.04.295(2), (4), and (5)(a) for violations of WAC 4-25-610 that requires a CPA to exercise professional judgment in all activities, to act in a way that will serve the public interest, honor the public trust, and demonstrate commitment to professionalism, to perform all professional responsibilities with the highest sense of honesty, and to use due care to comply with state law and the ethical standards; WAC 4-25-620 that requires a person using the CPA title to be honest, objective, and free of conflicts of interest in the performance of professional services; WAC 4-25-631 that requires a CPA to exercise due care and professional judgment in order to comply with the Professional Code of Conduct issued by the AICPA; WAC 4-25-650 that prohibits a CPA from committing acts reflecting adversely on the CPA's fitness to represent themselves as a CPA; WAC 4-25-670 that defines what enforcement actions must be reported to the Board within 30 days; and WAC 4-25-910 that prohibits a CPA from engaging in acts of fiscal dishonesty or fraud and violating rules of professional conduct.

### **Section 4: Agreed Order**

Based on the Stipulated Facts and Conclusions of Law, Respondent agrees to entry of the following Order:

- 4.1 Respondent's CPA certificate and eligibility to renew or reinstate the Respondent's individual or firm licenses to practice public accounting are hereby revoked from the date this Order is accepted and entered by the Board and thereafter until Respondent:


- 4.1.1 Complies with all the then current requirements of eligibility as an original applicant for a Washington CPA license, including but not limited to the then existing education, examination, experience and good character requirements.
- 4.1.2 Demonstrates that restitution has been paid in full to Burkhart Dental Supply and Hartford Financial Products or documents entry into a plan of full restitution satisfactory to the Board and approved in writing by authorized representatives of Burkhart Dental Supply and Hartford Financial Products.
- 4.1.3 Pays a thirty thousand dollar (\$30,000) fine payable to the Washington State Board of Accountancy.
- 4.1.4 Satisfies any other requirement imposed by the Board as a condition for reinstatement.
- 4.1.5 During the period after the acceptance and entry of this Order Respondent shall not otherwise violate any provisions of chapters 18.04 RCW or 4-25 WAC.
- 4.2 Respondent must serve ten years of the revocation before the Board will consider an application for the CPA examination by the Respondent.
- 4.3 The Board will publish the terms of this Stipulation and Agreed Order.
- 4.4 The Respondent shall not use the designation "CPA-Inactive," "certified public accountant-inactive," "CPA," "certified public accountant," or any other title, designation, words, letters, abbreviation, sign, card, or device tending to indicate that the Respondent is a certified public accountant-inactive, CPA-inactive, certified public accountant, or CPA or hold out as a "CPA" or "certified public accountant" until the Respondent's CPA certificate or license has been reinstated.

4.5 Nothing in this Order precludes the Board from exercising its authority and responsibilities under chapter 18.04 RCW or chapter 4-25 WAC. Any violations of such chapters or this Order constitute independent grounds for the denial, suspension, revocation or refusal to renew the respondent's certificate and/or license(s).

I, STEVEN W. FLOYD, certify that I have read this Stipulation and Agreed Order in its entirety; that I fully understand and agree to all of it, and that it may be presented to the Board without my appearance. If the Board accepts the Stipulation and Agreed Order, I understand that I will receive a signed copy.

DATED this First (1) day of October, 2010.

I apologize to the Board for what I have done & any embarrassment it brings to the profession. It is not my intention to even attempt to renew my certification. I appreciate your consideration & thank you.

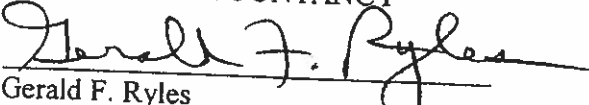
  
Steven W. Floyd  
Respondent

### Section 5: Order

The Board accepts and enters this Stipulation and Agreed Order.

DATED this 15<sup>th</sup> day of OCTOBER 2010.

WASHINGTON STATE  
BOARD OF ACCOUNTANCY

  
Gerald F. Ryles  
Chair

Attachment "E"

Statement for Question 8) Answer "Yes"

Burkhart Dental Supply Company was a victim of an employee theft that was discovered in 2009. This individual still has shares in the company through the employee owned ESOT. This individual was prosecuted and sentenced to serve a three year prison sentence as described in Attachment "D" page 3.

A handwritten signature in black ink, appearing to read "L. Isbell", written over a horizontal dashed line.

Lori Isbell, President

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

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

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

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

**GENERAL INFORMATION**

Pharmacy Name: River's Edge Pharmacy  
Physical Address: 71780 San Jacinto Dr. Ste A-2  
Mailing Address: 71780 San Jacinto Dr. Ste A-2  
City: Rancho Mirage State: CA Zip Code: 92270  
Telephone Number: (760) 340-3248 Fax Number: (760) 340-3258  
Toll Free Number: 1(866) 413-3156  
E-mail: hany@repharmacy.com Website: repharmacy.com  
Managing Pharmacist: Hany Benjamin License Number: PH49157

**Hours of Operation:**

Monday thru Friday 8 am 5 pm  
Saturday (on call) am \_\_\_\_\_ pm  
Sunday (on call) am \_\_\_\_\_ pm  
24 Hours \_\_\_\_\_

**TYPE OF PHARMACY**

**SERVICES PROVIDED**

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

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

**Board Use Only**

Received: MAY 11 2011 Check Number: 219 Amount: 500.00

56793



## OWNERSHIP IS A CORPORATION

State of Incorporation: California  
Parent Company if any: \_\_\_\_\_  
Corporation Name: Hansam corporation  
Mailing Address: 71780 San Jacinto Dr. Ste A-2  
City: Rancho Mirage State: CA Zip: 92270  
Telephone: (760)340-3248 Fax: (760)340-3258  
License Contact Person: Hany Benjamin  
Professional Compliance Contact Person: \_\_\_\_\_

Ownership Information – Complete Section 1 or 2

**Do not use N/A in this section – Section 1 or 2 must be completed.**

Section 1: List the corporations four largest shareholders:  
(Name and percentage of ownership)

1. <u>Hany Benjamin Chief Executive officer</u>	?: <u>100</u>
2. <u>Hany Benjamin Secretary</u>	?: <u>100</u>
3. <u>Hany Benjamin Chief Financial officer</u>	?: <u>100</u>
4. <u>Hany Benjamin Director</u>	?: <u>100</u>

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: April 11<sup>th</sup> 2007  
Registration number issued: C2978307  
Stock Exchange: 1000

List any physician shareholders and percentage of ownership:

<u>N/A</u>	<u>N/A</u>
<u>N/A</u>	<u>N/A</u>

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

4/1/11  
Date

Hany Benjamin (Pharmacist In Charge)  
Print or Type name and title

CORPORATE STATEMENT OF RESPONSIBILITY  
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Harry Benjamin  
Corporate Officer of HanSam Corp. "River's Edge Pharmacy"  
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.

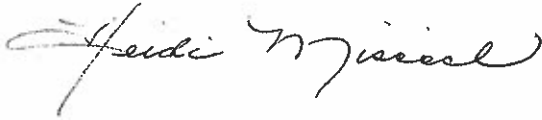
Harry Ben  
Signature

4/1/2011  
Date

Dear Jeri

Please accept this letter as a request for the Board to consider re-instating my Pharmacy technician license. If you need any information from me please contact me at

Thank you  
Heidi Miscovich

A handwritten signature in cursive script, reading "Heidi Miscovich". The signature is written in dark ink and is positioned below the printed name.A rectangular postmark stamp with a grid-like border. Inside the stamp, the date "APR 20 2011" is printed in a bold, sans-serif font. The stamp is located in the upper right corner of the document.

APR 20 2011



### **CONCLUSIONS OF LAW**

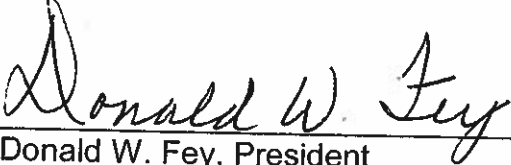
1. The Board has jurisdiction over this matter and this respondent because Ms. Miscovich is a pharmaceutical technician registered with the Board.
2. In removing controlled substances, namely MS Contin and methadone, without a prescription therefore, Ms. Miscovich violated NRS 453.331(1)(d), 453.336(1) and 639.210(1), (4), and (12) and NAC 639.945(1)(h), and (i).

### **ORDER**

Based upon the foregoing, the Board hereby orders the following:

1. Ms. Miscovich's registration (PT01756) is revoked. Ms. Miscovich may not be employed in any business registered by the Board in any capacity.

Signed and effective this 3rd day of October, 2009.

  
Donald W. Fey, President  
Nevada State Board of Pharmacy

Blank

## **Jeri Walter**

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**From:** zach bergan [zbergan@gmail.com]  
**Sent:** Friday, May 13, 2011 4:28 PM  
**To:** Jeri Walter  
**Subject:** June 1st Board Meeting and Update

Nevada State Board of Pharmacy,

I am writing to request an appearance by phone at the June 1st 2011 board meeting to re-evaluate activating my Nevada pharmacist license.

We last met in January of 2010 to discuss a plan for reinstatement of my Pharmacy license. At that time the board discussed what would be required for me to be reinstated and transfer my license to the state of Connecticut where I have resided since October of 2007.

In the past 18 months I have continued to work for FedEx as a delivery driver and have maintained my own residence. In September of 2010 I was married and became a step-father, officially, to Alexis' daughter Emma. Our family is excited that we are expecting a baby on May 13th. The pending arrival of our baby has brought us a lot of joy but has been difficult as Alexis has been medically required to be on bed rest for most of the pregnancy. We feel, as a family, that we are successful in most areas but the reality is that we are struggling financially because of my modest salary, approximately \$25,000 / year, and lack of health benefits.

Since my January 2010 Board appearance I have attended weekly meetings of the Connecticut Pharmacists Concerned for Pharmacists Recovery Group which is a 12 step based pharmacist recovery group. Since May 2010 I have been participating in drug testing through the Connecticut Pharmacist's Association. My participation in this program was difficult to establish because my license is still technically in Nevada's jurisdiction. I have records for the random drug tests and maintain contact with the testing coordinator but have no direct link to the Connecticut Commission of Pharmacy and will not until my license is available for transfer. Additionally, I have completed 45 hours of Continuing Education credits.

My goal is to have my license available for transfer to Connecticut, become an official part of Connecticut's probationary program and practice solely in this state. However, Connecticut is unwilling to discuss any details or options until my license is reinstated in Nevada. Once that step is completed I may still have to resubmit my application for transfer even though it was completed in March 2008.

Since I left the State of Nevada and pharmacy in October 2007 I have experienced a great deal of personal growth in sobriety and in my personal life as a whole. I have done my best to provide a respectable income in replacement of a pharmacist salary but have found little to no jobs a Pharm D. can perform that does not require a license to dispense. My work has included manual labor and delivery driving for Fedex currently. I feel however that I have made a large investment in my pharmacy education and with the recovery work and life perspective I have gained, can successfully return to pharmacy safely. I am also open to returning to practice in a limited basis, i.e. long term care consulting, nuclear pharmacy where narcotic dispensing is greatly reduced or does not occur.

I want to thank you for your consideration and want to update you on the arrival of my baby girl Reese Marie Bergan who just came home from the hospital today a healthy 7lb girl. My new family is my life and a huge



part of my "higher power" It is my honor and pleasure dedicate my heart and soul to them. They are the rock of my new life and recovery and I plan to do well by them. Thank you again.

Sincerely,  
Zachary William Bergan

David Katsules and Larry Espadero, PRN-PRN monitor, appeared and were sworn by President Fey prior to answering questions or offering testimony.

Mr. Katsules explained that the PRN-PRN program is the best thing he has ever done for himself. He has learned how to cope with issues he found insurmountable while he was under the influence of alcohol. Mr. Espadero affirmed that Mr. Katsules has been in the PRN-PRN program since January, 2006 and has been in compliance with his contract since Mr. Katsules came to him from Oregon. Mr. Katsules explained that he had a DUI in August, 2004 in Las Vegas. He reported this to the Oregon Board where they Ordered him into treatment and allowed him to be monitored by Mr. Espadero. Mr. Katsules explained that he is currently working in Arizona on an Indian reservation, however he would like to come home to Las Vegas and practice in Nevada. Mr. Katsules requested that he be allowed to take the NAPLEX exam for Nevada.

Board Action:

Motion: Chad Luebke moved to approve the request for Mr. Katsules to take the NAPLEX for Nevada.

Second: Beth Foster

Action: Passed Unanimously

6. Request for Pharmacist License – Reciprocal – Appearance:

Madonna Wilcox

Madonna Wilcox was notified that her application was going to expire if she did not appear at this meeting to request reciprocation. Ms. Wilcox did not appear.

Board Action:

Motion: Kam Gandhi moved to deny Ms. Wilcox's request for reciprocation.

Second: Beth Foster

Action: Passed Unanimously

*JANUARY 2010 MINUTES*

\* 7. Request for Reinstatement of Pharmacist License – Appearance:

Zachary W. Bergan

(07-083-RPH-N)

Zach Bergan appeared and was sworn by President Fey prior to answering questions or offering testimony.

NOTE: Kirk Wentworth recused from participation in this matter as he used to employ Mr. Bergan.

Mr. Bergan provided letters of recommendation, a resume of his pharmacy accomplishments and an employment history other than pharmacy. Mr. Bergan was very open with the Board regarding his dependence on controlled substances and what he has been doing since his license was revoked in March, 2008. He indicated that he has been in Connecticut for the last two years where he has family and a support group of friends. He indicated that he would like to have his license reinstated in Connecticut however he knew he would have to reinstate in Nevada first since Connecticut paralleled the Nevada action. The Board was interested in what kind of treatment he had been in, however the paperwork was not in his file for Carolyn Cramer to reference. After discussion it was determined to table Mr. Bergan's request until he could provide proof of treatment for at least a six month period.

Board Action:

Motion: Chad Luebke moved to table Mr. Bergan's request for reinstatement until he can provide the Board with proof that he had been in a treatment program for at least six months.

Second: Mary Lau

Action: Passed Unanimously

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

Altius Healthcare – Prescott, AZ

Kevin Nestruck appeared and was sworn by President Fey prior to answering questions or offering testimony.

Carolyn Cramer explained that Mr. Nestruck answered yes to one of the questions on the application for out of state pharmacy and is present to explain the circumstances.

Mr. Nestruck explained that he owned two or three stores in Arizona. During an inspection it was found that one of his stores failed to have a rubber spatula and a "C" stamp. The Arizona Board charged him personally as the owner with the violations rather than the responsible managing pharmacist in that particular store. Mr. Nestruck advised the Board that he is now the owner of eleven facilities and all of them are 797 compliant with no further violations found in any of his stores.

Board Action:

Motion: Keith Macdonald moved to approve the application for out of state pharmacy for Altius Healthcare.

Second: Mary Lau

Action: Passed Unanimously

2. On August 5, 2007, Mr. Bergan was arrested for failing to maintain a travel lane, DUI drugs, and possession of drugs without a prescription. The drugs Mr. Bergan was found to possess without a prescription were loose Didrex tablets found on his person at the time of arrest.

3. When Longs #125 was notified of Mr. Bergan's arrest, it did an audit of its inventory and found that an entire stock bottle of Didrex tablets was missing. Mr. Bergan had worked at Longs #125 on August 3 and 4, the two days before his arrest.

4. On August 19, 2007, Mr. Bergan was employed at HGH and was being trained by pharmacy manager David Simsek. On September 8, 2007, a pharmaceutical technician at HGH reported to Mr. Simsek that she had notice that 40 tablets of generic Norco were missing from the controlled substances safe. Mr. Simsek could not find any accounting errors and decided to check in the safe that held outdates. Mr. Simsek found 30 additional tablets of generic Norco missing from the safe. Mr. Simsek thereafter did a complete inventory of the outdates and found 40 Oxycodone 5 mg. tablets and seven morphine 15 mg. tablets missing. Mr. Simsek's practice was to prepare a DEA form 41 for the outdated drugs and to hold them separately until the Board's inspector came to Winnemucca so that the Board's inspector could destroy them.

5. Mr. Simsek had done a complete controlled substances inventory in July 2007 and had found everything to be balanced. On September 9, 2007, Mr. Simsek took an inventory of HGH's controlled substances and the inventory revealed that a total of 100 Oxycontin 5 mg. tablets, 18 carisoprodol 350 mg. tablets, and 7 alprazolam 1 mg. tablets were missing. Mr. Simsek reviewed all of HGH's records of purchased, chart orders, expired drugs, floor stock, and invoices and was not able to account for the missing drugs. The only difference in the practice of the pharmacy at HGH between the July and September inventories was the employment of Mr. Bergan.

6. Mr. Simsek was gone from the pharmacy from September 16 through 20, 2007, leaving Mr. Bergan as the pharmacist in charge. When Mr. Simsek returned to

HGH, his pharmaceutical technicians reported that Mr. Bergan had engaged in unusual behavior such as arriving late for work, long lunch hours, extremely long bathroom trips, and numerous trips outside the HGH building while on shift. Mr. Bergan also suffered from profuse sweating during the five days.

7. Mr. Simsek took another inventory when he returned on September 21, 2007. The inventory revealed an additional shortage of 190 Oxycodone 5 mg. tablets, two temazepam 30 mg. capsules, and three carisoprodol 350 mg. tablets.

8. The total controlled substances missing from HGH attributable to Mr. Bergan's unlawful removal were:

<b>CONTROLLED SUBSTANCE</b>	<b>MISSING DOSAGE UNITS</b>
Norco	70
Oxycodone 5 mg.	230
Morphine 15 mg.	7
Oxycontin 5 mg.	100
Carisoprodol 350 mg.	21
Alprazolam 1 mg.	7
Temazepam 30 mg.	2

9. Mr. Bergan filed an Answer and Notice of Defense on February 24, 2008 that was received by the Board's office on February 28, 2008. In his Answer, Mr. Bergan did not deny any of the accusations made in the Notice of Intended Action and Accusation in this matter. Mr. Bergan also indicated that the estimates of the amount of controlled substances noted in the Notice of Intended Action and Accusation attributed to him seemed accurate. Mr. Bergan also indicated that he had not worked in a pharmacy since he left HGH and that he was attending substance abuse counseling and 12-step meetings (presumably in Connecticut, where he had moved after leaving HGH).

## **CONCLUSIONS OF LAW**

1. The Board has jurisdiction over this matter because Mr. Bergan is a pharmacist licensed by the Board.
2. In removing controlled substances from his employing pharmacies, namely Didrex, hydrocodone, oxycodone, morphine, Oxycontin, carisoprodol, alprazolam, and temazepam, without lawful orders therefore, Mr. Bergan violated NRS 453.336(1) and 639.210(4) and (12) and NAC 639.945(1)(h) and (i).

## **ORDER**

Based upon the foregoing, the Board imposes the following discipline:

1. Mr. Bergan's pharmacist's license (#15889) is revoked. Mr. Bergan may not be employed in any business registered by the Board in any capacity unless and until his pharmacist's license has been reinstated.
2. Mr. Bergan shall return to the Board's Reno office his wall certificate and wallet card within 10 days of his receipt of this Order. His failure to do so will result in a fine of \$1,000 per day until the documents are received by the Board office.

Signed and effective this 3<sup>rd</sup> day of April, 2008.



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Barry Boudreaux, President  
Nevada State Board of Pharmacy

**TEMPORARY LICENSES**  
(Issued since last board meeting)

No temporary licenses have been issued since last meeting.





April 18, 2011

This Legislative fortnight began with the death of the first bill at the hands of a gubernatorial veto, and ended with the deaths of some 325 others at the hands the first major deadline for legislation. AB 183 was vetoed by the Governor (see our April 2 report), and Friday, April 15 marked the day non-budget bills had to pass out of committee. But like Lazarus, some of these ideas will rise again before the end of the session as amendments or in conference committees.

This period also marked the half way point of the 120 day session, the end of salaries for Legislators, and the beginning of budget closings. The standoff over taxes and the budget continues, and Legislative Democrats announced a new plan for closing budgets in hopes of finding some Republican support for increased revenue. (Democrats take budget fight out of committee- LV Sun) This tactic comes with some risk, and the clock is ticking quickly towards an end that could ruin some summer vacations plans, if not a few political careers. (New budgeting style — probably not a new result- Las Vegas Sun)

While this is the time of the session when tempers reliably flare, this session has seen a new dynamic. Term limits and open Congressional seats mean that a number of Democratic lawmakers are looking at competing against one another for higher office, while others will be competing for leadership positions in the next session. Others face tough reelection campaigns in competitive districts and will struggle with a vote for a tax bill that will almost certainly be vetoed. (Rifts emerge among Legislative Democrats- LV Sun)

In addition to the historic challenges of this session, a scandal has emerged that has received national attention, and will undermine public faith in the Legislature. The federal indictment of PokerStars and other illegal online gambling web sites came on the heels of revelations that three Nevada legislators took free trips overseas to meet with PokerStars personnel. Also revealed was a \$300,000 Political Action Committee funded by an offshore PokerStars account, and used to make donations to dozens of Nevada officials. (Lawmaker targets PokerStars- LV Review Journal) This story will have implications for many people in and around the Legislature, and be featured in countless campaign flyers next year.

The next deadlines will come at a faster pace as we run through the second half of the session. Bills must be out of their house of origin by April 26, with fast-approaching deadlines for second house and committee passage during May. The Economic Forum meets May 2 and will provide the Governor and Legislators with the final revenue numbers they must use to balance the budget. We will soon see who is holding a strong hand, who is bluffing, and who will fold when the stakes get high.

It is with sadness we note the passing of UNR President Milt Glick on April 16. He was a great advocate for the University, an important voice for higher education at the Legislature, and a friend we will miss.

May 2, 2011

A U.S. Senator resigns. A September special election to replace him. Two sitting members of Congress are leaving safe seats. As much as \$250 million "found" late in the game. A televised address by a Governor mid-session. New political maps would end some political careers. Presidential hopefuls dropping by at regular intervals. High dollar campaign donations from foreign entities now under investigation.

No, this is not the back cover of the latest political thriller novel. It is the final 5 weeks of the Nevada Legislature, and things can only become more interesting between now and June 6. Now that you've read the teaser, here are the details:

Senator John Ensign announced his resignation on April 21, to be effective May 3. (Ensign to Resign- LV Sun) The Senate Ethics Committee has been actively investigating the activities that led to the resignation and were due to interview Ensign on May 4. While resignation has historically short-circuited the Ethics Committee, there is speculation their report may yet be released. (Questions remain as Sen. Ensign departs - The Washington Post)

As expected, Governor Sandoval on April 27 appointed Congressman Dean Heller to the seat. That appointment will require a special election to fill Heller's seat, now set for September 13, and set in motion a game of musical chairs. Rep. Shelley Berkley has announced her intentions to run for the seat in 2012, leaving her seat, Heller's seat, and Nevada's newest seat to be created this session, all at play. (Heller in Senate Shifts Political Landscape- LV Sun)

The special election will be governed by rules announced today by Secretary of State Ross Miller and very likely in the end by those approved by a court. This is the first time in Nevada history we will have a special election for a congressional seat, and the law as passed in 2003 is unclear about exactly how the election should be run. Miller has decided to go with a free-for-all where anyone can file to run- the scenario seen as most likely to fracture the Republican electorate (and therefore the option favored by the Democrats). The other option was a slate of candidates nominated by each party (favored by Republicans as the best shot to keep Sharron Angle out and hold the seat). This will almost certainly head to the courts now.

So far, the Republican field may include perennial candidate Angle, state party chair Mark Amodei, State Senator Greg Brower, Lt. Gov. Brian Krolicki, and former *USS Cole* commander Kirk Lippold. The Democratic frontrunners are Jill Derby, who has run for the seat twice before, and Treasurer Kate Marshall. The Democratic Party sees an open race as their best shot to win the seat for the first time since it was created.

The Economic Forum meets today, and will give the Governor and lawmakers the final revenue figures they must use to pass the budget. A sub-committee to review the smaller tax sources has already projected a \$72 million dollar increase from the December 2010 numbers. The full forum may add \$100-\$200 million more to the mix today. That is on top of \$50 million in budget additions in Medicaid and related funds announced last week by Gov. Sandoval. The Governor will make a televised address

on May 3 on these developments, presumably to bolster his position that his budget is balanced and workable, and to prod the Legislature to pass some of his proposed reform bills and end their work on time- without raising taxes. ([Economic Forum weighs state revenue projections - ReviewJournal.com](#))

Legislative Democratic leaders have been leading long floor sessions of the full Assembly and Senate to show the magnitude of the cuts, and force Republicans to vote for the Governor's budget. The meetings were designed to get these Republican votes for the cuts on record, and to encourage some Republicans to break ranks and support a tax increase of some sort. The sessions have so far resulted in long nights, bruised egos, and no change of heart by any moderate Republicans. In fact those same moderates may feel even less like compromising after the bumps and bruises from these sessions.

And if all this wasn't enough to make the next 5 weeks interesting, legislators began releasing maps for new congressional and legislative districts. Lawsuits have already been filed, and this process will begin to loom very large over the coming days. ([Parties Release Competing Political Maps- NV News Bureau](#)) With an open Senate seat, three of four House seats open, and our status as a Presidential swing state, we will see a great deal of attention from national party organizations between now and the 2012 election. (President Obama visited Reno lately, and at the other end of the reality spectrum, Donald Trump made a stop in Las Vegas last week.)

The PokerStars story that has been widely reported remains an open issue for the Nevada Legislature. The Political Action Committee that was funded by a foreign entity gave some \$250,000 in donations to Nevada pols (some lawmakers now say they never received the money reported as donated by the PAC), and sponsored overseas trips for some Legislative leaders. Investigations are ongoing into the source of the funds, what federal laws may have been broken, and exactly who knew what and when.

The deadline for non-exempt bills to pass out of their house of origin was April 26, and only 17 bills failed to make the deadline. The next hurdle is May 20, when bills must make it out of committee in the second house.

# HILLERBY & ASSOCIATES

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LEGISLATIVE ADVOCACY  
GOVERNMENT RELATIONS

May 16, 2011

There are three weeks left in the 76<sup>th</sup> Session of the Nevada Legislature, and “train wreck” and “veto” are some of the most oft-heard words around the halls these days. Both parties have offered up reapportionment and redistricting plans, the Democratic majority is passing budgets with more spending than revenue, and the jury is still out how long and hot the summer may be in Carson City.

The big news was the introduction of two major tax bills by Democrats. One would implement a new sales tax on services, and the other a tax on business “margins”. This would be the most significant overhaul of the State’s tax policy in many years, and lawmakers have given themselves less than four weeks to debate the merits and figure out how to implement taxes estimated to raise \$615 million over the coming biennium.

The “Transaction Tax” would implement a 1% tax on services, with exemptions for healthcare, nursing homes, utilities, funerals and related consumer essentials. ([Assembly Vets Tax on Services- rgi.com](#)) Total spending on services outpaces spending on tangible goods in Nevada, and the tax is designed to make State revenues less volatile. Democrats have also floated the idea of eventually lowering the sales tax on goods as a part of the bargain.

The other new idea is a business “margins” tax. Also called a franchise tax, it is based on a Texas gross receipts tax, and would impose a 0.8% tax on the revenue of businesses with one of three deductions available at the payer’s options. The first \$1 million in revenue would be exempt, and businesses could choose to deduct 70% of their revenue, the cost of payroll, or the cost of goods sold. This plan also comes with the promise of phasing out the current payroll tax (MBT) over three years. ([Democrats Unveil Tax Plan, Republicans Remain Opposed- NV News Bureau](#))

Both plans require Republican votes and face a certain veto from Governor Sandoval, which has them widely considered to have little chance of ever passing. They may turn more attention to a bill to lift the prospective sunsets on the tax increases passed in 2009. That revenue, coincidentally, would nearly fill the hole created by the K-12 funding bill passed by Democrats. ([Democrats on path to force Sandoval to veto education funding- LV Sun](#)) The veto of the K-12 budget bill should arrive at the Legislature today.

Speculation abounds on whether a reforms-for-taxes deal lifts the sunsets; the Democrats ultimately pass the Governor’s budget and let him live with the results; or they decide to shut down government to see how anti-tax Republicans enjoy Carson in July.

Democrats also passed their version of reapportionment and redistricting, and it was vetoed over the weekend by Governor Sandoval. Both parties have expressed their love for the growing Hispanic population in Nevada, and their faith in the Voting Rights Act. While the Governor may yet weigh in on a deal that would gain his signature, this may be headed for the courts.

May 20 is the deadline for bills to get out of committee in the second house, and May 27 is the deadline for second house passage. June 6 is the official end of the session, and June 30 is the end of the fiscal year and the next major deadline should a budget standoff continue after the 120 day clock winds down.



# Nevada State Board of Pharmacy

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## NEVADA STATE BOARD OF PHARMACY

### ACTIVITIES REPORT

#### APRIL 13 & 14, 2011 BOARD MEETING HELD IN LAS VEGAS, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the April 2011 Board meeting.

#### Licensing Activity:

- 12 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 10 licenses were granted for Out-of-State pharmacies.
- 3 licenses were granted for Out-of-State wholesalers.
- 7 licenses were granted for a Nevada pharmacy (pending inspection).
- 3 licenses were granted for Nevada MDEG companies and 1 denied for failure to appear.
- 3 licenses were granted for Nevada wholesalers.

#### Disciplinary Action:

- Pharmacist VB was fined \$1K plus fees and costs for refilling controlled substance prescriptions without approval by the prescriber.
- Pharmaceutical technicians CM and PT were revoked for stealing cash and narcotics respectively from their employing pharmacies.
- Pharmaceutical technician in training ML was granted registration pending a satisfactory evaluation by PRN-PRN.
- Pharmacist JF was fined \$500 and pharmacy CV was ordered to put out an email to all pharmacy staff regarding misfiled prescriptions for filling a trazodone prescription with tramadol.
- Pharmacist MM was ordered into Your Success Rx (remedial training) for filling a child's methylphenidate prescription with methadone. Pharmacy CV was assessed the fees and costs.
- Pharmacist TV was fined \$750 as was pharmacy CV for giving a prescription to the wrong patient.
- Pharmacist MO was denied a request to reinstate his license secondary to a conviction for Medicaid and Medicare fraud.
- Physician MS was denied his application to become a dispensing practitioner for inaccurate answers on his application as well as dispensing in Nevada without a license.

**Other Activity:**

- A presentation was made to Pharmacist Gerald Mandel for maintaining a license in Nevada for over 50 years.
- Reports were given on the Cancer Donation Program, several NABP program updates, and other staff activity.
- A discussion was held regarding the disciplinary process.
- The usual Board business reports were given.