July 5, 2011

AMENDED AGENDA

❖ PUBLIC NOTICE ❖

NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

at the

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

Wednesday, July 13, 2011 – 9:00 am
Thursday, July 14, 2011 – 9:00 am

Please Note

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

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

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

Public comment is welcomed by the Board, but will be heard during the public comment item and may be limited to five minutes per person. The president may allow additional time to a given speaker as time allows and in his or her sole discretion.
The Consent Agenda contains matters of routine acceptance. The Board Members may approve the consent agenda items as written or, at their discretion, may address individual items for discussion or change.

1. Approval of June 1, 2011, Minutes for Possible Action

2. Applications for Out-of-State MDEG – Non Appearance for Possible Action:
   A. All Desert Respiratory – Lancaster, CA
   B. Baxter Healthcare Corporation – Largo, FL
   C. Care 1st Medical Solutions, Inc. – Chattanooga, TN
   D. Hill-Rom Company, Inc. – Salt Lake City, UT
   E. Hu-Friedy Mfg. Co, LLC – Niles, IL
   F. K2M, Inc. – Leesburgh, VA
   G. Orbit Medical of Phoenix, Inc. – Phoenix, AZ
   H. Smiths Medical ASD, Inc. – Dublin, OH
   I. Smiths Medical ASD, Inc. – Gary, IN
   J. Smiths Medical ASD, Inc. – Oakdale, MN
   K. Smiths Medical ASD, Inc. – Olive Branch, MS
   L. Smiths Medical ASD, Inc. – Rockland, MA
   M. Smiths Medical ASD, Inc. – St. Paul, MN
   N. Tandem Diabetes Care, Inc. – San Diego, CA
   O. Total HealthDiabetes LLC – Maitland, FL
   P. UltraVoice, Ltd. – Newtown Square, PA
   Q. Wound Management of Oklahoma – Oklahoma City, OK

 Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
   R. APS Pharmacy – Palm Harbor, FL
   S. Arkansas Valley AccuMed – Ordway, CO
   T. Balanced Solutions Compounding Pharmacy LLC – Lake Mary, FL
   U. CareKinesis, Inc. – Moorestown, NJ
   V. Edwin’s Prescription Pharmacy – Valley Village, CA
   W. Pet Meds and Beyond – Hialeah, FL
   X. Restore Health Pharmacy, LLC – Madison, WI
   Y. Stokes Pharmacy – Mount Laurel, NJ
   Z. Valley Medical Pharmacy – Brawley, CA
Applications for Nevada Pharmacy – Non Appearance for Possible Action:

AA. City Drugs – Las Vegas
BB. CNS Scrips LLC – Las Vegas
CC. Lovelock Pharmacy – Lovelock
DD. Meds at Home – Las Vegas

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

EE. Althea Technologies Inc. – San Diego, CA
FF. Alvogen, Inc. – Parsippany, NJ
GG. Arrow International, Inc. – Lumberton, NJ
HH. Camber Pharmaceuticals Inc. – Piscataway, NJ
II. Cantrell Drug Company – Little Rock, AR
JJ. Dendreon – Seal Beach, CA
KK. E.R. Squibb & Sons, LLC – Plainsboro, NJ
LL. J.T. Posey Company – Arcadia, CA
MM. Fisher Clinical Services Inc. – Breingsville, PA
NN. LifeScience Logistics – Brownsburg, IN
OO. Patterson Logistics Services, Inc. – South Bend, IN
PP. Tagi Pharma, Inc. – South Beloit, IL
QQ. VersaPharm Incorporated – Marietta, GA

◊ REGULAR AGENDA ◊

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

A. Yvonne Jett, PT (11-044-PTT-S)
B. Walgreens #04855 (11-044-PH-S)
C. Walgreens Co. (11-044-PH-S)
D. Jennifer Chan, R.Ph (10-032-RPH-S)
E. Walgreens #04137 (10-032-PH-S)
F. Walgreens #04854 (10-073-PH-S)
G. Joseph Overmire, R.Ph (11-055=RPH-S)
H. Rudolph Thompson, PT (11-054-PT-S)
I. Christopher J. Wintch, PT (11-005-PT-S)
J. Timeka Mitchell, PT (11-051-PT-S)
K. Deangela Johnson, PT (11-039A-PT-S)
L. Vannesa Robeson, PT (11-039B-PT-S)
M. Emily De Witt, R.Ph (11-034-RPH-S)
N. CVS/pharmacy #8821 (11-034-PH-S)
O. Frank Alvarado (11-036-PTT-N)
P. CVS/pharmacy #8779 (11-036-PH-N)
Q. CVS Pharmacy Corporation (11-036-PH-N)
4. Requests for Reinstatement of Pharmacist License – Appearance for Possible Action:
   A. Scott T. James (06-048-RPH-S)
   B. Christopher Peters (10-011-RPH-S)

5. Requests for Pharmaceutical Technician in Training License – Appearance for Possible Action:
   A. Nicholas D. Covington
   B. Alexander G. Frankos
   C. Brian J. Katz

6. Requests for Pharmaceutical Technician License – Appearance for Possible Action:
   A. Vanessa C. Kyles
   B. Trina D. Trinidad

7. Request for Practitioner Dispensing Registration – Appearance for Possible Action:
   Yvonne A. Barry, MD

8. Requests for Controlled Substance Registration – Appearance for Possible Action:
   A. Kent A. Swaine, MD
   B. Joel E. Washinsky, MD

9. Applications for Nevada MDEG – Appearance for Possible Action:
   A. Amador Medical, LLC – Las Vegas
   B. Caring Medical Supply LLC – Henderson
   C. Emerald Lake Inc. – Las Vegas
   D. Pulmocare Respiratory Services – Las Vegas

10. Application for Out-of-State Wholesaler – Appearance for Possible Action:
    B & B Pharmaceuticals, Inc. – Aurora, CO

11. Budget – Fiscal Year 2011-2012 for Possible Action
12. Discussion and Determination for Possible Action:
   A. Computerized Physician Order Entry in a Hospital
   B. Electronic Prescribing – C II’s

13. Personnel Review for Possible Action – **Note:** The Board may convene in closed session to consider the character, alleged misconduct, professional competence or physical or mental health of any of the below named parties.
   A. Personnel Evaluation
   B. Executive Secretary Evaluation

14. General Counsel Report for Possible Action:
   Legislative Update

15. Executive Secretary Report for Possible Action:
   A. Financial Report
   B. Temporary Licenses
   C. Staff Activities
      i. CE in Carson City (6/7/) – Joe & Larry
      ii. DEA National Conference (6/14-6/15)
      iii. University of Utah Alcohol & Drug Abuse School (6/20-6/24)
      iv. Address Philippine Medical Association in Las Vegas (6/25)
      v. Address Nevada Osteopathic Association in Reno (6/25)
   D. Reports to Board
      i. TB Reporting
      ii. Disciplinary actions other states
      iii. Your Success Rx Report
         1. Enrique Romero
         2. James Thompson
      iv. Hillerby Report
   E. Board Related News
      i. Idaho State University Preceptor Review
         1. For Board of Pharmacy Rotation
      ii. Cancer Drug Donation Campaign
      iii. Diana Hegeduis, Executive Director of Osteopathic Medicine
   F. Activities Report

16. Next Board Meeting:
   September 14-15, 2011 - Reno
17. Public Comments and Discussion of and Deliberation Upon Those Comments:
No vote may be taken upon a matter raised under this item of the agenda until
the matter itself has been specifically included on an agenda as an item upon
which action will be taken. (NRS 241.020)

Note: We are pleased to make reasonable accommodations for members of the
public who are disabled and wish to attend the meeting. If special
arrangements for the meeting are necessary, please notify the Nevada
State Board of Pharmacy, 431 W Plumb Lane, Reno, Nevada, 89509, or
call 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
The meeting was called to order at 9:00 a.m. by Beth Foster, Board President.

Board Members Present:

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

Board Members Absent:

Board Staff Present:

Jeri Walter  Carolyn Cramer  Keith Marcher

CONSENT 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, TL
   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
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

Application for Nevada MDEG – Non Appearance:

CC. CPAP & More – Sparks

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: Kam Gandhi found the consent agenda application information to be accurate and complete and moved for approval with the exception of Item BB.

Second: Cheryl Blomstrom

Action: Passed Unanimously.

Motion: Kam Gandhi moved for approval of Item BB.
Second: Kirk Wentworth
Action: Passed Unanimously.

Discussion:

Motion: Kirk Wentworth found the minutes accurate and complete and moved for approval.
Second: Russ Smith
Action: Passed Unanimously.

REGULAR AGENDA

3. Disciplinary Actions:

A. Marty L. Martins, R.Ph (10-083-RPH-N)
B. Scolari’s Pharmacy #25 (10-083-PH-N)

President Foster disclosed that her husband is a pharmacist and works for Scolari’s. Kirk Wentworth recused from participation in this matter as Marty Martins previously worked for him.

Hal Taylor was present to represent Marty Martins and David Chan was present to represent Scolari’s.

Marty Martins and David Chan appeared and were sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer read the terms of a Stipulation and Agreement into the record that Mr. Chan and Scolari’s came to with Board staff. The investigation of this matter raised concerns regarding the records maintained in the pharmacy computer. Mr. Chan has already taken corrective action to address the concerns by remodeling the pharmacy to alleviate shelf congestion. Mr. Chan provided Board staff with photographs of the remodeled space. The computer system has been reprogrammed so each person involved in the processing of a prescription is identifiable. Various new policies and procedures have been implemented regarding positive identification to ensure that the right patient receives the right medication. Binders containing the policy and procedure manual have been distributed to each Scolari’s pharmacy in the chain. The Board's staff has reviewed the policies and procedures and approves of the changes made. The Board's staff and Scolari's agree to the imposition of a $750.00 fine and ask the Board to accept the Stipulation and Agreement as presented.
Board Action:

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

Second: Cheryl Blomstrom

Action: Passed Unanimously

Carolyn Cramer read the terms of a Stipulation and Agreement into the record that Mr. Martins and Mr. Taylor came to with Board staff. Mr. Martins acknowledges the errors that were made in this matter and recognizes that he must take corrective action, on his part, to avoid such errors in the future. The Board’s staff, Mr. Martins and Mr. Taylor agree to the imposition of Mr. Martins’ participation in the Your Success Rx program and ask the Board to accept the Stipulation and Agreement as presented.

Mr. Martins made a heartfelt statement to the Board and apologized for making the errors in this matter.

Board Action:

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

Second: Jody Lewis

Action: Passed Unanimously

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)

James Christensen and Matthew Christensen appeared and were sworn by President Foster prior to answering questions or offering testimony.

Hai Taylor was present to represent the Respondents.

Carolyn Cramer read the terms of a Stipulation and Agreement into the record that James Christensen, Matthew Christensen and Mr. Taylor came to with Board staff. After the investigation of this matter it was determined that the errors can be attributed to pharmacist inattention, unfamiliarity with the drug Nuvigil which was not in the computer system, look alike/sound alike drug names, failure to accurately transcribe a physician’s order, poor verification procedures, poor counseling procedures and the alteration of the original computer records to correct the initial error resulted in a furtherance of the error in the directions for use in the second prescription. The Board’s staff, Respondents and Mr. Taylor agree to the imposition of James Christensen,
Matthew Christensen and Rex Drugs participation in the Your Success Rx program and ask the Board to accept the Stipulation and Agreement as presented.

**Board Action:**

**Motion:** Keith Macdonald moved to accept the Stipulation and Agreement as presented.

**Second:** Kam Gandhi

**Action:** Passed Unanimously

F. Frank Alvarado (11-036-PTT-N)

G. CVS/pharmacy #8779 (11-036-PH-N)

H. CVS Pharmacy Corporation (11-036-PH-N)

This matter was continued until the July 2011 Board meeting.

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

A. Andrea K. Boucher

**NOTE:** Keith Macdonald recused from participation in this matter as he is employed by Wal-Mart.

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

Carolyn Cramer reminded the Board that Ms. Boucher had answered yes to one of the questions on her application for a pharmaceutical technician in training application. It was learned at her last appearance that Ms. Boucher was participating in a methadone program. The Board advised Ms. Boucher to have an evaluation by PRN-PRN and she and Mr. Espadero are present to discuss.

Mr. Espadero indicated that she is participating in a methadone program at ATC and is trying to titrate off of the methadone. At the rate she is decreasing her dosage it may be six to nine months before she is off methadone. Mr. Espadero indicated that she is seeing Colin Hodge, who is a drug and alcohol counselor and PRN-PRN monitor in the North. Mr. Espadero indicated that while Ms. Boucher is taking methadone it is difficult to drug test her.

Carolyn Cramer explained that Ms. Boucher could withdraw her application, or the Board could deny it. She suggested withdrawing the application so in the future she does not have to answer on other applications that she has had an application denied.

Ms. Boucher withdrew her application for pharmaceutical technician in training.
B. Nathan A. Evans

Nathan Evans appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Evans indicated that he was applying to participate in the Milan Institute pharmaceutical technician program, however he had to answer yes to one of the questions on the PTT application. Mr. Evans testified that he was arrested for possession of marijuana paraphernalia in 2009. He stated that it was his girlfriend's paraphernalia but he took the blame so she would not lose her child care license. He paid the fine and has not been in trouble since this incident. He moved here from Florida to remove himself from former friends and bad situations.

Karen Powell, the pharmaceutical technician program director for the Milan Institute, was present in the audience and she noted that Milan is drug testing and doing background checks.

The Board questioned Mr. Evans about his past employment, his friends and relationships and he answered them to their satisfaction.

Board Action:

Motion: Cheryl Blomstrom moved to approve Mr. Evans application for a pharmaceutical technician in training registration.

Second: Kam Gandhi

Action: Passed Unanimously

5. Requests for Pharmacist License — Reciprocation — Appearance:

A. Howard Pulver

Howard Pulver appeared and was sworn by President Foster prior to answering questions or offering testimony.

President Foster noted that Mr. Pulver answered yes to two of the questions on his application for reciprocation admitting that he had had an administrative action against his license and that he had had his license suspended, revoked, surrendered or otherwise disciplined. In Mr. Pulver's explanation that he provided along with his application for reciprocation he indicated that he was sanctioned for misinterpretation of prescription refills when entering them into the computer and that he misused store gift cards. President Foster advised that the Board had before them the Consent Agreement and Order for Suspension issued by the Arizona State Board of Pharmacy and the Findings of Fact indicate that there was considerably more than misuse of gift
cards and adding refills. Mr. Pulver indicated that he knew the Arizona Board was going to send the Consent Agreement so he just gave a brief version. President Foster noted that Mr. Pulver was suspended for six months and asked him to explain the circumstances. Mr. Pulver stated that he had some accidents and surgeries and he was taking Darvocet. Initially his prescriptions had one refill but he noted that his physician changed the prescriptions to no refills so he would have to go in to see the doctor monthly. He stated that he had been taking Darvocet for about three years and didn’t notice that there were no refills when he was filling the prescriptions he was filling for himself. President Foster asked Mr. Pulver about the status of his license in Arizona. He indicated that his license was reinstated in May of 2010 and he had to take the law exam but there were no other stipulations on his license. When asked if he was in a treatment program he indicated that he was never in a treatment program because he was using the medications according to the directions by his physician. Mr. Pulver was asked about the gift cards that resulted in a loss to Wal-Mart of $1,642.00, and he indicated that the Findings of Fact were not accurate and claimed that he signed the Consent Agreement because he did not want to go to court to contest. Carolyn Cramer noted other controlled substance medications that he filled for himself and family members where the quantities were changed or refills were added and he claimed that those Findings of Fact were also inaccurate. He indicated that he was working in a mail order facility in Arizona and was not interested in working in a retail environment again. After lengthy discussion, President Foster asked for a vote.

Board Action:

Motion: Cheryl Blomstrom moved to deny Mr. Pulver’s request for reciprocation to Nevada.

Second: Keith Macdonald

Action: Passed Unanimously

B. Shaleen Srivastava

Shaleen Srivastava appeared and was sworn by President Foster prior to answering questions or offering testimony.

President Foster noted that Mr. Srivastava answered yes to two of the questions on his application for reciprocation admitting that he had had an administrative action against his license and that he had had his license suspended, revoked, surrendered or otherwise disciplined. Carolyn Cramer asked Mr. Srivastava to explain the circumstances. He indicated that after he graduated from pharmacy school he was caught diverting drugs from his employers. He explained that he took them to get high with a girlfriend but denied an addiction problem. Mr. Srivastava signed a 5 year PRN contract in Oregon, went through a 30 day in-patient program and a 1 year out-patient program. Mr. Srivastava was placed on probation for ten years with the Oregon Board, however he petitioned for early release from probation and the PRN program and it was
granted after serving a four year probationary period and his license is active and unrestricted in Oregon now.

**Board Action:**

**Motion:** Keith Macdonald moved to approve Mr. Srivastava's request for reciprocation pending an evaluation by Larry Espadero.

**Second:** Russ Smith

**Action:** Passed Unanimously

6. **Application for Nevada Wholesaler – Appearance:**

Burkhart Dental Supply Co. – Reno

James Omvig and Michael Baxter appeared and were sworn by President Foster prior to answering questions or offering testimony.

Mr. Omvig and Mr. Baxter gave an overview of their facility and its 120 year family owned history. Mr. Omvig indicated that he has been the facility manager since 2005 with Burkhart Dental Supply Company and has eleven years total experience. They gave details on their procedures and the products they supply to dental offices.

**Board Action:**

**Motion:** Keith Macdonald moved to approve the Nevada wholesaler application for Burkhart Dental Supply Company pending inspection.

**Second:** Cheryl Blomstrom

**Action:** Passed Unanimously

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

River’s Edge Pharmacy – Rancho Mirage, CA

Hany Benjamin appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Benjamin explained that River’s Edge is a specialty infusion pharmacy that provides medications for HIV and oncology patients. He currently serves southern California patients and has plans to expand to northern California and Nevada. Besides his regular patients, Mr. Benjamin serves the underprivileged that cannot afford their medications and has been able to get help from various governmental agencies and the Chronic Disease Foundation to help maintain care for these patients. Mr. Benjamin
uses UPS for his shipping purposes. He ships his medications patient specific to either 
the patient directly or to the physician’s office for dispensing to the patients.

**Board Action:**

**Motion:** Kam Gandhi moved to approve the out of state pharmacy application for 
River’s Edge Pharmacy.

**Second:** Jody Lewis

**Action:** Passed Unanimously

8. Request for Reinstatement of Pharmacy Technician License – Appearance:

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

Heidi Miscovich appeared and was sworn by President Foster prior to answering 
questions or offering testimony.

Carolyn Cramer explained that Ms. Miscovich appeared before the Board in 2009 and 
explained in a tearful admission that she had diverted a few tablets of MS Contin and 
methadone from her employing hospital pharmacy with the intent to take her life. Ms. 
Miscoyvh was going through a difficult period in her life, but decided not to take her life 
after all, and flushed the drugs she had taken.

Ms. Miscovich testified that she is working two jobs with elderly and mental health 
patients and would like to return to hospital pharmacy because she does that best and 
she likes the work. She stated that she was a pharmaceutical technician for eleven 
years before this incident and was a good technician. Ms. Miscovich indicated that the 
difficulties in the past with her daughter were resolved and her daughter is back on 
track. Also at that point in her life, she and her husband were having difficulties, too, 
but her marriage is stable now. She explained that she has never had a drug problem, 
that she only took the drugs to end her life, and that she would like to go back into 
hospital pharmacy now that her life has stabilized.

**Board Action:**

**Motion:** Russ Smith moved to reinstate Ms. Miscovich’s pharmaceutical technician 
registration.

**Second:** Keith Macdonald

**Action:** Passed Unanimously
9. Request for Reinstatement of Pharmacist License – Appearance:

Zachary W. Bergan (07-083-RPH-N)

NOTE: Russ Smith and Kirk Wentworth recused from participation as each of them had employed Mr. Bergan.

Mr. Bergan was unable to personally appear before the Board and testified by telephone.

Zach Bergan was sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer explained that when Mr. Bergan appeared at the January 2010 Board meeting to request reinstatement of his license, the Board tabled the request until he could provide the Board with proof that he had been in treatment for at least six months. Mr. Bergan has provided that proof, plus substance abuse testing records, an affidavit showing that he has been attending pharmacy support group meetings, and several letters of recommendation.

Mr. Bergan testified that he is still living in Connecticut and that he has no intention of returning to Nevada to practice, but he would like his license reinstated so the Connecticut Board of Pharmacy will consider accepting his application for reciprocation. Mr. Bergan advised that he is now happily married, has begun a new family, has a good support system in place, has completed 45 continuing education units and is keeping up with the pharmacy world. Mr. Bergan values his education, has altered his lifestyle and would like the opportunity to put his knowledge to work again as a pharmacist to ensure that he provides well for his family.

Board Action:

Motion: Keith Macdonald moved to reinstate Mr. Bergan’s pharmacist license and if he returns to Nevada to practice that he join the PRN-PRN program.

Second: Cheryl Blomstrom

Action: Passed Unanimously

10. Credit Card Authorization

Carolyn Cramer reported that Board staff is changing their Visa provider to Heritage Bank. The Bank has asked that the Board make a motion to allow the change and increase the line of credit.
Board Action:

Motion: Keith Macdonald, the Board’s treasurer, moved to change the Visa provider to Heritage Bank and increase the credit limit to $25,000.00.

Second: Cheryl Blomstrom

Action: Passed Unanimously

11. General Counsel Reports:

A. Legislative Commission
Ms. Cramer noted that she appeared before the Legislative Commission and was questioned regarding why we do not allow e-prescribing practices for CII’s. She explained that statutorily it was prohibited. Ms. Cramer submitted language to the Commission to give the Board the statutory authority to allow CII’s to be e-prescribed to parallel the DEA’s intent once they establish the software vendors. She indicated that Larry Pinson is going to a DEA conference later this month and will learn more.

B. Legislative Update
SB114, Mo Denis’ bill, was signed by the governor to allow states to share PMP information with each other.
AB199, Debbie Smith’s bill, is still in play. This would extend collaborative agreements between hospital pharmacists and physicians. Also in this bill is a section regarding businesses that are not pharmacies using the “Rx” symbol.

12. Executive Secretary Report:

A. Financial Report
Carolyn Cramer gave the financial report and noted that Keith Macdonald, the Board’s treasurer, will be giving a budget report at the July meeting.

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

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 Renc (6/25) - Carolyn

D. Reports to Board
President Foster gave an overview of the NABP Annual Meeting and indicated that she found it to be a valuable experience. The DEA was present, compounding reports were given and nationwide prescription monitoring programs were discussed. President Foster noted that Paul Osterman from the University of Southern Nevada brought pharmacy students to the meeting. She commended him for exposing the pharmacy students to a different learning environment by attending a national meeting.
   i. Hillerby Report
ii. TB Reporting
Ms. Cramer advised that she and Mr. Pinson met with the TB group and pharmacists will have to report the sales of certain TB medications to their group. They are working out the details.

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

There were no public comments.
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: ALL DESERT RESPIRATORY
Physical Address: 42247 12th St. West #115
(This must be a business address, we can not issue a license to a home address)
Mailing Address: Same
City: Lancaster State: CA Zip Code: 93534
Telephone Number: 661 974-8009 Fax Number: 661 974-8305
E-mail: HDRESP@AOL.COM Website: PEMING

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 Sun: ___ to ___ Holidays: ___ to ___

FACILITY ADMINISTRATOR INFORMATION) (Person who is on site on a daily basis.)
Name: RANDALL WOLFE

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

☑ Medical Gases** ☑ Assistive Equipment
☑ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosthetics
☐ Diabetic Supplies ☐ Other: __________________________
** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes ☑ No ☐, If yes please provide name and telephone number of a Nevada contact.

Name: FRANK BLAZCZAKS Telephone: 928-846-0427

Page 1-2010
New Pharmacy  ✓ Ownership Change  Name Change  Location Change

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

GENERAL INFORMATION

Pharmacy Name: Balanced Solutions Compounding Pharmacy, LLC
Physical Address: 550 Technology Park, Suite 1008
Mailing Address: Same as, above
City: Lake Mary  State: FL Zip Code: 32746
Telephone Number: 407-936-2999  Fax Number: 800-910-7195
Toll Free Number: 877-811-6337
E-mail: Sherry.markley@junehillhealthcare.com  Website: www.65hkk.com
Managing Pharmacist: Kevin A. Wilts  License Number: PS 38882

Hours of Operation:
Monday thru Friday 9 am 6 pm EST  Saturday 0 am 0 pm
Sunday 0 am 0 pm 24 Hours on call 5 UC.

TYPE OF PHARMACY

Retail  □ Hospital (# beds ___)
□ Internet  □ Nuclear
□ Out of State  □ Ambulatory Surgery Center

SERVICES PROVIDED

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

Board Use Only
Received: JUN 15 2011 Check Number: 532  Amount: 500.00
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: Baxter Healthcare Corporation

Physical Address: 7511 114th Avenue North, Largo, FL, 33773
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 7200 Cardinal Place, 3P8102B

City: Dublin  State: OH  Zip Code: 43017

Telephone Number: 614-553-4640  Fax Number: 614-652-0292

E-mail: gmb-facility-licensing@cardinalhealth.com  Website: www.baxter.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

Name: Mary Malloy

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

☐ Medical Gases**  ☐ Assistive Equipment
☐ Respiratory Equipment**  ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment**  ☐ Orthotics and Prosthetics
☐ Diabetic Supplies  ☐ Other:____________

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

Name: Emergencies  Telephone: 800-553-6998
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG PROVIDER CORPORATION

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

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New MDEG ✓ Ownership Change ___ Name Change ___ Location Change ___

FACILITY INFORMATION
Facility Name: Care 1st Medical Solutions, Inc
Physical Address: 2600 Walker Road, Suite 130
(This must be a business address, we can not issue a license to a home address)
Mailing Address: Same
City: Chattanooga State: TN Zip Code: 37401-9875
Telephone Number: 866-440-1350 Fax Number: 866-440-1350
E-mail: mike@care1stmed.com Website: www.care1stmed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 9 to 4 Tue: 9 to 4 Wed: 9 to 4 Thu: 9 to 4
Fri: 9 to 4 Sat: ___ to ___ Sun: ___ to ___ Holidays: ___ to ___

FACILITY ADMINISTRATOR INFORMATION) (Person who is on site on a daily basis.)
Name: Michael R. Eberly

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

☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosthetics
☐ Diabetic Supplies ☐ Other: ________________________________

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

Name: N/A Telephone: ________________________________

Page 1-2010

57103
NEVADA STATE BOARD OF PHARMACY  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
APPLICATION FOR OUT-OF-STATE MDEG PROVIDER CORPORATION  
FEE: $500.00 (non-refundable and not transferable) - Application must be printed legibly  
Any misrepresentation in the answer to any question on this application is grounds for refusal or denial of the application or subsequent revocation of the license issued and is a violation of the laws of the State of Nevada.  

New MDEG ☑ Ownership Change _____ Name Change _____ Location Change _____  

FACILITY INFORMATION  
SEND LICENSE TO: HILL-ROM COMPANY, INC.  
1069 STATE ROUTE 66 EAST  
BATESVILLE, INDIANA 47006  
Facility Name: HILL-ROM COMPANY, INC.  
ATTN: KEN SCHNELL  
Physical Address: 1525 GLADIOLA STREET, SUITE 10  
(This must be a business address, we cannot issue a license to a home address)  
Mailing Address: SEE ADDRESS ON PAGE 2  
City: SALT LAKE CITY State: UT Zip Code: 84104  
Telephone Number: 801-330-7965 Fax Number: 801-595-0078  
E-mail: RYAN.LEE@HILL-ROM.COM Website: WWW.HILL-ROM.COM  

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING  
Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5  
Fri: 8 to 5 Sat: __ to __ Sun: __ to __ Holidays: __ to __  

FACILITY ADMINISTRATOR INFORMATION) (Person who is on site on a daily basis.)  
Name: RYAN LEE  

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)  
☐ Medical Gases** ☐ Assistive Equipment  
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**  
☐ Life-sustaining equipment** ☐ Orthotics and Prosthetics  
☐ Diabetic Supplies ☐ Other: HOSPITAL BEDS/SUPPORT SURFACES/PATIENT TRANSPORT DEVICES  
** 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: KEN SCHNELL Telephone: 812-931-3449  

Page 1-2010
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEC 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 MDEC ___ Ownership Change ___ Name Change ___ Location Change ___

FACILITY INFORMATION

Facility Name: Hu-Friedy Mfg. Co., LLC

Physical Address: 6977 N. Austin Ave., Niles, IL 60714
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3232 N. Rockwell St.

City: Chicago State: IL Zip Code: 60618

Telephone Number: 773-975-3975 Fax Number: 773-975-9046

E-mail: MCole@hu-friedy.com Website: www.hu-friedy.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 6am to 6pm Tue: 6am to 6pm Wed: 6am to 6pm Thu: 6am to 6pm
Fri: 6am to 6pm Sat: N/A to Sun: N/A to Holidays: N/A to

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

Name: Scott Pachniak

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

☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosthetics
☐ Diabetic Supplies ☐ Other: dental devices

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

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

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

New MDEG ☑ Ownership Change ___ Name Change ___ Location Change ___

FACILITY INFORMATION
Facility Name: K2M, Inc.

Physical Address: 751 Miller Dr. SE Leesburg, VA 20175
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 751 Miller Dr. SE
City: Leesburg State: VA Zip Code: 20175
Telephone Number: 703.777.3155 Fax Number: 703.777.8136
E-mail: mle6@k2m.com Website: k2m.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 8am to 6pm Tue: 8am to 6pm Wed: 8am to 6pm Thu: 8am to 6pm
Fri: 8am to 6pm Sat: ___ to ___ Sun: ___ to ___ Holidays: ___ to ___

FACILITY ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)
Name: David MacDonald

Address: 751 Miller Dr. SE
City: Leesburg State: VA Zip Code: 20175

TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)
☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ✓ Orthotics and Prosthetics
☐ Diabetic Supplies

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

Name: ________________________________ Telephone: ____________________________

Page 1

56998
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane - Reno, NV 89509 - or (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 Provider  X  Ownership Change  ____  Name Change  ____  Location Change  ____

FACILITY INFORMATION
Facility Name: Orbit Medical of Phoenix, Inc.
Physical Address: 4620 E Elwood St Ste C, Phoenix, AZ 85040
Mailing Address: 8665 Bash St, Indianapolis, IN 46256
City: Indianapolis  State: IN  Zip Code: 46256
Telephone Number: 317-813-0205  Fax Number: 317-813-0209

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 11 to 5  Tue: 11 to 5  Wed: 11 to 5  Thu: 11 to 5
Fri: 11 to 5  Sat: Closed  Sun: Closed  Holidays: Closed

FACILITY ADMINISTRATOR INFORMATION
Name: Patrick McGinley
Address: 8665 Bash St
City: Indianapolis  State: IN  Zip Code: 46256
Telephone Number: 317-813-4202

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

____ Medical Gases  ____ Assistive Equipment  ____ Respiratory Equipment
____ Parenteral and Enteral Equipment  ____ Life-sustaining equipment

If providing life-sustaining equipment, provide a 24-hour contact number:  

Board Use Only
Received  JUN 16 2011  Check Number  334  Amount 500.00

57098
NEVADA STATE BOARD OF PHARMACY  
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440  
APPLICATION FOR OUT-OF-STATE MDEG WHOLESALE CORPORA-
TION  
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.

<table>
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<th>New MDEG</th>
<th>Ownership Change</th>
<th>Name Change</th>
<th>Location Change</th>
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<tbody>
<tr>
<td>X</td>
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</tbody>
</table>

**FACILITY INFORMATION**

Facility Name: Smiths Medical ASD, Inc.

Physical Address: 6250 Shier Rings Road, Dublin, OH 43016-1270  
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 10 Bowman Drive

City: Keene State: NH Zip Code: 03431

Telephone Number: 614-889-2220 Fax Number: 614-793-2106

E-mail: tim.talcott@smiths-medical.com Website: www.smiths-medical.com

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

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

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

Name: John McNamee

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

- [x] Medical Gases
- [x] Assistive Equipment
- [x] Respiratory Equipment
- [x] Parenteral and Enteral Equipment
- [x] Life-sustaining equipment
- [x] Orthotics and Prosthetics
- [x] Diabetic Supplies
- Other: Prescription Medical Devices

Board Use Only
Received MAY 23 2011 Check Number 165 Amount 500.00

Page 1 - 2009

56937
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: Smiths Medical ASD, Inc.

Physical Address: 5700 West 23rd Avenue, Gary, IN 46406
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 10 Bowman Drive

City: Keene State: NH Zip Code: 03431

Telephone Number: 219-989-9150 Fax Number: 219-844-9031

E-mail: tim.talcott@smiths-medical.com Website: www.smiths-medical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

Name: Jackie Gerner

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

☐ Medical Gases ☐ Assistive Equipment
☐ Respiratory Equipment ☐ Parenteral and Enteral Equipment
☐ Life-sustaining equipment ☐ Orthotics and Prosthetics
☐ Diabetic Supplies Other: Prescription Medical Devices

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Received MAY 23 2011 Check Number 161 Amount $500.00

Page 1 - 2009

56938
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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<th>Ownership Change</th>
<th>Name Change</th>
<th>Location Change</th>
</tr>
</thead>
</table>

FACILITY INFORMATION

Facility Name: Smiths Medical ASD, Inc.

Physical Address: 3350 Granada Avenue North, Suite 100, Oakdale, MN 55128
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 10 Bowman Drive

City: Keene State: NH Zip Code: 03431

Telephone Number: 651-628-7360 Fax Number: 651-628-7547

E-mail: tim.talcott@smiths-medical.com Website: www.smiths-medical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

Name: Phil Fumo

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

☐ Medical Gases ☐ Assistive Equipment
☐ Respiratory Equipment ☐ Parenteral and Enteral Equipment
☐ Life-sustaining equipment ☐ Orthotics and Prosthetics
☐ Diabetic Supplies Other: Prescription Medical Devices

Board Use Only
Received: MAY 23 2011 Check Number: 162 Amount: $500.00

Page 1 - 2009
FACILITY INFORMATION

Facility Name: Smiths Medical ASD, Inc.

Physical Address: 9124 Polk Lane, Suite 101, Olive Branch, MS 38654
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 10 Bowman Drive

City: Keene State: NH Zip Code: 03431

Telephone Number: 662-895-8000 Fax Number: 662-895-8822

E-mail: tim.talcott@smiths-medical.com Website: www.smiths-medical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

Name: Mike Collins

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: Prescription Medical Devices

Board Use Only
Received MAY 9 3 2011 Check Number 164 Amount 500.00

Page 1 - 2009
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG WHOLESALE CORPORAATION

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: Smiths Medical ASD, Inc.

Physical Address: 160 Weymouth Street, Rockland, MA 02370
(This must be a business address; we cannot issue a license to a home address)

Mailing Address: 10 Bowman Drive

City: Keene State: NH Zip Code: 03431

Telephone Number: 781-763-9300 Fax Number: 781-792-0909

E-mail: tim.talcott@smiths-medical.com Website: www.smiths-medical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

Name: Ricco Feudo

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

☐ Medical Gases ☐ Assistive Equipment
☐ Respiratory Equipment ☐ Parenteral and Enteral Equipment
☐ Life-sustaining equipment ☐ Orthotics and Prosthetics
☐ Diabetic Supplies Other: Prescription Medical Devices

Board Use Only
Received MAY 23 2011 Check Number 779 Amount 500.00

Page 1 - 2009
Application for Out-of-State MDEG Wholesaler Corporation

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

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

New MDEG __X__ Ownership Change ____ Name Change _____ Location Change ______

FACILITY INFORMATION

Facility Name: Smiths Medical ASD, Inc.

Physical Address: 1265 Grey Fox Road, St. Paul, MN 55112
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 10 Bowman Drive

City: Keene State: NH Zip Code: 03431

Telephone Number: 651-633-2556 Fax Number: 651-628-7459

E-mail: tim.talcott@smiths-medical.com Website: www.smiths-medical.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

Name: Jeremy Wardour

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: Prescription Medical Devices

Board Use Only
Received _______ Check Number _______ Amount $500.00

Page 1 - 2009
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: Tandem Diabetes Care, Inc.

Physical Address: 11045 Roselle St. Suite 200
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 11045 Roselle St. Suite 200

City: San Diego State: CA Zip Code: 92121

Telephone Number: 858-366-6901 Fax Number: 858-362-7070

E-mail: jgross@tandemdiabetes.com Website: tandemdiabetes.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

Name: Jonathan Gross

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

□ Medical Gases** □ Assistive Equipment
□ Respiratory Equipment** □ Parenteral and Enteral Equipment**
□ Life-sustaining equipment** □ Orthotics and Prosthetics
□ Diabetic Supplies □ Other: __________________________

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

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

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

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

New MDEG Ownership Change ___ Name Change ___ Location Change ___

FACILITY INFORMATION

Facility Name:  Total Health Diabetics LLC   [Signature]
Physical Address:  2500 Maitland Center Parkway Ste 311 32751
    (This must be a business address, we can not issue a license to a home address)
Mailing Address:  2500 Maitland Center Parkway Ste 311
City:  Maitland State:  FL Zip Code:  32751
Telephone Number:  407-767-5907  Fax Number:  800-983-7005
E-mail:  codoley@totalhealthdiabetes.com  Website:  www.totalhealthdiabetes.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon:  8:00 to 5:00  Tue:  8:00 to 5:00  Wed:  8:00 to 5:00  Thu:  8:00 to 5:00
Fri:  8:00 to 5:00  Sat:  /  Sun:  /  Holidays:  /  To /

FACILITY ADMINISTRATOR INFORMATION) (Person who is on site on a daily basis.)
Name:  Carol Ann Dooley

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

☐ Medical Gases**  ☐ Assistive Equipment
☐ Respiratory Equipment**  ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment**  ☐ Orthotics and Prosthetics
☐ Diabetic Supplies  ☐ Other:  

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

Name:  ___________________________________________ Telephone:  ____________________________
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV  89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE MDEG PROVIDER
PARTNERSHIP

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

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: UltraVoice Ltd
Physical Address: 90 Newtown Street Rd; Newtown Sq, PA 196
(This must be a business address, we cannot issue a license to a home address)
Mailing Address: 90 Newtown Street Rd
City: Newtown Square State: PA Zip Code: 19073
Telephone Number: 610 356 443 Fax Number: 610 356 4481
E-mail: davidbaraffe@msn.com Website: www.ultravoice.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: David Baeaff

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

☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosthetics
☐ Diabetic Supplies ☐ Other: ____________________________
** If providing these types of services do you have in place a mechanism to ensure continued care in the event of an emergency? Yes ☒ No ☐, If yes please provide name and telephone number of a Nevada contact.

Name: Lisa Waldin Telephone: 800 985 3000

Page 1-2010

57197
FACILITY INFORMATION

Facility Name: Wound Management of Oklahoma
Physical Address: 3908 N. Tulsa Ave Oklahoma City, OK 73112
(May not be a business address, we can not issue a license to a home address)
Mailing Address: 3908 N. Tulsa Ave
City: Oklahoma City, State: OK, Zip Code: 73112
Telephone Number: (405) 745-7878 Fax Number: (405) 809-1478
E-mail: kristen@providermedsupply.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5
Fri: 9 to 5 Sat: on-call 24/7 Sun: on-call 24/7 Holidays: on-call 24/7

FACILITY ADMINISTRATOR INFORMATION) (Person who is on site on a daily basis.)
Name: Kristen Murdoch

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

☐ Medical Gases** ☐ Assistive Equipment
☐ Respiratory Equipment** ☐ Parenteral and Enteral Equipment**
☐ Life-sustaining equipment** ☐ Orthotics and Prosthetics
☐ Diabetic Supplies ☐ Other: Surgical wound dressings
** 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
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: Drug Depot Inc. (also APS Pharmacy)
Physical Address: 24911 US Hwy 19 N Suite 600
Mailing Address: 
City: Palm Harbor State: FL Zip Code: 34684
Telephone Number: 727-547-2654 Fax Number: 727-547-6444
Toll Free Number: 888-547-2654
E-mail: clehis@apsmeds.com Website: www.apsmeds.com
Managing Pharmacist: Clehis Kou Kou Kou License Number: PS 36693

Hours of Operation:
Monday thru Friday 8:00 am 6:00 pm Saturday ---- am ---- pm
Sunday ---- am ---- pm 24 Hours ----

TYPE OF PHARMACY SERVICES PROVIDED

☑ Retail ☐ Off-site Cognitive Services
☐ Hospital (# beds --)
☐ Parenteral
☐ Internet
☐ Parenteral (outpatient)
☐ Nuclear
☐ Outpatient/Discharge
☐ Out of State
☐ Mail Service
☐ Ambulatory Surgery Center
☐ Long Term Care

Board Use Only
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Page 1 - 2009
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: Pharmacy Services Inc., dba Arkansas Valley AccuMed  
Physical Address: 228 Main Street  
Mailing Address: 228 Main Street  
City: Ordway State: CO Zip Code: 81063  
Telephone Number: (719) 267-3544 Fax Number: (719) 267-4443  
Toll Free Number: 800-889-3544  
E-mail: avaccumed@yahoo.com Website:  
Managing Pharmacist: Jerry W. Davis, R.Ph. License Number: 10634  

Hours of Operation:  
Monday thru Friday 8:00 am 5:00 pm Saturday 8:00 am 5:00 pm  
Sunday _____am _____pm 24 Hours _____  

TYPE OF PHARMACY  
☐ Retail  
☐ Hospital (# beds ___)  
☐ Internet  
☐ Nuclear  
☐ Out of State  
☐ Ambulatory Surgery Center  

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

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

GENERAL INFORMATION
Pharmacy Name: CareKinesis, Inc
Physical Address: 704 E. Main St, Ste K
Mailing Address: 704 E Main St, Ste 1C
City: Moorestown State: NJ Zip Code: 08057
Telephone Number: 888-974-2763 Fax Number: 856-234-7957
Toll Free Number: 888-974-2763
E-mail: info@carekinesis.com Website: www.carekinesis.com
Managing Pharmacist: Orsula V Knowlton License Number: 28RI0229920c

Hours of Operation:
Monday thru Friday 8:30 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

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Page 1 - 2009
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR OUT-OF-STATE PHARMACY LICENSE
SOLE OWNER
FEE $500.00 (non-refundable and not transferable)
Application must be printed legibly

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: Edwins Prescription Pharmacy
Physical Address: 12500 Burbank Blvd, Valley Village CA 916
Mailing Address: 2657 Saturn St, Brea CA 92821
City: Brea State: CA Zip Code: 92821
Telephone Number: 818-761-6131 Fax Number: 818-761-8638

Toll Free Number: __________________
E-mail: stephene samuel@yahoo.com Website: __________________
Managing Pharmacist: Philip Louis Berger License Number: 2PH 46908

Hours of Operation:
Monday thru Friday: 7:00am 7:00pm Saturday: N/A
Sunday: N/A

24 Hours N/A

TYPE OF PHARMACY
☐ Retail
☐ Hospital (# beds ____)
☐ Internet
☐ Nuclear
☐ Out of State
☐ Ambulatory Surgery Center

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

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

GENERAL INFORMATION

Pharmacy Name: Pet Meds and Beyond
Physical Address: 2501 W 80th St. #7 Hialeah, FL 33016
Mailing Address: 2501 W 80th St. #7 Hialeah, FL 33016
City: Hialeah State: FL Zip Code: 33016
Telephone Number: 786 228 8537 Fax Number: 866 287 8403
Toll Free Number: 866 285 7614
E-mail: petmedsandbeyond@yahoo.com Website: www.petmedsandbeyond.com
Managing Pharmacist: Ethel D. Maniques License Number: PS38323

Hours of Operation:
Monday thru Friday 9 am 5 pm Saturday 10 am 2 pm
Sunday Closed pm 24 Hours _____

TYPE OF PHARMACY

☐ Retail
☐ Hospital (# beds ___)
☐ Internet
☐ Nuclear
☐ Out of State
☐ Ambulatory Surgery Center

SERVICES PROVIDED

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

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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 _____ Ownership Change __ Name Change __ Location Change ____  
(Please provide current license number if making changes: PH0981)  

GENERAL INFORMATION  
Pharmacy Name: Restore Health Pharmacy, LLC  
Physical Address: 1289 Deming Way  
Mailing Address: 1289 Deming Way  
City: Madison State: WI Zip Code: 53717  
Telephone Number: 608.833.7046 Fax Number: 608.833.7412  
Toll Free Number: 800.558.7046  
E-mail: mwanderer@restorehc.com Website: www.restorehc.com  
Managing Pharmacist: Judy Rapp License Number: 9593.040  

Hours of Operation:  
Monday thru Friday 8:30 am 5:20 pm  
Sunday closed am pm  
Saturday closed-on-call only pm  
24 Hours N/A  

TYPE OF PHARMACY  
□ Retail  
□ Hospital (# beds ___)  
□ Internet  
□ Nuclear  
□ Out of State  
□ Ambulatory Surgery Center  

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

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Page 1 - 2009
NEW YORK 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: Stokes Pharmacy
Physical Address: 18000 Horizon Way Suite 700
Mailing Address: Same
City: Mount Laurel State: NJ Zip Code: 08054
Telephone Number: 856-505-5222 Fax Number: 856-505-5899
Toll Free Number: 800-754-5222
E-mail: emcvey@stokespharmacy.com Website: StokesPharmacy.com
Managing Pharmacist: Emmett McVey License Number: 28 R102139400

Hours of Operation:
Monday thru Friday 9 am 7 pm EST Saturday 9 am 1 pm
Sunday Closed 24 Hours NO pm EST

TYPE OF PHARMACY
☐ Retail
☐ Hospital (# beds ___)
☐ Internet
☐ Nuclear
☒ Out of State
☐ Ambulatory Surgery Center

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

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Page 1 - 2009
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: VALLEY MEDICAL PHARMACY
Physical Address: 630 MAIN STREET
Mailing Address: 630 MAIN STREET
City: KRAWELEY State: CA Zip Code: 92277
Telephone Number: (760) 344-6803 Fax Number: (760) 344-6821
Toll Free Number: 1-800-322-0808
E-mail: VALLEYRX@AOL.COM Website: www.drugaapot.com
Managing Pharmacist: DR. DINESH VITHALAN, M.PHARM, DBA
License Number: RH37714

Hours of Operation:
Monday thru Friday ___am ___pm Saturday ___am ___pm
Sunday ___am ___pm 24 Hours ___

TYPE OF PHARMACY
☐ Retail
☐ Hospital (# beds ___)
☐ Internet
☐ Nuclear
☐ Out of State
☐ Ambulatory Surgery Center

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

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VIPPS

Page 1 - 2009

56084
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: City Drugs
Physical Address: 5775 S. Rainbow #101 Las Vegas, NV 89107
Mailing Address: 9050 Las Vegas Blvd S #1209
City: Las Vegas  State: NV  Zip Code: 89101
Telephone Number: 702-227-7249  Fax Number: 702-227-3656
Toll Free Number: ____________________
E-mail: nlxvdrugs@comcast.net  Website: ____________________
Managing Pharmacist: Tanasorn Fowler  License Number: W5168

Hours of Operation:
Monday thru Friday  9 am  10 pm  Saturday  ____ am  ____ pm
Sunday  ____ am  ____ pm  24 Hours  ____

TYPE OF PHARMACY
☐ Retail
☐ Hospital (# beds ____)
☐ Internet
☐ Nuclear
☐ Out of State
☐ Ambulatory Surgery Center

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

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Page 1 - 2009
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA PHARMACY LICENSE
PARTNERSHIP

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

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

New Pharmacy _____ Ownership Change x Name Change _____ Location Change x
(Please provide current license number if making changes: PH02253)

GENERAL INFORMATION
Pharmacy Name: CNS Scrips LLC
Physical Address: 3370 Pinks Place, Ste.F, Las Vegas, NV 89102
Mailing Address: 3370 Pinks Place, Ste.F.
City: Las Vegas State: NV Zip Code: 89102
Telephone Number: 702-731-4800 Fax Number: 702-731-4807
Toll Free Number: ______________________
E-mail: INFO@CNSSCRIPTS.COM Website: N/A
Managing Pharmacist: NELLIE LAO GAW License Number: 15487

Hours of Operation:
Monday thru Friday 9 am 5 pm Saturday _____am _____pm
Sunday _____am _____pm 24 Hours _____

TYPE OF PHARMACY
☐ Retail
☐ Hospital (# beds _____)
☐ Internet
☐ Nuclear
☐ Out of State
☐ Ambulatory Surgery Center

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

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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: Lovelock Pharmacy  
Physical Address: 850 Sixth Street, Lovelock NV 89419
Mailing Address: 5424 Oakwood Cir, Fallon, NV 89406
City: Lovelock  
State: NV  
Zip Code: 89419
Telephone Number: 775-273-1700  
Fax Number: 775-273-9013
Toll Free Number: N/A
E-mail: grant.monton@gmail.com  
Website: N/A
Managing Pharmacist: Grant S. Monton  
License Number: 9924

Hours of Operation:

Monday thru Friday 9:30am 5:30pm  
Saturday ___am ___pm
Sunday ___am ___pm  
24 Hours ___

<table>
<thead>
<tr>
<th>TYPE OF PHARMACY</th>
<th>SERVICES PROVIDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔ Retail</td>
<td>☐ Off-site Cognitive Services</td>
</tr>
<tr>
<td>☐ Hospital (# beds ___)</td>
<td>☐ Parenteral</td>
</tr>
<tr>
<td>☐ Internet</td>
<td>☐ Parenteral (outpatient)</td>
</tr>
<tr>
<td>☐ Nuclear</td>
<td>☐ Outpatient/Discharge</td>
</tr>
<tr>
<td>☐ Out of State</td>
<td>☐ Mail Service</td>
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<tr>
<td>☐ Ambulatory Surgery Center</td>
<td>☐ Long Term Care</td>
</tr>
</tbody>
</table>

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Amount: 500.00

Page 1 - 2009
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:  Meds at Home
Physical Address:  6225 Annie Oakley Dr., Suite 300, Las Vegas, NV 89120
Mailing Address:  6225 Annie Oakley Drive, Suite 300
City:  Las Vegas  State:  NV  Zip Code:  89120
Telephone Number:  In process with vendor
Fax Number:  NONE
Toll Free Number:  In process with vendor
E-mail:  information@mymailpharmacy.com
Website:  NONE*
Managing Pharmacist:  Thomas Leo Beranek  License Number:  10227

Hours of Operation:
Monday thru Friday  ____am  ____pm  Saturday  ____am  ____pm  
Sunday  ____am  ____pm  24 Hours  X

TYPE OF PHARMACY
☐ Retail  ☐ Off-site Cognitive Services
☐ Hospital (# beds ____)  ☐ Parenteral
☐ Internet  ☐ Parenteral (outpatient)  
☐ Nuclear  ☐ Outpatient/Discharge  
☐ Out of State  ☐ Mail Service  
☐ Ambulatory Surgery Center  ☐ Long Term Care

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*Top parent Medco Health Solutions, Inc. has a website 57248
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: Althea Technologies Inc.

Physical Address: 11040 Roselle Street

Mailing Address: 11040 Roselle Street

City: San Diego State: California Zip Code: 92121

Telephone Number: 858 882 0123 Fax Number: 858 882 0133

Toll Free Number: __________________________

E-mail: bkachioff@altheatech.com Website: www.altheatech.com

Facility Manager: Christopher Manahan

Professional qualifications and experience of facility manager: __________________________

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.

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Page 1 - 2011

57187
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:  Alvogen, Inc.

Physical Address:  Nine Campus Drive, Parsippany, NJ 07054

Mailing Address:  Nine Campus Drive

City:  Parsippany  State:  NJ  Zip Code:  07054

Telephone Number:  973-796-3400  Fax Number:  973-796-3439

Toll Free Number:  N/A

E-mail:  jasmine.shah@alvogen.com  Website:  www.alvogen.com

Facility Manager:  Jasmine Shah

Professional qualifications and experience of facility manager:  BS Pharmacy; MS Industrial Pharmacy

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies  ☐ Practitioners  ☐ Hospitals  ☒ Wholesalers

Type of Products to be handled or wholesaled be firm:

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

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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: Arrow International, Inc.
Physical Address: 2 Berry Drive, Lumberton, NJ 08048
Mailing Address: PO Box 12600, Attn: Sherri Schulteiss,
City: RTP State: NC Zip Code: 08048
Telephone Number: 919-361-4150 Fax Number: 919-361-3923
Toll Free Number: __________________________
E-mail: sherri.schulteiss@teleflex.com Website: http://www.arrowinti.com
Facility Manager: Patrick Jannuzzi

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.

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Page 1 - 2011
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: Camber Pharmaceuticals Inc
Physical Address: 1031 Centennial Ave
Mailing Address: Same as above
City: Piscataway State: NJ Zip Code: 08854
Toll Free Number:
E-mail: mbecker@camberpharma.com Website: www.camberpharma.com
Facility Manager: Ken Ostaticuk

Professional qualifications and experience of facility manager:
23 years in the pharmaceutical industry

Types of licensed outlets or authorized persons firm will serve:
☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers
☐ Other:

Type of Products to be handled or wholesale be firm:
☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA) ☐ Other:

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Page 1 - 2010
55412
2009
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: Cantrell Drug Company
Physical Address: 7321 Cantrell Rd.
Mailing Address: same
City: Little Rock State: AR Zip Code: 72207
Telephone Number: 501-643-3642 Fax Number: 501-907-5975
Toll Free Number: 877-6666-5222
E-mail: feasterly@cantrelldrug.com Website: www.cantrelldrug.com
Facility Manager: James L. McCarty, Jr., R.D.
Professional qualifications and experience of facility manager: BS Pharmacy

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? X Yes □ No. If yes include a copy of the FDA registration. (i.e. Registered with FDA as “Outsourcing Human Drug Compounding”)

Board Use Only
Received: 6/13/11 Check Number: 418 Amount: 500
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: Dendreon Distrubtion, LLC dba Dendreon
Physical Address: 1700 Saturn Way, Seal Beach, CA 90740
Mailing Address: 3005 First Ave.
City: Seattle State: WA Zip Code: 98121
Telephone Number: 206-256-4545 Fax Number: 206-299-9881
Toll Free Number: n/a
E-mail: sschaeffer@dendreon.com Website: www.dendreon.com
Facility Manager: Richard Murawski
Professional qualifications and experience of facility manager: see attached resume

Types of licensed outlets or authorized persons firm will serve:

☑ Pharmacies  ☐ Practitioners  ☑ Hospitals  ☐ Wholesalers
☐ Other:

Type of Products to be handled or wholesaled be 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: JUN 23 2011 Check Number: 176 Amount: 500
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:  E.R. Squibb & Sons, LLC

Physical Address:  777 Scudders Mill Rd., Plainsboro, NJ 08536

Mailing Address:  6400 William Keck Bypass, Bldg. 210

City:  Mt. Vernon  State:  IN  Zip Code:  47620

Telephone Number:  609-897-5300  Fax Number:  609-897-6958

Toll Free Number:  N/A

E-mail:  usdc@bms.com  Website:  www.bms.com

Facility Manager:  Diane Redler

Professional qualifications and experience of facility manager:  Facility manager holds a B.S. in Marketing and has over 23 years managerial experience with the company.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies  ☒ Practitioners  ☒ Hospitals  ☒ Wholesalers

Type of Products to be handled or wholesale:

☒ 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:  JUN 07 2011  Check Number:  968  Amount:  $500.00

Page 1 - 2011

57041
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: J. T. Posey Company
Physical Address: 5635 Peck Road
Mailing Address: same as above
City: Arcadia State: CA Zip Code: 91006
Telephone Number: (626) 443-3143 Fax Number: (626) 443-5012
Toll Free Number: (800) 447-6739
E-mail: regulatoryaffairs@posey.com Website: www.posey.com
Facility Manager: Roger Roberts VP, Operations

Professional qualifications and experience of facility manager: Over 20 years of experience in managing medical device manufacturing processes.

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: JUN 9 2011 Check Number: 426 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.

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<tr>
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(Please provide current license number if making changes: WH____)

GENERAL INFORMATION

Facility Name: Fisher Clinical Services Inc.

Physical Address: 700A Nestleway Breinigsville PA 18031

Mailing Address: 7554 Schantz Road

City: Allentown State: PA Zip Code: 18106

Telephone Number: 610-871-8300 Fax Number: 610-871-9318

Toll Free Number: 888-252-8579 X 8377

E-mail: vicky.whitehouse@thermofisher.com Website: www.fisherclinicalservices.com

Facility Manager: Barry W. Hunsicker

Professional qualifications and experience of facility manager: Manages Distribution Project Managers and has experience in distribution, inventory, SOPs, and maintaining relations in support of 400+ clients since September 1997 with Fisher.

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled be firm:

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

Board Use Only

Received: JUN 07 2011 Check Number: 143 Amount: 500.00

Page 1 - 2009
APPLICATION FOR OUT-OF-STATE WHOLESALER LICENSE PARTNER

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: LifeScience Logistics
Physical Address: 1105 E Northfield Drive
Mailing Address: 1105 E Northfield Drive
City: Braunsburg State: IN Zip Code: 46012
Telephone Number: 317-456-0254 Fax Number: 317-852-1821
Toll Free Number: NA
E-mail: katevotto@lsblog.com Website: www.lsblog.com
Facility Manager: Paolo Devoto

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: ________________________________

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

Board Use Only

Received: JUN 23 2011 Check Number: 317 Amount: $500-

Page 1 - 2009
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:  Patterson Logistics Services, Inc.

Physical Address:  7055 Cleveland Road, South Bend, IN 46628

Mailing Address:  c/o Patterson Companies, Inc, Attn: Theresa Franz-Scurr, Compliance Coordinator, 1031 Mendota Heights Road

City:  St. Paul State:  MN Zip Code:  55120

Telephone Number:  (574) 472-5800 Fax Number:  (574) 472-5801

Toll Free Number:  N/A

E-mail:  jeff.lea@pattersoncompanies.com Website:  www.pattersoncompanies.com

Facility Manager:  Jeff Lea, Distribution Center Manager

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

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:  Prescription drugs (Human & Veterinary), Over the Counter Drugs (Human & Veterinary), Medical Devices (Rx & OTC), List I Chemicals

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

Board Use Only

Received:  JUN 6 2011 Check Number:  371 Amount:  500.00

Page 1 - 2010

VAWJ
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: Taga Pharma, Inc.
Physical Address: 722 Progressive Lane, Room 205
Mailing Address: -same-
City: South Beloit State: IL Zip Code: 61080
Telephone Number: (815) 624-7685 Fax Number: (815) 624-7687
Toll Free Number: (800) 397-9228 x 301
E-mail: marketing@tagapharma.com Website: www.tagapharma.com
Facility Manager: Robert A. Koopman

Professional qualifications and experience of facility manager: see attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☑ Wholesalers

Type of Products to be handled or wholesaled:

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

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

Board Use Only

Received: JUN 20 2011 Check Number: 1064 Amount: 500.00

Page 1 - 2011

57102
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.

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</table>

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

GENERAL INFORMATION

Facility Name: VersaPharm Incorporated
Physical Address: 1775 W. Oak Parkway Suite 800
Mailing Address: Same
City: Marietta State: GA Zip Code: 30062
Telephone Number: 770-499-8100 Fax Number: 770-499-0058
Toll Free Number: 
E-mail: info@versapharm.com Website: www.versapharm.com
Facility Manager: Carl Merideth

Professional qualifications and experience of facility manager: _______________________________________

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: JUN 23 2011 Check Number: 6084 Amount: 500 -
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

v. 

NOTICE OF INTENDED ACTION
AND ACCUSATION

YVONNE JETT, PT
Certificate of Registration No.: PT09615

Case No. 11-044-PTT-S

WALGREENS #04855
Certificate of Registration No.: PH01307

Case No. 11-044-PH-S

WALGREENS CO.
An Illinois Corporation

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 Yvonne Jett is a registered pharmaceutical technician with the Board, Walgreens #04855 is a registered pharmacy with the Board and Walgreens Co. is the corporate owner of Walgreens #04855.

II.

On or about April 11, 2011, Ray Seidlinger, the Board’s inspector, inspected Walgreens #04855 and during the inspection it was learned that Yvonne Jett had not renewed her pharmaceutical technician registration. Mr. Seidlinger verified this with Board staff and it was determined that Ms. Jett had not completed her renewal application appropriately and it was returned to her for correction. Ms. Jett did not return the renewal application and her registration was not renewed.
III.

Mr. Seidlinger requested Walgreens staff to provide him with the hours that Ms. Jett worked from November 1, 2010 to April 14, 2011, the date the Board received Ms. Jett’s renewal application. Stanley Wong, the managing pharmacist for Walgreens #04855, reported to Board staff that Ms. Jett worked for 108 days without a valid registration.

**FIRST CAUSE OF ACTION**

IV.

By working without having renewed her pharmaceutical technician registration for 108 days, Ms. Jett violated NRS 639.210(4) and (13) and NAC 639.945(1)(k).

**SECOND CAUSE OF ACTION**

V.

By employing Ms. Jett and allowing Ms. Jett to work for 108 days without being registered with the Board, Walgreens #04855 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 October 24, 2007 in Las Vegas, Nevada, the Board heard a consolidation of three cases regarding pharmaceutical technicians that worked unregistered in two Walgreens pharmacies. On November 20th, 2007, the Board filed Findings of Fact, Conclusions of Law and Order for Walgreens #03844 (Case No. 07-063-PH-S), and two for Walgreens #05646 (Case No. 07-062-PH-S and Case No. 07-064-PH-S) penalizing them for allowing pharmaceutical technicians to work without being registered.

VII.

At the Board’s regularly scheduled meeting on July 14, 2010 in Las Vegas, Nevada, the Board heard one case regarding a pharmaceutical technician that worked
unregistered. On August 9, 2010, the Board filed Findings of Fact, Conclusions of Law and Order for Walgreens #12646 (Case No. 10-007-PH-S) penalizing them for allowing a pharmaceutical technician to work without being registered.

VIII.

In being repeatedly negligent as the common owner of Walgreens #04855, in which repeated disciplinary actions occurred for the same violations in the above referenced Case Numbers in averment VI and VII, Walgreens Co. 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 28th 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

YVONNE JETT, PT
Certificate of Registration No.: PT09615
Respondent.

Case No. 11-044-PTT-S

1

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

IV

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

DATED this 28th 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.

YVONNE JETT, PT
Certificate of Registration No.: PT09615
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.

Yvonne Jett, PT
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.  

WALGREENS #04855
Certificate of Registration No. PH01307
Respondent.  

Case No. 11-044-PH-S

ANSWER AND NOTICE
OF DEFENSE

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

Walgreens #04855

-2-
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.                                                 ANSWER AND NOTICE
WALGREENS CO.                                    OF DEFENSE
An Illinois Corporation                          Case No. 11-044-PH-S

Respondent.

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

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

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

DATED this _____ day of ____________________, 2011.

__________________________________________

Please type or print name for

__________________________________________

Walgreens Co.
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

v.

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

WALGREENS #04137,
Certificate of Registration #PH01132,

Respondents.

Case No. 10-032-RPH-S

NOTICE OF INTENDED ACTION
AND ACCUSATION

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 Jennifer Chan is a pharmacist licensed by the Board and Walgreens #04137 is a pharmacy licensed by the Board, located at 9415 West Desert Inn Road, Las Vegas, Nevada.

FIRST CAUSE OF ACTION

II.

On or about February 14, 2010 Edward Eckels was released from St. Rose Hospital San Martin Campus after having double bypass surgery. Mr. Eckels was given a prescription blank with three medications written on it. The medication in question is for metoprolol tartrate 12.5 mg. with directions to take one tablet twice daily. Janice Eckles, Mr. Eckels wife, took Mr. Eckels home and had her son take the prescriptions to Walgreens #04137 to be filled. Mr. Eckels son waited for the prescriptions to be filled and brought them home for Mr. Eckels to continue his therapy after his bypass surgery.
III.

Mr. Eckels began taking his medication that evening. On February 22, 2010 a home health care nurse was attending to Mr. Eckels and commented that the metoprolol 125 mg. tablets taken twice daily seemed like a high dosage and she suggested that Mr. Eckels discuss the dosage with his cardiologist. Mr. Eckels saw his cardiologist on February 25, 2010 and he, also, thought that was an unusually high dosage and reduced the dose to 50 mg. per day to be taken twice daily – 25 mg. in the morning and 25 mg. at night. Mr. and Mrs. Eckels returned to Walgreens #4137 and asked to see the original prescription their son had filled on February 14th, 2010. Mrs. Eckels asked various pharmacy staff to read the metoprolol dosage and each of them read it as 12.5 mg. and was surprised that the original prescription was filled to take 125 mg. Mr. Eckels had been taking 10 times the amount of metoprolol than prescribed.

IV.

During the investigation of this matter it was learned that Jennifer Chan was the pharmacist responsible for this error. In a written statement Ms. Chan indicated that she checked the dosage several times during the filling of the prescription and stated that she did not see a decimal point between the 2 and the 5. Ms. Chan apologized to the Eckles’ and advised that they were short staffed that evening and that probably contributed to making the error since she input, filled and verified the prescription for metoprolol for Mr. Eckels. Ms. Chan has changed her pharmacy practice since this incident to never solely type the label and fill the prescription as there would not be a second set of eyes to verify that the prescription was filled correctly.

V.

In failing to strictly follow the instructions of Mr. Eckels’ physician by filling his prescription with incorrect dosing directions that ultimately caused him to ingest 10 times the amount of metoprolol than was prescribed, Ms. Chan violated Nevada
Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i).

SECOND CAUSE OF ACTION

VI.

At its regularly scheduled Board meeting on January 11, 2011 in Las Vegas, Nevada, the Board heard another matter (Case No. 09-102-RPH-S) which involved Jennifer Chan. Ms. Chan did not contest that she dispensed twenty-one methylprednisolone 4 mg. tablets instead of ten dosage units of medroxyprogesterone acetate 10 mg. tablets to a patient that was trying to regulate her menstrual cycle. The patient in this matter claimed to experience dizziness, headaches and an unbalanced feeling. Ms. Chan was Ordered to pay the Board’s investigation, attorney’s fees and an administrative fee totaling $1,394.19 in this matter.

VII.

In being repeatedly negligent for having misfilled a prescription in Case No. 09-102-RPH-S that was heard at the January 11, 2011 Board meeting, Ms. Chan violated NRS 639.210(4) and (16) and/or NAC 639.945(1)(d) and/or (i).

THIRD CAUSE OF ACTION

VIII.

In owning and operating the pharmacy in which Ms. Chan failed to notice that she filled Mr. Eckels’ prescription with the wrong dosage, namely metoprolol 125 mg. rather than the prescribed metoprolol 12.5 mg., Walgreens #04137 violated NRS 638.210(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 28th 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,

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

JENNIFER CHAN, R.Ph.,
Certificate of Registration #14660, Case No. 10-032-RPH-S

Respondent.

/__________________________________________/ /

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

I.

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

II.

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

-1-
III.

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

IV.

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

DATED this 28th day of April, 2011.

[Signature]
Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

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

Respondent.

ANSWER AND
NOTICE OF DEFENSE

Case No. 10-032-RPH-S

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.

Jennifer Chan, R.Ph.
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.                                          ANSWER AND
WALGREENS #04137,                               NOTICE OF DEFENSE
Certificate of Registration #PH01132,

Case No. 10-032-PH-S

Respondent.

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

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

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

DATED this _____ day of __________________, 2011.

________________________________________
type or print name

for Walgreens #04137
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

v.

Petitioner,

NOTICE OF INTENDED ACTION AND ACCUSATION

WALGREENS #04854,
Certificate of Registration #PH01293,
Respondent.

Case No. 10-073-PH-S

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 Walgreens #04854 is a pharmacy licensed by the Board located at 4771 West Craig Road, North Las Vegas, Nevada.

II.

On or about September 21, 2010 Kelcie Markle went to Walgreens #04854 to have two prescriptions filled for her son. One of the prescriptions was for Amoxicillin 400 mg./5 ml. Ms. Markle paid for the two prescriptions and left the pharmacy. When she arrived home she noticed that the Amoxicillin had not been reconstituted as it usually is. Ms. Markle telephoned the pharmacy to find out why the Amoxicilllin was still in powder form and was told to return to the pharmacy and they would correct the problem. Ms. Markle declined and asked how much water she would need to reconstitute the powder
herself. Ms. Markle claims that she was told two different amounts and found that she needed to use 51.0 ml. to obtain the correct dosage for her son.

III.

Ms. Markle claimed that she was not counseled when she picked up the two new prescriptions for her son. During the investigation of this matter the counseling log Interaction Status showed counseling was “Accepted” for both of the new prescriptions. Maree Kiledjian, the managing pharmacist for Walgreens #04854, indicated that the pharmacy was busy that day and that a clerk from the front of the store was brought back to the pharmacy to assist at the cash register. Ms. Kiledjian explained that they have a “ring and bring” system in place – meaning that the verifying pharmacist clears the counseling screen so the cashier can tender the sale and then the cashier is supposed to bring the prescription to the counseling window for the pharmacist to counsel the patient. Ms. Kiledjian also explained that she would have reconstituted the Amoxicillin had the cashier brought Ms. Markle to the counseling window.

**FIRST CAUSE OF ACTION**

IV.

In failing to counsel Ms. Markle regarding her son’s new Amoxicillin prescription because an untrained cashier sold the prescription before advising the pharmacist that counseling was necessary, Walgreens #04854 violated NRS 639.210(4) and/or NAC 639.707 and/or 639.945(1)(i).
SECOND CAUSE OF ACTION

V.

In failing to maintain accurate counseling records, specifically Ms. Markle's sons Amoxicillin prescription that showed it was counseled when it was dispensed when it was not, Walgreens #04854 violated NRS 639.210(4) and/or NAC 639.708(1)(a) and/or (b) and/or 639.945(1)(i).

THIRD CAUSE OF ACTION

VI.

In owning and operating the pharmacy in which the violations occurred, Walgreens #04854 violated NRS 639.210(4) and/or NAC 639.945(1)(i) and/or (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 28th day of April, 2011.

Larry L. Prisno, Executive Secretary
Nevada State Board of Pharmacy
NOTICE TO RESPONDENT

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

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREENS #04854,
Certificate of Registration #PH01293,
Respondent.

Case No. 10-073-PH-S

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

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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.

-1-
III.

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

IV.

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

DATED this 28th day of April, 2011.

[Signature]

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

WALGREENS #04854,
Certificate of Registration #PH01293,

Respondent.

Case No. 10-073-PH-S

ANSWER AND NOTICE
OF DEFENSE

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").
3. 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 Print Name for

Walgreens #04854

-2-
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,  

v.

JOSEPH OVERMIRE, RPH,
Certificate of Registration No. 16878,  

Respondent.

Case No. 11-055-RPH-S

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 Overmire is a registered pharmacist with the Board.

II.

On May 17, 2011, the Board of Pharmacy received written notice from Heather Gregory, Director of Pharmacy Regulatory Affairs for Wal-Mart, that Joseph Overmire had been terminated from employment on May 9, 2011 for diversion of controlled substances from Wal-Mart #10-5101, located in Pahrump, Nevada.

III.

An investigation into this matter was initiated when Wal-Mart Health and Wellness Asset Protection Support was notified verbally that a pharmacist potentially was diverting SOMA from the pharmacy. Deidre Taylor, the Health and Wellness Market Manager for Wal-Mart #10-5101, was contacted to do an audit of controlled substances for that pharmacy. It was found that there were shortages of Lorazepam, hydrocodone, and Oxycontin.
IV.

Mr. Overmire submitted a written statement admitting to taking 6 tablets of SOMA from his employing pharmacy for his wife who was suffering from muscle spasms in her neck. Mr. Overmire indicated that he is a physician and had prescribed SOMA many times and wanted to see if they would work for his wife before he prescribed them for her. Mr. Overmire also indicated in his written statement that if they worked for his wife, he would have reduced the six tablets he took from the prescribed amount so there would not have been a shortage to Wal-Mart #10-5101. Mr. Overmire denied knowledge of the shortages of any other controlled substances found by Ms. Taylor. It was noted in a Wal-Mart report that the SOMA was retrieved from Mr. Overmire.

FIRST CAUSE OF ACTION

V.

In obtaining controlled substances, namely 6 tablets of SOMA, without a lawful prescription therefore, Mr. Overmire violated Nevada Revised Statutes (NRS) 453.336(1), and/or 639.210(1),(4), and/or (12) and/or Nevada Administrative Code (NAC) 639.945(1)(h).

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

Signed this 26th 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.

JOSEPH OVERMIRE, RPH,
Certificate of Registration No. 16878,

Respondent.

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

Case No. 11-055-RPH-S

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.

-1-
The Board has reserved Thursday, July 14, 2011 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV

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

DATED this 26th day of May, 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.

JOSEPH OVERMIRE, RPH,
Certificate of Registration No. 16878,

Respondent.

Case No. 11-055-RPH-S

ANSWER AND NOTICE
OF DEFENSE

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.

__________________________
Joseph Overmire, RPh
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, 
Petitioner, 

v. 
RUDOLPH THOMPSON, PT 
Certificate of Registration No. PT10036, 

Respondent. 

NOTICE OF INTENDED ACTION 
AND ACCUSATION 

Case No. 11-054-PT-S 

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 
otice 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 Thompson is a registered pharmaceutical technician with the Board. 

II. 

On or about May 2, 2011, Board staff was notified that Mr. Thompson had been 
terminated from employment as a pharmaceutical technician at Target #T-0826 located 
at 3210 North Tenaya Way in Las Vegas, Nevada. Target #T-0826 was experiencing 
losses of controlled substances and Target investigator, Steve Price, was investigating 
this matter by watching live surveillance of the pharmacy. While watching he observed 
Mr. Thompson pull an unknown bottle of medication and take it to the back of the 
pharmacy. He then observed Mr. Thompson remove a prescription-type bottle from his 
personal lunch box and fill the bottle with the prescription medicine that he had pulled 
from the pharmacy shelf. Once he filled the bottle he placed it back into his lunch box 
and placed the remaining medication back on the shelf. 

III. 

Mr. Price stopped Mr. Thompson as he was leaving the store for lunch without 
attempting to pay for the medication that was concealed in his lunch box. Mr. Price
escorted Mr. Thompson to a private office and interviewed him. Mr. Price asked Mr. Thompson to remove the unpaid for contents of his lunch box. Mr. Thompson produced six Viagra tablets in a small bag and 240 ml. of promethazine with codeine cough syrup. In Mr. Thompson's written statement, he admitted to taking two Viagra tablets about four months previous to the ones found in his lunch box and that he sold them for $20.00 each. Mr. Thompson also indicated in his written statement that he was taking the cough syrup home for his wife who was sick and did not have insurance. Mr. Thompson stated that he was unaware of other controlled substance losses in the pharmacy.

**FIRST CAUSE OF ACTION**

IV.

By stealing controlled substances from his employing pharmacy, namely 240 ml. of promethazine with codeine cough syrup and Viagra, Mr. Thompson violated (NRS) 453.336(1) and/or 639.210(1), (4), and/or (12) and/or Nevada Administrative Code (NAC) 639.945(1)(h) and/or (i).

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

Signed this _____ 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 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,  
Petitioner, 

v. 

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

RUDOLPH THOMPSON, PT  
Certificate of Registration No. PT10036,  
Respondent. 

Case No. 11-054-PT-S

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

I.

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

II.

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

The Board has reserved Thursday, July 14, 2011 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this _____ day of May, 2011.

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Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
    Petitioner,

v.

RUDOLPH THOMPSON, PT
Certificate of Registration No. PT10036,
    Respondent.

ANSWER AND NOTICE
OF DEFENSE

Case No. 11-054-PT-S

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.

Rudolph Thompson, PT
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CHRISTOPHER J. WINTCH, PT
Certificate of Registration No. PT05763,

Respondent.

Case No. 11-005-PT-S

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 Wintch is a registered pharmaceutical technician with the Board.

II.

On or about January 19, 2011, Board staff received a copy of a DEA Report of Theft or Loss of Controlled Substances from Sav-On #6016. The report claimed losses of 277 hydrocodone/APAP 5/500 tablets, 67,569 hydrocodone/APAP 10/500 tablets, 170 hydrocodone/APAP 10/325 tablets, 5,868 ml. promethazine/codeine syrup, 754 alprazolam 2 mg. tablets, 351 temazepam 15 mg. capsules, and 182 zolpidem tartrate 10 mg. tablets with a total value of $7,006.00.

III.

Ray Seidlinger, Board inspector, contacted Kam Gandhi, pharmacy district manager for Sav-On #6016, and requested various reports regarding the losses of controlled substances in that store. From the documentation obtained, including text messages between Mr. Wintch and managing pharmacist Stuart Koszer, Mr. Wintch
admitted to taking quantities of controlled substances from the pharmacy without 
authorization to help support his family. A manual inventory adjustment report for Sav-
On #6016 verifies that Mr. Wintch had been making adjustments to the controlled 
substance inventory for several months.

**FIRST CAUSE OF ACTION**

IV.

In removing controlled substances, indicated in averment II above, without a 
prescription therefore, Mr. Wintch violated (NRS) 453.331(1)(d), 453.336(1) and/or 
639.210(1), (4), and/or (12) and/or Nevada Administrative Code (NAC) 639.945(1)(h) 
and/or (i).

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

Signed this 28th 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,

v.                                                   STATEMENT TO THE RESPONDENT

CHRISTOPHER J. WINTCH, PT                             NOTICE OF INTENDED ACTION
Case No. 11-005-PT-S                                  AND ACCUSATION
Certificate of Registration No. PT05763,              RIGHT TO HEARING

Respondent.

_____________________________________________________________________

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

I.

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

II.

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

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

IV.

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

DATED this 28th day of June, 2011.

Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy
NEVADA STATE BOARD OF PHARMACY,

v.

CHRISTOPHER J. WINTCH, PT
Certificate of Registration No. PT05763,

Respondent.

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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.

_________________________________________________________________
Christopher J. Wintch, PT
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner,

v.
TIMEKA MITCHELL, PT, Case No. 11-051-PT-S
Certificate of Registration No. PT08683,

Respondent.

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

I.
The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Mitchell is a registered pharmaceutical technician with the Board.

II.
On or about April 15, 2011, Board staff was notified that Ms. Mitchell had been terminated from employment as a pharmaceutical technician at CVS/pharmacy #8794 located at 1600 North Buffalo Drive in Las Vegas, Nevada. It was found that Ms. Mitchell was removing hydrocodone 10/500 and 10/325 from the pharmacy. In Ms. Mitchell's written statement she admitted to stealing approximately 26 bottles of hydrocodone 500 stock bottles from her employing pharmacy. Ms. Mitchell explained that she and her husband were having financial problems and they were able to supplement her income by selling the stock bottles of hydrocodone for $500.00 each. Ms. Mitchell estimated that she profited by the sale of the stolen drugs approximately $12,500.00

FIRST CAUSE OF ACTION

III.
By stealing controlled substances from her employing pharmacy, namely

-1-
hydrocodone 10/500 and 10/325, Ms. Mitchell violated (NRS) 453.336(1) and/or 639.210(1), (4), and/or (12) and/or Nevada Administrative Code (NAC) 639.945(1)(h) and/or (i).

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

Signed this 20th 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 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
    Petitioner,

v.                                                 

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

TIMEKA MITCHELL, PT
Certificate of Registration No. PT08683,
    Respondent.

Case No. 11-051-PT-S

/___________________________________________/

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

I.

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

II.

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

The Board has reserved Thursday, July 14, 2011 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 20th day of May, 2011.

[Signature]
Larry L. Pinson, Executive Secretary
Nevada State Board of Pharmacy
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,  
Petitioner,  

v.  

TIMEKA MITCHELL, PT  
Certificate of Registration No. PT08683,  
Respondent.  

ANSWER AND NOTICE  
OF DEFENSE  

Case No. 11-051-PT-S  

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.

__________________________________________
Timeka Mitchell, PT
Letter of Explanation,

Dear Mr. Pinson,

I, Juneka Mitchell, Certificate of Registration No PT-08683, do hereby acknowledge that I was recently terminated from CVS #8794, 1600 North Buffalo Dr. Las Vegas, NV due to diversion of a controlled substance.

I would like the record to reflect that the financial hardship that I was experiencing at the time due to my husband being laid off, also had late payment on my bills as well. Anyone who truly knows me will attest that this was totally out of character to engage in such activities. I have truly evaluated the situation for quite sometime and I know that I am accountable for my actions and any disciplinary action that may be forthcoming.

Thank you in advance for time.

Sincerely,

Juneka J. Mitchell

JUN - 6 2011
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

v.

DEANGELA JOHNSON, PT
Certificate of Registration No. PT05272,

Case No. 11-039A-PT-S

VANNESKA ROBESON, PT
Certificate of Registration No. PT 07109
Respondents.

Case No. 11-039B-PT-S

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 Johnson and Robeson are registered pharmaceutical technicians with the Board.

II.

On or about April 15, 2011, Board staff was notified that Ms. Johnson and Ms. Robeson had been terminated from employment as pharmaceutical technicians at CVS/pharmacy #5144 located at 1425 West Lake Mead Boulevard in Las Vegas, Nevada. It was found that Ms. Johnson and Ms. Robeson were removing hydrocodone 10/500 from the pharmacy. One of them would fill a prescription for hydrocodone 10/500 put the stock bottle in the trash with the remaining tablets. The other would retrieve the stock bottle, remove the tablets and conceal them on their person. Ms. Johnson and Ms. Robeson would take turns with this activity.

III.

In Ms. Johnson’s written statement she admitted to stealing between 3,000 and 4,500 tablets of hydrocodone 10/500. Ms. Johnson admitted to consuming some of the
tablets and selling the remainder to four other people for $1.00 or $2.00 per tablet. Ms. Johnson estimated that she had profited by approximately $3,000.00 from selling the hydrocodone she stole from CVS #5144.

IV.

In Ms. Robeson's written statement she admitted to participating in this scheme with Ms. Johnson, however not to the extent Ms. Johnson participated. When Ms. Robeson would participate, she would receive money from Ms. Johnson after she sold the hydrocodone 10/500 tablets. Ms. Robeson estimates that she profited from this practice between $800.00 and $900.00.

**FIRST CAUSE OF ACTION**

V.

By stealing controlled substances from their employing pharmacy, namely hydrocodone 10/500, Ms. Johnson and Ms. Robeson violated (NRS) 453.336(1) and/or 639.210(1), (4), and/or (12) and/or Nevada Administrative Code (NAC) 639.945(1)(h) and/or (i).

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

Signed this 20th 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 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner,

v.

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

DEANGELA JOHNSON, PT
Certificate of Registration No. PT05272,
Respondent.

Case No. 11-039-PT-S

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

I.

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

II.

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

The Board has reserved Thursday, July 14, 2011 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 20th day of May, 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.

DEANGELA JOHNSON, PT
Certificate of Registration No. PT05272,
    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:

[See attached sheet]

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 March, 2011.

Deangela Johnson / PT
May 31, 2011

Letter of Explanation

Dear Mr. Pinson,

I, Deangela Johnson, Certificate of Registration No. PT-05272, do hereby acknowledge that I was recently terminated from CVS/pharmacy #5144, 1425 West Lake Mead Blvd, Las Vegas, NV for diversion of a controlled substances.

I would like to clarify Item III in the Notice of Intended Action and Accusation Report.

Item III stated that I admitted to taking between 3000 and 4500 tablets of Hydrocodone 10/500. I would like the record to reflect that although tablets were taken, the amount taken was closer to 1000-2500 tablets and not the amount of stated in the report.

I would also like the records to reflect that the financial hardship that I was experiencing at the time because of a recent surgery as well as other external circumstances clouded my judgment. Anyone that truly knows me will attest that this was totally out of my character to engage in such activities. I have evaluated the situation for quite sometime and I know that I am accountable for my actions and any disciplinary action that may be forthcoming.

Thank you in advance for your time.

Sincerely,

[Signature]

Deangela Johnson
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. DEANGELA JOHNSON, PT Certificate of Registration No. PT05272, Case No. 11-039A-PT-S VANNESIA ROBESON, PT Certificate of Registration No. PT 07109 Respondents. Case No. 11-039B-PT-S

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 Johnson and Robeson are registered pharmaceutical technicians with the Board.

II.

On or about April 15, 2011, Board staff was notified that Ms. Johnson and Ms. Robeson had been terminated from employment as pharmaceutical technicians at CVS/pharmacy #5144 located at 1425 West Lake Mead Boulevard in Las Vegas, Nevada. It was found that Ms. Johnson and Ms. Robeson were removing hydrocodone 10/500 from the pharmacy. One of them would fill a prescription for hydrocodone 10/500 put the stock bottle in the trash with the remaining tablets. The other would retrieve the stock bottle, remove the tablets and conceal them on their person. Ms. Johnson and Ms. Robeson would take turns with this activity.

III.

In Ms. Johnson's written statement she admitted to stealing between 3,000 and 4,500 tablets of hydrocodone 10/500. Ms. Johnson admitted to consuming some of the
tablets and selling the remainder to four other people for $1.00 or $2.00 per tablet. Ms. Johnson estimated that she had profited by approximately $3,000.00 from selling the hydrocodone she stole from CVS #5144.

IV.

In Ms. Robeson's written statement she admitted to participating in this scheme with Ms. Johnson, however not to the extent Ms. Johnson participated. When Ms. Robeson would participate, she would receive money from Ms. Johnson after she sold the hydrocodone 10/500 tablets. Ms. Robeson estimates that she profited from this practice between $800.00 and $900.00.

FIRST CAUSE OF ACTION

V.

By stealing controlled substances from their employing pharmacy, namely hydrocodone 10/500, Ms. Johnson and Ms. Robeson violated (NRS) 453.336(1) and/or 639.210(1), (4), and/or (12) and/or Nevada Administrative Code (NAC) 639.945(1)(h) and/or (i).

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

Signed this 20th 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 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

v.

VANNES ROBESON, PT
Certificate of Registration No. PT 07109
Respondent.

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

Case No. 11-039B-PT-S

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

I.

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

II.

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

The Board has reserved Thursday, July 14, 2011 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 20th day of May, 2011.

[Signature]

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  

VANNESSA ROBESON, PT  
Certificate of Registration No. PT 07109  
Respondent.  

Case No. 11-039B-PT-S

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.

__________________________________________
Vannessa Robeson, PT
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,                                     NOTICE OF INTENDED ACTION
                                             AND ACCUSATION

v.                                                Case No. 11-034-RPH-S

EMILY DE WITT, RPH.,                            Case No. 11-034-PH-S
Certificate of Registration #15591,

CVS/PHARMACY #8821,
Certificate of Registration #PH01095,

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 Emily De Witt is a pharmacist licensed by the Board and CVS/pharmacy #8821 (CVS #8821) is a pharmacy licensed by the Board, located at 8320 West Cheyenne Avenue in Las Vegas, Nevada.

II.

On or about March 7, 2011 Connar Shaw was prescribed dexamethasone intensol 2.25 mg with directions to take by mouth twice a day for one month. Connar Shaw is a four year old who was diagnosed with acute lymphoblastic leukemia and had undergone extensive chemotherapy treatments. The next part of his therapy was to begin a regimen of dexamethasone as prescribed.
III.

Connar Shaw began taking the medication as directed on the label. Approximately three weeks after he began this course of therapy, Connar Shaw returned to the clinic because he was sick. At that time it was found that the directions for use were incorrect on the prescription label. The label read, dexamethasone 0.5 mg./5 ml. liq – Take 4.5 ml. by mouth twice daily for one month. The directions should have been to Take 4.5 teaspoonsful by mouth twice daily for one month. Connar Shaw was receiving approximately 80% less dexamethasone than was prescribed for his therapy.

FIRST CAUSE OF ACTION

IV.

In failing to strictly follow the directions of Connar Shaw’s physician by mislabeling his prescription for dexamethasone with incorrect dosing instructions, Ms. De Witt violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i).

SECOND CAUSE OF ACTION

VII.

In owning and operating the pharmacy in which Ms. De Witt mislabeled Connar Shaw’s prescription for dexamethasone with incorrect dosing instructions, CVS/pharmacy #8821 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 19th 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 15 days of your receipt of this Notice of Intended Action and Accusation a written statement showing your compliance.
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

EMILY DE WITT, R.Ph.,
Certificate of Registration #15591,

EMILY DE WITT, R.Ph.,
Certificate of Registration #15591,

Case No. 11-034-RPH-S

Respondent.

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

I.

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

II.

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

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

IV.

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

DATED this 19th day of May, 2011.

[Signature]

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

Emily De Witt, R.Ph.
Black
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v. 

CVS/PHARMACY #8821,
Certificate of Registration #PH01095,

Respondent. 

ANSWER AND NOTICE OF DEFENSE

Case No. 11-034-PH-S

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

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

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

DATED this ______ day of ________________, 2011.

__________________________________

type or print name

__________________________________

for CVS/pharmacy #8821
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

v.                                             NOTICE OF INTENDED ACTION
FRANK ALVARADO, PTT                           AND ACCUSATION
Certificate of Registration No.: PT11394

CVS PHARMACY #8779                             Case No. 11-036-PTT-N
Certificate of Registration No.: PH01613

CVS PHARMACY CORPORATION                        Case No. 11-036-PH-N
A Rhode Island Corporation
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 26th, 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 15th day of April, 2011.

[Signature]

Lanett Pierson, 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

v.

NOTICE OF INTENDED ACTION

AND ACCUSATION

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 herewith.

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.

-1-
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 15th 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.

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

ANSWER AND NOTICE OF DEFENSE
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
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.                                                ANSWER AND NOTICE

CVS PHARMACY #8779                                OF DEFENSE
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
CVS PHARMACY CORPORATION
A Rhode Island Corporation

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 Corporation
My Name is Scott Thomas James. I would like to request to be put on the July Schedule of the Board of Pharmacy Meeting in Las Vegas to see if I can get my license back to practice pharmacy. I have paid my fines and have been attending CPR Per now for approximately 3 years.

Sincerely,
Scott Thomas James
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

SCOTT T. JAMES, R.Ph.,
Certificate of Registration No. 14535,

Respondent.

Case No. 06-048-RPH-S

FINDINGS OF FACT,
CONCLUSIONS OF
LAW, AND ORDER

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on October 25, 2006, in Las Vegas, Nevada. The Board was represented by Louis Ling, General Counsel to the Board. Though Mr. James was lawfully notified of the date and time of the hearing of this matter, Mr. James did not appear at the hearing. Based on the presentations of the parties and the public records in the possession and control of the Board, the Board issues the following Findings of Fact, Conclusions of Law, and Order:

FINDINGS OF FACT

1. At hearing, Board Staff presented evidence that Mr. James had personally received the Notice of Intended Action and Accusation in this matter and that he was aware of the date and time of the hearing. Nonetheless, Mr. James did not appear at the hearing of this matter. Board Staff presented no witnesses, but did read a written statement provided by Mr. James to the Board’s investigator that was made part of the Board’s investigative file in the matter. Based upon the presentation of Board Staff, the Board finds the following to be the facts of this matter.

2. Mr. James was employed at Huntridge Drug from January 5, 2005 until May 22, 2006. During that period, Huntridge Drug changed ownership several times. Throughout the changing of ownership by which Huntridge Drug became Complete
Care Pharmacy and then reverted to Huntridge Drug, Mr. James remained the managing pharmacist of the pharmacy.

3. On May 22, 2006, the owners of Huntridge Drug, Mark and Michelle Peterson, did a performance evaluation of Mr. James. Mr. James' employment was terminated because he had left the pharmacy unattended and unsecured during business hours.

4. Prior to Mr. James' termination of employment, Mr. Peterson had viewed the pharmacy's security videotapes. Mr. Peterson observed that in addition to the absence of Mr. James from the pharmacy, Mr. James was also observed in an upstairs office with his brother smoking methamphetamine.

5. In a written statement provided to Fred Ackermann, Board Investigator, Mr. James admitted to smoking methamphetamine with his brother while on duty as the managing pharmacist and while leaving the pharmacy unattended for approximately 45 minutes.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over Mr. James because he is a pharmacist licensed by the Board.

2. In leaving the secured area of Huntridge Pharmacy unattended when it was open to the public for approximately 45 minutes while serving as the managing pharmacist of the pharmacy, Mr. James violated NRS 639.210(4) and NAC 639.520(2)(b) and 639.945(1)(i).

3. In smoking illicit methamphetamine with his brother while on duty as a managing pharmacist at Huntridge Drugs, Mr. James violated NRS 453.336(1), 453.411(1), 639.210(1), (2), (3), and (4) and 639.283 and NAC 639.945(1)(i).
ORDER

Based upon the foregoing, the Board hereby orders the following:

1. Mr. James’s pharmacist’s license (#14535) is revoked effective October 25, 2006. Mr. James may not be employed in any business or facility licensed by this Board in any capacity unless and until his license as a pharmacist has been reinstated.

2. Mr. James may not apply for reinstatement of his license until he provides evidence of the following to the Board’s office:

   (a) Payment to the Board’s Reno office of a fine of $2,000.00 by certified or cashier’s check or money order made payable to “State of Nevada, Office of Treasurer”;

   (b) Payment to the Board’s Reno office of costs of investigation and prosecution of this matter of $450.00 plus the Board’s administrative fee of $295.00, for a total of $745.00 by certified or cashier’s check or money order made payable to “Nevada State Board of Pharmacy”;

   (c) Proof that he has entered into a substance abuse treatment agreement with PRN-PRN, that he has been successfully participating in his program, and that he has the recommendation of PRN-PRN that he be allowed to apply for reinstatement in order to recommence the practice of pharmacy.

   Signed and effective this 21st day of November, 2006.

   [Signature]

   David Wuest, President
   Nevada State Board of Pharmacy
Date: May 7, 2011

To whom it may concern at the Nevada State Board of Pharmacy,

I, Christopher Joseph Peters, wish to reapply for my license on July 14th, 2011. I greatly appreciate the opportunity that the board is giving me to try to get my license back in good standing. Thank you for hearing my case and if there is anything else that I need to provide, please let me know.

Thank You,

Christopher Peters

NV License #16325
BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

CHRISTOPHER J. PETERS, RPH.,
Certificate of Registration No. 16325,

Respondent.

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER

Case No. 10-011-RPH-S

THIS MATTER was heard by the Nevada State Board of Pharmacy (hereinafter Board) at its regular meeting on July 14, 2010, in Las Vegas, Nevada. The Board was represented by Carolyn J. Cramer, General Counsel to the Board. Respondent represented himself and filed a written Answer and Notice of Defense on his own behalf admitting the charges. Mr. Larry Espadero of PRN-PRN also appeared on behalf of Mr. Peters.

FINDINGS OF FACT

1. On or about February 1, 2010, Board staff received written notice from Debbie Mack, Director of Pharmacy Services for Wal-Mart, that Mr. Peters had been terminated from employment on January 27, 2010 for diversion of controlled substances from Wal-Mart #10-2402, Wal-Mart #10-2617 and Wal-Mart #10-4356.

2. Wal-Mart Asset Protection had conducted an investigation into whether Mr. Peters was creating and filling fraudulent prescriptions. Mr. Peters was interviewed and submitted a written statement admitting to taking approximately 100 tablets of Norco and approximately 40 Xanax tablets from his employing pharmacy for his personal use. Mr. Peters admitted to creating and filling approximately 20 to 30 prescriptions under different doctor’s names without authority to do so and using four different person’s names for Norco, Xanax, Suboxone, Valium and Subutex. Mr. Peters testified that he had been bitten by a brown recluse spider and prescribed Norco which rekindled his addiction to controlled substances. Mr. Peters testified that he was trying
to address his addiction and that is why he prescribed and took the Suboxone and Subutex.

3. Mr. Larry Espadero from PRN-PRN appeared and testify that Mr. Peters rejoined PRN-PRN in February of 2010. Mr. Espadero recommended that Mr. Peters not work in a pharmacy for at least one year while he addresses his addiction issues.

4. Mr. Peters testified that he has not worked in a pharmacy since he was terminated from Wal-Mart. Mr. Peters stated that he realizes that he has a dependency problem and he had become complacent over time. He now knows he needs help and is seeing a counselor and sponsor to address his dependency issues.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Mr. Peters is registered pharmacist with the Board.

2. In obtaining controlled substances, namely Norco, Xanax, Suboxone, Valium and Subutex, without a lawful prescription therefore, Mr. Peters violated Nevada Revised Statutes (NRS) 453.331(1)(d), and/or 453.336(1), and/or 639.210(1),(4) and/or (12) Nevada Administrative Code (NAC) 639.945(1)(h).

ORDER

Based upon the foregoing, the Board imposes the following discipline:

1. Mr. Peter’s registration (16325) is revoked. Mr. Peter’s may not be employed in any business registered by the Board in any capacity.

2. Mr. Peter’s shall pay the Board’s administrative fee of $295.00, by cashier’s or certified check or money order made payable to “Nevada State Board of Pharmacy” to be received by the Board’s Reno office within 60 days of the effective date of this Order.

3. Mr. Peter’s shall continue with PRN-PRN and all terms and conditions of the program.
Signed and effective this 5th day of August, 2010.

Donald W. Fey, President
Nevada State Board of Pharmacy
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: Nicholas                      Middle: Dakota                      Last: Covington
Home Address: 2332 French Alps
City: Las Vegas                      State: NV                          Zip Code: 89044
Telephone:                            Social Se
Date of Birth: Place of Birth: Lake Havasu City, AZ
Sex: M ☑ or F
E-mail Address: NdCov@yahoo.com

I am requesting registration at the following pharmacy or approved training program:
Pharmacy: Pima Medical Institute
Address: 3333 East Flamingo Road
City: Las Vegas                      State: NV                          Zip Code: 89121
Signature of Managing Pharmacist:    Lic #: PT00139 Date: 2011-01-01

(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 CANNOT SUBMIT THIS APPLICATION)
3) I have ☐ I have not ☑ been diagnosed or treated in the last five years for a mental illness or a physical condition
   that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse.
4) I have ☑ I have not ☐ been charged, arrested or convicted of a misdemeanor ☐ or felony ☑
5) I have ☐ I have not ☑ been the subject of an administrative action whether completed or pending.
6) I have ☐ I have not ☑ had a professional license suspended, revoked, surrendered or otherwise disciplined,
   including any action against my license that was not made public.
   If you checked "I have" to questions 3 thru 6, please include the following information and provide documentation and/or an
   explanation.
   a) Board Administrative Action
      and/or
      State: _______ Date: _______ Case #: _______
   b) Criminal Action
      County: Mohave
      State: Arizona Date: _______ Case #: 200900505
      Court: Lake Havasu Consolidated 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.

Nicholas Covington  5/24/11

Signature Date

Board Use Only
Received:  40011  Check Number:  40011  Amount: 400.00
Nevada State Board of Pharmacy
431 West Plumb Lane
Reno, Nevada 89509
June 5th, 2011

To whom it may concern,

I am writing this letter as an explanation in regards to my misdemeanor listed on my pharmacy technician trainee application, and as a request for an approval by the Nevada Board of Pharmacy to be licensed as a pharmacy technician trainee.

Back in 2009, when I was 19 years old, I was young, reckless, naïve, and rebellious, and I did something ridiculous that I regret is on my record. Some friends and I lived in a town that was filled with drugs and alcohol, there really wasn’t much else to do. I was arrested for paraphernalia, and reckless endangerment, I am still paying off the court fees of $2,300.00, the District Attorney also recommended that I attend counseling, but the judge believed it was not needed in the case, as I have changed my environment. I regret everything that happened that night.

This is a very embarrassing period in my life, especially since I’m not the same irresponsible person anymore. I am currently working at a restaurant and living with my brother and his family, which is starting to feel like my family, I am making a better life for myself to create a better future; I understand the consequences of right and wrong, including state and federal laws and the punishment of violating them.

I admit to making a devastating mistake over 2 years ago and have learned from that bad decision and the consequences that arose from that situation. As a better and more mature adult who has gone back to school to pursue a career in the medical field, I have a passion and a desire to be the best in the pharmaceutical field.

Kindly consider approving my application as a pharmacy technician trainee so that I can improve the quality of life for myself and for my family.

Thank you for your time and thank you in advance for the opportunity.

Sincerely,

Nicholas D. Covington
Pharmacy Technician Trainee
Board Action:

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

Second: Keith Macdonald

Action: Passed Unanimously

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

A. Brian Fello

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

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

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

B. Alexander G. Frankos

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

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

Board Action:

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

Second: Cheryl Blomstrom

Action: Passed Unanimously
**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)**

**Check one**

- New Application
- Change of Pharmacy
- Additional Pharmacy

**Complete Name (no abbreviations):**

First: Alexander Middle: George Last: Frankos

**Home Address:** 5434 Windy Hills Ave.

**City:** Las Vegas **State:** NV **Zip Code:** 89131

**Telephone:** Apt #: Date of Birth: Social Security Number: Sex: M or F

**Place of Birth:** Las Vegas, NV **E-mail Address:**

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

Pharmacy: Anthem Institute

**Address:** 2330 S. Rancho Drive

**City:** Las Vegas **State:** NV **Zip Code:** 89104

**Signature of Managing Pharmacist:**

**License #:** WA1123 **Date:** 9/16/10

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

---

1) Are you 18 years of age or older? **Yes-X- No 0**

2) Are you a high school graduate or the equivalent? **Yes-X- No 0**

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

3) I have _ I have not X 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 X been charged, arrested or convicted of a misdemeanor or felony.

5) I have _ I have not X been the subject of an administrative action whether completed or pending, including any action against my license that was not made public.

6) I have _ I have not X had a professional license suspended, revoked, surrendered or otherwise disciplined.

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

- **Board Administrative Action and/or**
  - State:______ Date:________ Case #:______

- **Criminal Action**
  - County: Clark
  - State: Nevada Date: 12-20-2008 Case #: CRD13752-08 Court: case was closed

---

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

**I am _ I am not x 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, regulations and laws 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**

**Board Use Only**

**Received:**

**Chase Number:**

**Date:**

**Amount:**

**Date:**

---
Case number: CR0022154-07

I was pulled over on 3-23-2007 by North Las Vegas Police for a minor traffic violation. In my vehicle I was in possession of marijuana less than an oz. The case was closed.
I was pulled over for a minor traffic violation. I was taken to North Las Vegas Police Department where I was asked to give a blood sample. After the results of the blood test came back it was determined that I was driving under the influence of marijuana. The case was closed.
**General Inquiry**

<table>
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<tr>
<th>Summary</th>
<th>Profiles</th>
<th>Events</th>
<th>Dockets</th>
<th>Fields</th>
<th>Notes</th>
<th>Dispositions</th>
<th>Costs</th>
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**CRIMINAL NLV - Summary**

CR013752-08 CITY OF NORTH LAS VEGAS CITY OF NORTH LAS VEGAS VS. FRANKOS, ALEXANDER GEORGE

DEFENDANT(s)
FRANKOS, ALEXANDER GEORGE

Attorney(s)
Attorney(s)

Full Name
Full Name

Address
Address

City/State/Zip
City/State/Zip

Phone
Phone

CONT-SUB-MARJ
POSSESSION OF CONTROLLED SUBSTANCE - LESS 1 OZ MARIJUANA

Additional Fields
- ACCIDENT
- AGENT
- AGENT DIVISION
- BASE IDENTIFICATION NUMBER
- COMMERCIAL VEHICLE
- CONSTRUCTION ZONE
- COLLECTIONS WARRANT WALL
- INJURY
- JED WARRANT LETTER TRACKING
- MASTER FILE
- POLICE DEPARTMENT INCIDENT NUMBER 08032955
- SCHOOL ZONE
- SCOPE
- SCOPE SID#
- TR HISTORY NUMBER

Case Attributes

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<td>10-22-2008</td>
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**NORTH LAS VEGAS**

**COUNTY OF CLARK - STATE OF NEVADA**

**JUDGMENT OF SENTENCE**

**DEFENDANT:** ALEXANDER GEORGE FRANKOS  
**COURT:** CR010264-06

**DATE OF ARREST/VIOLATION:** 12/04/2006

**VIOLATION OF ORDINANCE (S):**
- Driving on a Cancelled, Revoked, or Suspended D/L
- Possession of Narcotics Paraphernalia
- Possession of Controlled Substance - Less 1 oz Marijuana
- Registration Certificate to be Carried in Vehicle
- Fail to Signal Lane Change on Marked Highway
- Speeding 11-20 MPH over Limit

**DATE OF DISPOSITION:** 01/11/2007  
**IN OPEN COURT**

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<tr>
<th>FINAL CHARGE (S)</th>
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<td>Plea Guilty</td>
<td>SS</td>
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**CASE CLOSED 1/11/2007**

[Signature]

**COURT CLERK**

[Signature]

**MUNICIPAL JUDGE**
IN THE MUNICIPAL COURT OF THE CITY OF
NORTH LAS VEGAS
COUNTY OF CLARK - STATE OF NEVADA

JUDGMENT OF SENTENCE

DEFENDANT: ALEXANDER GEORGE FRANKOS
COURT: CR013752-08

SSNO: _______________ DATE OF BIRTH: _______________

DATE OF ARREST/VIOLATION: 12/22/2008

VIOLATION OF ORDINANCE(S):
- POSSESSION OF CONTROLLED SUBSTANCE - LESS 1 OZ MARIJUANA
- DRIVING WITHOUT HEADLIGHTS

DATE OF DISPOSITION 02/03/2009 IN OPEN COURT

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CASE CLOSED 2/3/2009

COURT CLERK

MUNICIPAL JUDGE
IN THE MUNICIPAL COURT OF THE CITY OF
NORTH LAS VEGAS
COUNTY OF CLARK - STATE OF NEVADA

JUDGMENT OF SENTENCE

DEFENDANT: ALEXANDER GEORGE FRANKOS
COURT: CR010142-07

SSNO: ____________________________ DATE OF BIRTH: ____________________________

DATE OF ARREST/VIOLATION: 12/04/2006

VIOLATION OF ORDINANCE (S): DUI-ALCOHOL/ DRUGS

DATE OF DISPOSITION 05/27/2008

IN OPEN COURT

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<td>DRG/ALC EVAL</td>
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<td>RANDOM DRG TEST - 12 WKS, ABSTAIN FROM ALCOHOL</td>
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<td>COUNS LEVEL 1 ORDERED: 1 XWK/ 12 WKS</td>
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<td>CASE CLOSED 12/17/2008</td>
</tr>
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</table>

COURT CLERK
MUNICIPAL JUDGE
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: Brian Middle: Jay Last: Katz
Home Address: 7709 Sanction Ave. Apt #: 
City: Las Vegas State: NV Zip Code: 89131
Telephone: ___ Social Security Number: 
Date of Birth: ___ Place of Birth: Skokie IL Sex: M or F
E-mail Address: Brian Katz00@live.com

I am requesting registration at the following pharmacy or approved training program:
Pharmacy: Andrew Institute Store #:
Address: 2320 E Rancho Dr
City: Las Vegas State: NV Zip Code: 89102
Signature of Managing Pharmacist: 
Signature: Bitagalo Lic #: 711408 Date: 5/6/11

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

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

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

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

b) Criminal Action
County: State: Date: Case #:

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: Katz
Date: 4/19/11

Board Use Only
Received: JUN 2 1 2011 Check Number: 595 Amount: 40.00

57175
To whom it may concern,

During the summer of 2005, I was stopped by the highway patrol in Utah’s city of St. George. I was on my way back to Las Vegas from visiting a friend in Colorado. When the officer approached my vehicle, he was able to smell a strong marijuana odor. He searched my car and found a small amount of marijuana in my possession. Since I had already been driving for 10 hours, the officer wrote me a citation, and let me continue on my way, provided that I return to St. George for my scheduled court date. When I attended my court date, the judge gave me a fine, as long as I went down to the police station to get booked.

During the summer of 2008, I was stopped by a metro police officer as I was trying to pass a vehicle in front of me who was going well under the speed limit. I was told to get out of the car so he could perform a field sobriety test. According to the officer, I failed almost all of the tests, and he arrested me for driving under the influence.

To this day, I am very remorseful for my actions, and I have learned from my young, immature mistakes that I have made in the past. Since these incidents, I have grown more mature and responsible, and nothing of this nature will ever happen again.

Sincerely,

Brian Katz

4/26/11
February 16, 2011

BRIAN KATZ
7709 SANCTION AVE.
LAS VEGAS, NV 89131

RE: The City of Las Vegas vs. BRIAN KATZ
Case No.: C722417 A/B/C

Dear Mr. Katz:

Please be advised that your case is now resolved. Accordingly, our work on your behalf in this matter is concluded.

If you would like a copy of your file for your own records, please request a copy of the same at the phone number below to arrange a time for you to pick it up. Please know that you have two (2) weeks from the date of this letter to retrieve a copy of your file from our office. If you fail to do so, a retrieval fee of $75.00 will be required.

Thank you for choosing our office to serve your legal needs. If you, a family member or a friend needs legal assistance, please do not hesitate to contact us. We handle all criminal and personal injury cases. Additionally, we handle all non-criminal traffic citations for free.

Sincerely,

JASON W. BARRUS, ESQ.

JB/ss
November 10, 2010

BRIAN KATZ
7709 SANCTION AVE.
LAS VEGAS, NV 89131

RE: The City of Las Vegas vs. BRIAN KATZ
Case No.: C722417 A/B/C

Dear Mr. Katz:

Please be advised that you have been ordered to comply with the following requirements prior to your next hearing.

1. Pay a $397.00 fine to the Court (please contact the LV Municipal Court on ways to pay at #229-6497).

Your Status Check hearing has been scheduled for February 16, 2011 at 2:30 P.M., in the Las Vegas Municipal Court, Department 4. Your presence is required on this date only if you are not compliant with your requirements. If you fail to comply, you will be ordered to serve jail time.

Should you have any questions do not hesitate to contact our office.

Respectfully,

[Signature]

JASON W. BARRUS, ESQ.

LB/ss

Las Vegas Office:
500 South Eighth St.
Las Vegas, NV 89101
Phone: (702) 360-4949
Alt. Phone: (702) LAW FIRM
Facsimile: (702) 360-3234

Phoenix Office:
202 E. Earll Dr., Suite 490
Phoenix, AZ 85012
Phone: (602) 265-5555
Alt. Phone: (877) AZ LAW FIRM
Facsimile: (602) 265-5550
City of Las Vegas Municipal Court DUI School
LasVegasDUISchool.com

ALCOHOL AND SUBSTANCE ABUSE COURSE COMPLETION CERTIFICATE

Student Name: Brian Katz
Student Address: 7709 Sanction Ave.
                Las Vegas, NV 89131

D.L. #: 1601697870
D.O.B.: 03/07/1984

A. Name and Department of the Court having jurisdiction: Las Vegas Municipal Court
B. Judge's Name:
C. Citation Number: C0722417-A
D. Court Ordered Completion Date: 11/10/2010
E. Did the student successfully complete the course within the time ordered by the court? YES
F. Any Additional information required by order of the court:

I hereby Certify all statements on this form are true.

STUDENT'S SIGNATURE

DATE

TO BE COMPLETED BY SCHOOL OFFICIAL:

School Name: City of Las Vegas First Offender DUI Program
School License#: DUI000025947

Course Attended: ALCOHOL AND SUBSTANCE ABUSE
Date Completed: 11/07/2010

Hours of Instruction: 8 hour
Final Test Score: 82.5%

Instructor's Name: Lisa Warren
Certificate #: 00001069

Instructor's Signature:

Mail form to: Department of Motor Vehicles, Central Services and Records Division, 555 Wright Way, Carson City, Nevada 89711, Attention: Data Integrity.

(Must be submitted by the 10th day of the month immediately following the month in which the student enrolls)
RE: AUTHORIZATION

I, Brian Katz, authorized Moraima, an employee of Baker Law Offices to debit from my account (XXXX-XXXX-XXXX-0833) the amount of $100.00 on August 26, 2010 as a one time payment, with a new balance of $150.00.

(CARD HOLDER SIGNATURE)

RECEIVED
SEP 08 2010

LB:mv
Enclosure

BAKER LAW OFFICES

500 South Eighth Street • Las Vegas, Nevada 89101
Phone: (702) 360-4949 • Fax: (702) 360-3234
Next of Kin Notification

Sherry Katz  Mother
In case of your death - Please refer to instructions

7101 Sanction Ave, Las Vegas, NV

702-323-9913

Contact phone numbers
Signature

Coroner's DUI Program

Brian Katz
Print Full Name

Attended the Coroner's DUI programs at the Clark County
6/19/10

Coroner's Office

Complete the above side
Date: 01/29/10
To: Lloyd W. Baker
RE: Brian Katz
Coroner Visitation Proof
July 26, 2010

Brian Katz
7709 Sanction Ave.
Las Vegas, NV 89131

RE:  The City of Las Vegas vs. Brian Katz
Case No.:C722417 A/B/C
Balance $250.00

Dear Mr. Katz:

Per your retainer, your payment is now 8 MONTHS late. If we do not hear from you within ten (10) days from the date of this notice, we will start a Motion to Withdraw on your case and will not appear at your hearing scheduled for November 10, 2010. If you have already made this payment, please disregard this notice.

Please feel free to call our office with any questions that you may have.

Respectfully,
BAKER LAW OFFICES

[Signature]

LLOYD W. BAKER, ESQ.

500 South Eighth Street • Las Vegas, Nevada 89101
Phone: (702) 360-4949 Fax (702) 360-3234
June 30, 2010

BRIAN KATZ  
7709 SANCTION AVE.  
LAS VEGAS, NV  89131

RE:  The City of Las Vegas vs.  BRIAN KATZ  
Case No.: C722417 A/B/C

Dear Mr. Katz:

Please be advised that you have been ordered to comply with the following requirements prior to your next Status Check hearing.

1. Complete DUI school online (see attachment)  
2. Pay a $577.00 fine to the Court OR do Community Service (see attachment for more information on how to enroll)  
3. Pay a $75.00 "no show" fee

Your Status Check hearing has been scheduled for November 10, 2010 at 8:30 A.M., in the Las Vegas Municipal Court, Department 4. Your presence is required on this date so you may show proof that you are compliant with your requirements. If your requirements are not completed you may face further consequences.

Should you have any questions do not hesitate to contact our office.

Respectfully,

BAKER LAW OFFICES

[Signature]

JASON W. BARRUS, ESQ.

JB/ss

500 South Eighth Street • Las Vegas, Nevada 89101  
Phone: (702) 360-4949 • Fax: (702) 360-3234
LAS VEGAS MUNICIPAL COURT TRAFFIC SCHOOL  
Located at the Regional Justice Center  
200 Lewis Avenue  
4th Floor  

You may take the 5-hour Traffic School Class in one of two ways:

1) **Internet Traffic School:** Log onto [www.lasvegasdriver.com](http://www.lasvegasdriver.com) and use your credit card to pay for the class.

2) **Classroom Traffic School:** Call 229-2244 to schedule an appointment. You must arrive 30 minutes before class to pay your tuition fee and be seated. Late arrivals will NOT be admitted.

All reschedules will be charged a $10 fee each time a class is missed or the date is changed.

<table>
<thead>
<tr>
<th>Tuition Costs</th>
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<tr>
<td>Traffic School</td>
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<td>Repeat Offender Online</td>
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<td>Traffic Safety Film</td>
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</tbody>
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Las Vegas Municipal Court  
Alternative Sentencing and Education Division  
Regional Justice Center  
200 Lewis Avenue  
Fourth Floor  
Las Vegas, Nevada

COMMUNITY SERVICE WORK PROGRAM REFERRAL INSTRUCTIONS

- Report to the Alternative Sentencing and Education Division front counter, located on the 4th Floor of the Regional Justice Center, within 7 days. Enrollment hours are Monday-Friday, 9am-5pm.
  
  **You must enroll in the program no more than 7 days after being referred**

- The $35.00 program fee is due at the time of enrollment

- Please provide this referral sheet, along with your court receipt, when you enroll

- If you have any medical problems, a doctor's release will be required before you are assigned a work-site

You will be assigned a work-site and scheduled based upon availability of sites and the particular circumstances of your case. We cannot guarantee a worksite close to your home. Program requirements and conditions of participation will be explained to you at the time of
February 26, 2010

BRIAN KATZ
7709 SANCTION AVE.
LAS VEGAS, NV 89131

RE: The City of Las Vegas vs. BRIAN KATZ  
Case No.: C722417 A/B/C

Dear Mr. Katz:

The following requirements must be fulfilled prior to your Status Check hearing in June 30, 2010.

1. Pay a $577.00 fine to the Court
2. Attend DUI school
3. Complete Victim Impact Panel classes ~
4. Attend Coroners class
5. all other counts dismissed

Your Status Check hearing on this charge is scheduled for June 30, 2010 at 8:30 A.M., in the Las Vegas Municipal Court, Department 4. Your presence is required on this date so you may show proof that you are compliant with your requirements. If these requirements are not completed you may face further consequences.

Should you have any questions do not hesitate to contact our office.

Respectfully,

BAKER LAW OFFICES

LLOYD W. BAKER, ESQ.

500 South Eighth Street • Las Vegas, Nevada 89101  
Phone: (702) 360-4949 • Fax: (702) 360-3234
February 16, 2010

Brian Katz
7709 Sanction Ave.
Las Vegas, NV 89131

RE: The State of Nevada vs. Brian Katz
Case No.: C722417 A/B/C
Balance $250.00

Dear Brian:

We have been trying to reach you regarding the above-mentioned balance. Per your retainer, your payment is now 4 months late. Please call our office to advise when you will be making the payment. If you have already made this payment, please disregard this notice.

Please feel free to call our office with any questions that you may have.

Respectfully,

[Signature]

Baker Law Offices

LLOYD W. BAKER, ESQ.

LB/vg

500 South Eighth Street, Las Vegas, Nevada 89101
Phone: (702) 360-4949 Fax (702) 360-3234
December 10, 2009

BRIAN KATZ
7709 SANCTION AVE.
LAS VEGAS, NV 89131

RE: The City of Las Vegas vs. BRIAN KATZ
Case No.: C722417 A/B/C

Dear Mr. Katz:

Please be advised that your next hearing has been scheduled for February 24, 2010 at 2:00 P.M., in the Las Vegas Municipal Court, Department 4. Your presence is required on this date. Failure to appear may result in a bench warrant.

Should you have any questions do not hesitate to contact our office.

Respectfully,

BAKER LAW OFFICES

[Signature]

LLOYD W. BAKER, ESQ.

500 South Eighth Street • Las Vegas, Nevada 89101
Phone: (702) 360-4949 • Fax: (702) 360-3234
September 30, 2009

Brian Katz
7709 Sanction Ave.
Las Vegas, NV 89131

RE: The City of Las Vegas vs. Brian Katz
Case No.: C722417 A/B/C

Dear Mr. Katz:

Please be advised that your Pre-trial hearing has been scheduled for December 9, 2009, at 2:00 P.M. in the Las Vegas Municipal Court, Department 4. Your presence is required on this date. If you do not appear on this date a warrant may be issued for your arrest.

Please feel free to call my office with any questions that you may have.

Respectfully,

BAKER LAW OFFICES

LLOYD W. BAKER, ESQ.

LB/ss

500 South Eighth Street º, Las Vegas, Nevada 89101
Phone: (702) 360-4949 Fax (702) 360-3234
July 22, 2009

BRIAN KATZ
7709 SANCTION AVE.
LAS VEGAS, NV 89131

RE: THE CITY OF LAS VEGAS vs. BRIAN KATZ
Case No.: C722417 A/B/C

Dear Mr. Katz,

Please be advised that your Trial date is scheduled for September 28, 2009, at 2:30 P.M., in the Las Vegas Municipal Court, Dept. 4. Your presence is required on this date. If you do not appear on this date, a warrant will be issued for your arrest.

We will begin negotiations within a week of the Trial date. As soon as we have a good deal negotiated we will contact you immediately to inform you of it.

Please feel free to call my office with any questions that you may have.

Respectfully,

BAKER LAW OFFICES

[Lloyd W. Baker, Esq.]

LB/jh

500 South Eighth Street • Las Vegas, Nevada 89101
Phone: (702) 360-4949 • Fax: (702) 360-3234
CITY OF LAS VEGAS,

vs.

BRIAN KATZ
ID#: 2668821

Defendant.

CITY OF LAS VEGAS,

vs.

BRIAN KATZ
ID#: 2668821

Defendant.

CASE NO. C0722417A/B/C
DEPT NO. 4
CODE NO. 1103/9527/9522

CRIMINAL COMPLAINT

Said Defendant, on or about June 27, 2008, at and within the City of Las Vegas, State of Nevada, in the area of ELK Horn ROAD AND NORTH CIMARRON ROAD, has committed the following:

COUNT A

DRIVING UNDER THE INFLUENCE (Misdemeanor - LVMC 10.02.010, LVMC 11.14, NRS484.038 and NRS 484.379(2)(3)), to-wit: said Defendant did wilfully and unlawfully drive a motor vehicle and/or be in actual physical control of a motor vehicle by having existing or present bodily restraint, directing influence, domination, or regulation of the vehicle, on a highway or on premises to which the public has access while under the influence of a controlled substance or chemical, to-wit: Delta-9-Tetrahydrocannabinol and/or Delta-9-THC Carboxylic Acid (marijuana metabolite) and/or, to any degree, however slight, that the Defendant was incapable of safely operating said vehicle, to-wit: such influence diminished the Defendant's mental or physiological functions so that the risk of an accident was unreasonably increased and/or did wilfully and unlawfully drive a motor vehicle and/or be in actual physical control of a motor vehicle by having existing or present bodily restraint, directing influence, domination, or regulation of the vehicle on a highway or on premises to which the public has access with a prohibited substance in his blood,
to-wit: Delta-9-Tetrahydrocannabinol, in an amount equal to or greater than 2 nanograms per milliliter, to-wit: 19 nanograms per milliliter and/or Delta-9-THC Carboxylic Acid (marijuana metabolite), in an amount equal to or greater than 5 nanograms per milliliter, to-wit: 180 nanograms per milliliter.

COUNT B

POSSESSION OF DRUG PARAPHERNALIA (Misdemeanor - LVMC 10.02.010 and NRS 453.566), to-wit: said Defendant did then and there wilfully and unlawfully possess with intent to use drug paraphernalia, to-wit: a digital scale and/or a glass pipe with residue, said items commonly used for the purpose of preparing and/or ingesting and/or inhaling or otherwise introducing into the body a controlled substance.

COUNT C

POSSESSION OF ONE OUNCE OR LESS OF MARIJUANA (Misdemeanor - LVMC 10.02.010 and NRS 453.336), to-wit: said Defendant did then and there wilfully and unlawfully possess one ounce or less of marijuana.

All of which is contrary to the form, force and effect of Statutes in such cases made and provided and against the peace and dignity of the City of Las Vegas, State of Nevada. Said Complainant makes this declaration on Information and belief subject to the penalty of perjury.

Dated: January 26, 2009

Martin G. Orsineh

MARTIN G. ORSINELLI, Complainant
# City of Las Vegas
## Office of the City Attorney
## Criminal Division

## Discovery Production
## and Billing Notification

### Discovery Information

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<thead>
<tr>
<th>Description</th>
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<tr>
<td>Amount Due</td>
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</tr>
</tbody>
</table>

Prepared by: ANDERSON
Date: February 2, 2009

### Attorney Information

**Lloyd W. Baker**  
Attorney  
500 South Eighth Street  
Las Vegas, Nevada 89101

### Promise of Reciprocal Discovery

I am the attorney for the named Defendant. In executing this request for Discovery, I acknowledge receipt of Discovery provided by the CITY's Request for Discovery and promise to comply with all requirements of NRS 174.089 and 174.295.

Signature: __________________________
Date: __________________________

### Discovery Provided by City

If necessary, the court's jurisdiction will be established, in whole or in part, by the use of the following two publications (See NRS 51.245 and 51.275): Edition '07 Greater Las Vegas Street Guide and Directory, © 2007 by Metro Maps, Inc. and/or 2007 Directions Official Street Guide, 3rd Edition, © 2007; and/or a request of the Court to take judicial notice under NRS 47.130-47.170 and/or its corresponding supplements.

The CITY has provided written or recorded statements or confessions made by the Defendants, any written or recorded statements made by any witness, results of physical or mental examinations and of scientific tests or experiments in connection with the case which are within the possession or custody of the prosecuting attorney. Additional discovery will be furnished when available pursuant to NRS 174.295. It may be obtained at the Office of the City Attorney, City Hall, 9th Floor. Prior to any trial, it is the responsibility of defense counsel to contact the Deputy City Attorney assigned to prosecute this case to verify that all available discovery materials have been provided.

The parties agree that, pursuant to NRS 174.335(1) and (2), the attached documents constitute service and filing of the Notice of Witness' swears required by said statute. Please note that the address of any witness employed by the LV Metropolitan Police Department is 400 Stewart, Las Vegas, Nevada 89101; the address of Nevada Highway Patrol is 7615 W. Sunset Road, Las Vegas, Nevada 89118.

The Offices of the City Attorney have a "open file" policy. It is aware of obligation concerning the provision of discovery under the Nevada Revised Statutes and under Brady, Adam, Giglio, Kyles, their progeny - including the limitations of the City's pretrial obligations under such authorities. The City intends to continue to meet its obligations therein. If you feel that the City is not meeting its obligations, please so advise and specify each item of information thought to be withheld; such items' materiality to an admissible defense or qualification as admissible impeachment; the person or agency in actual possession of each item; the relationship the City has with such person or agency; why it is reasonable to conclude that the City can force disclosure of such material; what efforts you have undertaken to obtain each item and why each item requested is not equally accessible to you or your client (through the issuance of a subpoena or otherwise). The City will then communicate an appropriate response. "Boilerplate" requests will invite a simple restatement of this paragraph.

### CITY's Request for Discovery

Defendant agrees to accept this document as constituting a sufficient request for Discovery under NRS 174.245 in compliance with NRS 174.285. Pursuant to NRS 174.245, the CITY hereby requests that the Defendant provide to the Office of the City Attorney to inspect and/or provide copies: (a) written or recorded statement made by any witness within the possession, custody or control of the Defendant or Defendant's counsel; the existence which is known, or by the exercise of due diligence may become known, to the Defendant or Defendant's counsel; and (b) results or reports of physical or mental examinations and of scientific tests or experiments made in connection with the particular case, or copies thereof within the possession, custody or control of the Defendant or Defendant's counsel; the existence which is known, or by the exercise of due diligence may become known, to the Defendant or Defendant's counsel; and (c) books, papers, documents, tangible objects, or copies of portion thereof that Defendant intends to introduce into evidence as set forth in NRS 174.245. The Defendant agrees to provide such documents within 30 days of receiving the attached documents or 30 days prior to trial (whichever is sooner) and provide additional documents as they become available pursuant to NRS 174.245.
LAS VEGAS METROPOLITAN POLICE DEPARTMENT
DECLARATION & REPORT OF MISDEMEANOR (DUI) ARREST

Event Number: 060629 3254

Name @ Booking: HATZ BRIAN

ID#: NVW 2668821
SSN: 347-82-6601
DL/#/State: 16016978701

The undersigned makes the following declaration subject to the penalty of perjury: I am a police officer with the Las Vegas Metropolitan Police Department and have been so employed for 7 years. From the identified sources, I have probable cause to believe that the person named above committed criminal offenses within the City of Las Vegas and Clark County, Nevada as follows:

Driving or Being in Actual Physical Control of a Motor Vehicle to-wit: (year) 2011 (make) HYUNDAI (VIN#: KMHYN74G7B6173319) while intoxicated, which occurred in the area of 4300 S. Maryland Pkwy on or about the 24 day of June 2018, which occurred in the same area on the same date and approximate time.

INVESTIGATION PRECEDING SUSPECT CONTACT

1. ☑ Routine Roadside Traffic Stop by ☑ Declaration ☑ Officer based upon the following reasonable suspicion: HATZ BRIAN WAS DRIVING THE ABOVE VEHICLE AT 46 MPH IN A POSTED 25 MPH ZONE.

2. ☐ Call to Dispatch Received ☐ ☑ hours. Caller:

   Caller Reported: ☐ Collision ☐ Unknown ☐ Injury; ☑ Suspected Drunk Driver

   ☐ Other:

   ☐ Declant ☐ Other arrived at the scene ☑ hours and determined that this person was driving a motor vehicle involved in the ☑ collision via the ☑ their admission; ☐ their statements of concern as to the vehicle or its contents; ☐ their presenting registration or insurance information as required by law; ☐ their proximity to the vehicle;

   ☐ their possession of the keys to the vehicle;

   ☐ their personal possessions in the vehicle including

   ☐ the statements of witness(es) (who ☐ did ☐ did not write a statement) and ☑ see suppl.

3. ☑ The above-named person was in actual physical control of the above-described vehicle as observed by ☑ Declant ☑ Other to-wit: sitting in the vehicle behind the wheel while; ☑ the engine was running; ☑ the vehicle was in park drive ☑ neutral ☑ reverse; ☑ the keys were in the ignition; ☑ the vehicle lights were on; ☑ the heater/air conditioner was on; ☑ while the vehicle was located at a place to which the public has access to-wit:

   where such vehicle was likely driven to because

   ☐ their foot was on the brake; ☑ with the vehicle engine being warm; ☑ other indicators as follows: ☑ see suppl.

LYAPD 285 (REV. 5/09)

* See Supplemental, UNPD 283
4. The above-named person was stopped at a DUI Checkpoint pursuant to established department policy.

5. The officer observed the above-named person's physical appearance and demeanor to be consistent with being under the influence of drugs/alcohol as follows:
   - Eyes: ( ) Bloodshot
   - Hair: ( ) Sweaty
   - Speech: ( ) Slow/mumbling
   - Clothing: ( ) Other: 
   - Breath: ( ) Alcohol
   - Gait: ( ) Swaying

6. They admitted to drinking or using drugs as follows:
   - Drinking: ( ) Yes
   - Drug Use: ( ) Yes
   - Other: 

7. They were offered the following standardized field sobriety tests and passed:
   - ( ) One Leg Stand - (Walk & Turn) Passed
   - ( ) Vision Test Passed
   - ( ) Horizontal Gaze Nystagmus Passed
   - ( ) Countered Right Hand Test Passed

8. They were asked to submit to a preliminary breath test which they
   - Passed
   - Failed
   - Refused

9. They were read the implied consent law which they indicated they understood and consented:
   - Forced
   - Hours

10. Evidence stored at
    - ( ) BLOOD
    - ( ) BREATH
    - ( ) URINE

11. Evidence stored at
    - ( ) Blood
    - ( ) Breath
    - ( ) Urine

12. They have a prior DUI conviction which occurred on
    - Date:
    - Location:
    - Type:
    - Reason:

13. Other factors showing probable cause to believe that the above-named person was a principal in the above-described offense(s) as follows:

14. Witness(es) Name/Address:

Wherefore this Declarant swears that the above-named person is to be held in this case.

Declarant

Date:

Connecting Reports/Documents:

* See Supplemental, LVMPD 295
LAS VEGAS METROPOLITAN POLICE DEPARTMENT
DECLARATION FOR THE WITHDRAWAL OF WHOLE BLOOD SAMPLE

STATE OF NEVADA )
COUNTY OF CLARK )

EVENT #: 080620 3254

KATZ, BRIAN J
(Print Name of Declarant Drawing Blood)

being first duly sworn, deposes

and says THAT I AM A: 

Registered Nurse
Licensed Practical Nurse
Laboratory Technician/Assistant
Emergency Medical Technician
Physician Assistant

Nurse Practitioner
Medical Doctor
Other (Specify)

employed by: PRISON HEALTH SERVICES

That a regular part of my duties is the withdrawing of blood samples from persons and I am authorized to do so by:

X Nevada State Board of Nursing.
   Nevada Department of Human Resources / Health Division / Bureau of Licensure & Certification.
   Nevada Board of Medical Examiners (Doctors Only).

That on JUNE 28, 2008, at 00:07 AM/PM, I withdrew a sample of blood in a medically accepted
manner (including using no alcohol solutions or alcohol-based swabs) from a person known to me

as KATZ, BRIAN J
(Print Name of Person Blood Drawn From)

That I kept the sample of blood in my sole custody or control and it remained in substantially the same condition
as when I first obtained it, until I delivered the sample to Office. B. THEIL , P# 6097

of the Las Vegas Metropolitan Police Department. Lawrence Wagen, do hereby declare under
penalty of perjury that the foregoing is true and correct.

I HEREBY CERTIFY that this is a full,
true and correct copy of the original
Declaration for Withdrawal of Whole Blood on file
with the Las Vegas Metropolitan Police Department.

B. THEIL
(Print Declarant Name)

6/26/08
Date

CAO 90003
I, THERESA SUFFECOOL, do hereby declare:

That I am a Forensic Scientist employed by the Las Vegas Metropolitan Police Department;

That on September 25, 2007, I first qualified in the Eighth Judicial District Court of Clark County, Nevada, as an expert witness, to testify regarding the testing of blood to determine the presence and amount of controlled substances;

That I received a sealed blood sample in the above case from a secure refrigerator in the LVMPD Forensic Laboratory;

That I completed an analysis on the sample and identified:

\[ \Delta^8 \text{TETRAHYDROCANNABINOL} \]

19 ng/ml

THC CARBOXYLIC ACID (Marijuana metabolite)  180 ng/ml

That I sealed the sample and placed it in a secure refrigerator in the LVMPD Forensic Laboratory;

That the evidence was in my custody from the time I first obtained it until I resealed the sample, at which time it was in substantially the same condition as when I first obtained it;

I declare under penalty of perjury that the foregoing is true and correct.
I, Theresa Suffecool, do hereby declare:

That I am a Forensic Scientist employed by the Las Vegas Metropolitan Police Department;

That on September 25, 2007, I first qualified in the Eighth Judicial District Court of Clark County, Nevada, as an expert witness, to testify regarding the presence and amount of alcohol in a biological fluid;

That I received sealed evidence in the above case from a secure refrigerator in the LVMPD Forensic Laboratory, containing a sample of whole blood;

That I completed an analysis on the sample and determined that the blood contained a concentration of alcohol of 0.060 gram per 100 milliliters of blood;

That I sealed the evidence and placed it in a secure refrigerator in the LVMPD Forensic Laboratory;

That the evidence was in my custody from the time I first obtained it until I resealed it, at which time it was in substantially the same condition as when I first obtained it.

I declare under penalty of perjury that the foregoing is true and correct.

I HEREBY CERTIFY that this is a full, true and correct copy of the original Forensic Laboratory Report on file with the Las Vegas Metropolitan Police Department.

[Signature]

TRAFFIC CUSTODIAN OF RECORDS

Theresa Suffecool, #13316
Forensic Scientist II

Report Date

08 0627-3254

Page 1 of 1

AUG 12 2008

CADE 00005
**LAS VEGAS METROPOLITAN POLICE DEPARTMENT**

**STANDARDIZED FIELD SOBRIETY TESTS RECORD**

**SUBJECT'S NAME:**

**INITIAL FIELD INTERVIEW**

1. **DO YOU HAVE ANY ILLNESS OR INJURY?**
   - Yes [ ]
   - No [X]

2. **ARE YOU TAKING ANY PRESCRIBED OR NON-PRESCRIBED DRUGS?**
   - Yes [ ]
   - No [X]

3. **DO YOU HAVE ANY PHYSICAL DEFECTS OR DISABILITIES?**
   - Yes [X]
   - No [ ]

4. **DID YOU DRINK ANY ALCOHOLIC BEVERAGE?**
   - Yes [X]
   - No [ ]

**ADDITIONAL STATEMENTS:**

- **WAS MIRANDA WARNING GIVEN?**
  - Yes [ ]
  - No [X]

- **UNDERSTOOD?**
  - Yes [X]
  - No [ ]

- **TIME STARTED**
  - At 10:15 PM

- **STOPPED AT**
  - Time Ex: 7:30 PM

**PHYSICAL OBSERVATIONS:**

- **EYES:**
  - Blinking
  - Droopy
  - Blank Stare
  - Abnormal Pupil Size

- **BREATH:**
  - Odor of Alcohol
  - Not Odor
  - Other Odor (Describe Below)

- **SPEECH:**
  - Slurred
  - Normal
  - Difficulty

- **GAIT:**
  - Unsteady
  - Slow
  - Not Understandable

- **CLOTHING:**
  - Soiled
  - Untied

**PRIMARY IMPROVED FIELD SOBRIETY TESTS BATTERY (WATC/CLB/HGN)**

**LOCATION OF PST:**

- **WEATHER CONDITIONS DURING THE PST (Describe):**
  - Dry / Clear

- **LIGHTING CONDITIONS DURING THE PST (Describe):**
  - Daylight / Clear

**GENERAL INSTRUCTIONS TO SUBJECT:**

- **I AM GOING TO ADMINISTER A SET OF TESTS TO DETERMINE WHETHER OR NOT YOU ARE IMPAIRED.**
- **MY EVALUATION WILL BE BASED UPON HOW WELL YOU FOLLOW MY INSTRUCTIONS AND WHETHER OR NOT THE TESTS ARE PERFORMED EXACTLY AS I DEMONSTRATE THEM.**

**INSTRUCTIONS TO SUBJECT**

**SCORING CRITERIA**

**WALK AND TURN TEST (WAT)**

- **POSITION OF THE STEPS**
  - Right Foot [ ]
  - Left Foot [X]

- **STARTING POSITION**
  - Down

- **COMPLETE TEST**
  - Satisfactorily completed [ ]
  - Failed [ ]

**ONE LEG STAND TEST (OLD)**

- **COMPLETE TEST**
  - Satisfactorily completed [ ]
  - Failed [ ]

**HORIZONTAL GAZE NYSTAGMUS (HGN)**

- **COMPLETE TEST**
  - Satisfactorily completed [ ]
  - Failed [ ]

**EYE MOVEMENTS**

- **LEFT**
  - Distorted
  - Nystagmus before 45 degrees

- **RIGHT**
  - Distorted
  - Nystagmus before 45 degrees

**TOTAL POINTS**

- **TOTAL POINTS**
  - 3

**CAO 00006**
ALTERNATE FIELD SOBRIETY TESTS

1. Body Sway
   - Eyes Open
   - Eyes Closed

2. Finger to Nose Test (FNT) 3

3. Count Out Loud

4. Counting Backwards

5. Right Hand

6. Left Hand

7.是指数が正しいか？

8. Do you understand?

PRELIMINARY BREATH TEST (IF APPLICABLE)

UNIT: 5
SERIAL NUMBER: 5001
FUNCTIONAL CHECK DIG: 2410
TIME: 2:40

WAS THE PBT ADMINISTRATION GIVEN? YES NO
TEST REFUSED? YES NO
RESULT: PASS

IMPLANTED CONSENT WARNING

You are required to submit to a preliminary breath test of your blood or breath to determine alcohol content. If this is a first offense, you may refuse to submit to a blood test of breath testing is available.

If you refuse, you may be found guilty of a more serious offense. If that is the case, a reasonable cause is that you have consumed alcohol or are under the influence of a controlled substance.

If you refuse, you must submit to a blood or breath test. If you refuse, you may be found guilty of a more serious offense.

You should be advised that any refusal to submit to a breath test will result in the revocation of your driving privilege. If this is your first refusal in the last seven years, you will not be eligible for a driver's license for one year. You must submit to a breath test. If this is your first refusal in the last seven years, you will not be eligible for a driver's license for one year.

SUBJECT'S RESPONSE

DWI NRS 484.328

UNLAWFUL USE/INFLUENCE NRS 484.311

EVIDENTIARY TEST RESULTS

Breaht
Location

Urine
Witnessed By

Blood
Witnessed By

Date/Time

Cleanser

Refused

No Test Obtained

Test Obtained

CPR

DATE OF INJUR

LOCATION

SIGNATURE

000007
LAS VEGAS METROPOLITAN POLICE DEPARTMENT
PROPERTY REPORT

Date Prepared: 06-28-01
Time Prepared: 07-25
PAGE 1 OF

Incident:

Firearms Impounded: [Blank]
Recovered: [Blank]
Evidence: [Blank]
Found: [Blank]

Checking Off:
[ ] Safes Only
[ ] Safes Keeping
[ ] Seizure
[ ] Other

Reporting Officer:

Property Physically Impounded By: [Signature]

Connecting Reports - Type & Event:

<table>
<thead>
<tr>
<th>S#</th>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>DOB</th>
<th>ID#</th>
<th>AKA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>KATZ</td>
<td>RACON</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>SANCTION</td>
<td>L.V, NV</td>
<td>89/B</td>
<td>06-22-01</td>
<td>76-619-8821</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>VERA</td>
<td>HAMPTON</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Street Address:

Location Of Recovery (Number & Street): [ELK Horn] 15 Ave.

Block: [Blank]
Ap#: [Blank]
City: [Blank]
State: [Blank]
Zip Code: [Blank]

Owner Notified By: [Blank]
Date: [Blank]
VIA: [Blank]
Rld. To Owner: [Blank]
Owner's Signature: [Blank]

Circumstances:

Below listed items were found on vehicle inventory of a auto subject's vehicle.

<table>
<thead>
<tr>
<th>PRO#</th>
<th>Type</th>
<th>Make or Brand</th>
<th>Model</th>
<th>Color</th>
<th>Size</th>
<th>Serial Number</th>
<th>Description</th>
<th>Quantity</th>
<th>Country Made/Importer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 1</td>
<td>1</td>
<td>1 1 1 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>composer plastic box</td>
</tr>
<tr>
<td>1 2</td>
<td>1</td>
<td>1 2 1 2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>rare</td>
<td>1</td>
<td>35 grams open bag</td>
</tr>
<tr>
<td>1 3</td>
<td>1</td>
<td>1 3 1 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>police</td>
<td>1</td>
<td>35 grams open bag</td>
</tr>
<tr>
<td>1 4</td>
<td>1</td>
<td>1 4 1 4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>35 grams open bag</td>
</tr>
</tbody>
</table>

† Corresponds to Incident Report

Check here if property listing is continued on continuation page.
**Las Vegas Metropolitan Police Department**

**Vehicle Recovery Report**

- **Event #:** 3254
- **Report Date:** 06-27-08
- **Owner:** Katz, Gary
- **Address:** 1648 S. Locust Ave
- **City:** Las Vegas
- **State:** NV
- **Zip Code:** 89104

**Vehicle Information:**
- **Year:** 2005
- **Make:** Honda
- **Model:** Civic
- **Color:** Silver
- **VIN:** 190590000669
- **License Plate:** 0110
- **Condition:** Damaged in Accident
- **Reason Impounded:** Location Found Which Towed or Recovered (Including ZIP Code)
- **Location:** Eklom Jovy St, Las Vegas, NV

**Inventory of Personal Property:**
- **Misc. Clothing:**
- **Misc. Paperwork:**
- **Cameron Bak:**
- **Z Recreation:** Power Ammo Fuel Tank

**Additional Remarks / Vehicle Damage:**

**Address of Original Event, If Stolen:**

**OK To Release Vehicle? (Do NOT Place A Hold Only Because It Is Stolen):**
- **Yes** □ □ No

**Reason For Hold:**
- **Other:**

**Police Station:**
- **Name:**
- **Address:**

**Vehicle Keys (Give #):**
- **Trunk:**

**For Seizures:**
- **ONLY:** Remove and Impound All Personal Property

---

**Notes:**
- Additional information or remarks may be indicated here.
CERTIFIED MAIL
LLOYD W. BAKER
Attorney
500 SOUTH EIGHTH STREET
LAS VEGAS NEVADA 89104

City of Las Vegas v. KATZ, BRIAN
C0722417A 4

Pursuant to NRS 50.075, 50.315, 50.320, NRS 50.325 and City of Las Vegas v Walsh, 121 Nev 899; 124 P3d; 203 (2005); cert denied; Gehner v City of Las Vegas, 126 S.Ct.1766 (2006), you are placed on notice that the City intends to introduce the Affidavit[s] and/or Declaration[s] of the following witnesses as trustworthy evidence of all factual representations contained therein at the trial of the above referenced matter:

LAWRENCE WADE
5002 E HACIENDA
LAS VEGAS, NEVADA 89122

THERESA SUFFECOOL
LAS VEGAS METROPOLITAN POLICE DEPARTMENT
400 STEWART AVE
LAS VEGAS, NEVADA 89101
(702) 828-3111

Pursuant to NRS 50.325(3), this notice does not prohibit you or the City from producing any witness to offer testimony at trial.

Sincerely,

BRADFORD R. JERBIC
CITY ATTORNEY

MATTHEW B. WALKER
Deputy City Attorney

//KEG

End: Affidavits

cc:
BRIAN J KATZ
7709 SANCTION
LAS VEGAS, NV 89131

RECEIVED
FEB 03 2009
BAKER LAW OFFICES
I, THERESA SUFFECOOL, do hereby declare:

That I am a Forensic Scientist employed by the Las Vegas Metropolitan Police Department;

That on September 25, 2007, I first qualified in the Eighth Judicial District Court of Clark County, Nevada, as an expert witness, to testify regarding the testing of blood to determine the presence and amount of controlled substances;

That I received a sealed blood sample in the above case from a secure refrigerator in the LVMPD Forensic Laboratory;

That I completed an analysis on the sample and identified:

\[ \Delta^2\text{-TETRAHYDROCANNABINOL} \]

THC CARBOXYLYC ACID (Marijuana metabolite)

\[ 19 \text{ ng/ml} \]
\[ 190 \text{ pg/ml} \]

That I sealed the sample and placed it in a secure refrigerator in the LVMPD Forensic Laboratory;

That the evidence was in my custody from the time I first obtained it until I resealed the sample, at which time it was in substantially the same condition as when I first obtained it.

I declare under penalty of perjury that the foregoing is true and correct.
LAS VEGAS METROPOLITAN POLICE DEPARTMENT
DECLARATION FOR THE WITHDRAWAL OF WHOLE BLOOD SAMPLE

STATE OF NEVADA

COUNTY OF CLARK

KATZ, BRIAN J

(Name of Person Blood Drawn From)

LAWRENCE WADE

(Print Name of Declarant Drawing Blood)

being first duly sworn, deposes

and says THAT I AM A: ☑ Registered Nurse
☑ Licensed Practical Nurse
☑ Laboratory Technician/Assistant
☒ Emergency Medical Technician
☑ Physician Assistant

Nurse Practitioner
Medical Doctor
Other (Specify)

employed by: PRISON HEALTH SERVICES

That a regular part of my duties is the withdrawing of blood samples from persons and I am authorized to do so by:

☑ Nevada State Board of Nursing
☑ Nevada Department of Human Resources / Health Division / Bureau of Licensure & Certification
☑ Nevada Board of Medical Examiners (Doctors Only)

That on JUNE 28, 2008, at 08:07AM, I withdrew a sample of blood in a medically accepted manner (including using no alcohol solutions or alcohol-based swabs) from a person known to me

as KATZ, BRIAN J

(Print Name of Person Blood Drawn From)

That I kept the sample of blood in my sole custody or control and it remained in substantially the same condition as when I first obtained it, until I delivered the sample to Officer 1 REIL, F#6097

of the Las Vegas Metropolitan Police Department. I, LAWRENCE WADE, do hereby declare under penalty of perjury that the foregoing is true and correct.

I HEREBY CERTIFY that this is a full, true and correct copy of the original Declaration for Withdrawal of Whole Blood on file with the Las Vegas Metropolitan Police Department.

TRAFFIC CUSTODIAN OF RECORDS

Declarant Signature

Nurse

Declared Title

Witness Signature

Date

CAO 00003
Date 3/6/09

To: Las Vegas Municipal Court

Re: Brian Katz

This is to inform you that Mr. Katz was admitted to Montevista Hospital for Opiate/Marijuana Dependency on 03/02/09 and discharged on 03/06/09. During his stay he attended all assigned groups and lectures and completed all goals. He displayed a positive attitude towards his recovery and has accepted full responsibility for his behavior. Prognosis on this patient is good based upon his following his relapse prevention plan which includes our Intensive Outpatient Program of 3 hours a day for 20 days.

If you require any further information please feel free to contact me at (702) 364-1111 release of information on hand.

Respectfully submitted

Larry Espadero LADC 00318L
Program Director
May 21, 2009

Brian Katz
7709 Sanction Ave.
Las Vegas, NV 89131

RE:      The City of Las Vegas vs. Brian Katz
Case No.: C722417 A/B/C
Balance $900.00

Dear Mr. Katz:

We have been trying to reach you regarding the above-mentioned balance. Per your retainer, your payment is now late. Please call our office to advise when you will be making the payment. If we do not hear from you within five (5) days from the date of this notice, we will start a Motion to Withdraw on your case. If you have already made this payment, please disregard this notice.

Please feel free to call our office with any questions that you may have.

Respectfully,

BAKER LAW OFFICES

LLOYD W. BAKER, ESQ.

500 South Eighth Street, Las Vegas, Nevada 89101
Phone: (702) 360-4949 Fax (702) 360-3234
April 7, 2009

BRIAN KATZ
7709 SANCTION AVE.
LAS VEGAS, NV 89131

RE: The City of Las Vegas vs. BRIAN KATZ
Case No.: C722417 A/B/C

Dear Mr. Katz:

Please be advised that your Trial date is scheduled for July 16, 2009, at 2:30 P.M., in the Las Vegas Municipal Court, Department 4. Your presence is required on this date. If you do not appear on this date, a warrant will be issued for your arrest.

We will begin negotiations within a week of the Trial date. As soon as we have a good deal negotiated we will contact you immediately to inform you of it.

Please feel free to call my office with any questions that you may have.

Respectfully,

BAKER LAW OFFICES

[Signature]

LLOYD W. BAKER, ESQ.

LB/ss

500 South Eighth Street • Las Vegas, Nevada 89101
Phone: (702) 360-4949 • Fax: (702) 360-3234
March 16, 2009

FINAL NOTICE.

Brian Katz
7709 Sanction Ave.
Las Vegas, NV 89131

RE:  The City of Las Vegas vs. Brian Katz
Case No.: C722417 A/B/C
Balance $1,100.00

Dear Mr. Katz:

We have sent you several notices regarding your outstanding balance. Per your retainer, your payment is now late. Please call our office to advise when you will be making the payment. If we do not hear from you within five (5) days from the date of this notice, we will start a Motion to Withdraw on your case. If you have already made this payment, please disregard this notice. Please note, this is the final notice.

Please feel free to call our office with any questions that you may have.

Respectfully,

BAKER LAW OFFICES

LLOYD W. BAKER, ESQ.

LB/ss

500 South Eighth Street, Las Vegas, Nevada 89101
Phone: (702) 360-4949 Fax (702) 360-3234
February 2, 2009

Brian Katz
7709 Sanction Ave.
Las Vegas, NV 89131

RE: The City of Las Vegas vs. Brian Katz
Case No.: C722417 A/B/C

Dear Mr. Katz:

Please be advised that your Pre-trial hearing has been scheduled for April 6, 2009, at 2:00 P.M. in the Las Vegas Municipal Court, Department 4. Your presence is required on this date. If you do not appear on date a warrant may be issued for your arrest.

Please feel free to call my office with any questions that you may have.

Respectfully,

BAKER LAW OFFICES

[Signature]
DANIEL PAGE, ESQ.

500 South Eighth Street*, Las Vegas, Nevada 89101
Phone: (702) 360-4949 Fax (702) 360-3234
REQUEST FOR DISCOVERY

February 2, 2009

VIA FACSIMILE ONLY (702) 464-2530

Office of the City Attorney
City of Las Vegas
200 Lewis Avenue
Las Vegas, Nevada 89101

RE: City of Las Vegas vs. Brian Katz
Case No.: C722417 A/B/C
Department: 4

To Whom It May Concern:

This correspondence will verify that the undersigned has been retained to represent the Defendant, Brian Katz, in the above-referenced matter being prosecuted before the Las Vegas Municipal Court.

Counsel: LLOYD W. BAKER, ESQ.
Law Firm: BAKER LAW OFFICES
Address: 500 South Eighth Street, Las Vegas, Nevada 89101
Contact Info: Tel (702) 360-4949 Fax (702) 360-3234

Please provide Discovery in the above-referenced matter which is scheduled for Pre-trial on April 6, 2009.

PLEASE INCLUDE ANY AND ALL 911 RECORDING, if available
PLEASE INCLUDE ANY VIDEO MATERIALS, if available.

Respectfully Submitted By,

BAKER LAW OFFICES

LLOYD W. BAKER, ESQ.

Upon Completion, please contact Maggie.

LB:me

500 South Eighth Street • Las Vegas, Nevada 89101
Phone: (702) 360-4949 • Fax: (702) 360-3234
IN THE LAS VEGAS MUNICIPAL COURT FOR THE CITY OF LAS VEGAS, COUNTY OF CLARK, STATE OF NEVADA

DRIVING UNDER THE INFLUENCE ADJUDICATION AND WAIVER OF RIGHTS

Defendant's Initials

I understand I have been charged with [1st] [2nd] offense DUI in violation of NRS 484.379.

I understand the City must prove each and every element of the charges beyond a reasonable doubt.

I understand the prosecutor will use this and any other constitutionally valid prior conviction of this type of offense to enhance the penalty for any subsequent offense.

I understand that I have a right to hire an attorney and I (Check one of the following):

- have my attorney present with me and he/she has gone through this document with me; or
- wish to have a continuance so that I can consult with and/or try to hire an attorney to represent me.

I understand that I have the right to be confronted by the witnesses against me and to have an opportunity to cross examine them.

I understand that I have the right to subpoena and call witnesses to the stand to testify in my behalf.

I understand that I may testify in my behalf, or refuse to testify and that if I refuse, that refusal cannot be held against me.

I understand the following punishments:

1st OFFENSE: At least 2 days in jail but not more than 6 months, or not less than 48 hours but not more than 96 hours of community service in distinctive garb; a fine of not less than $400 nor more than $1,000 plus assessments; pay tuition for an educational course on the abuse of alcohol and controlled substance and successfully complete the course within the time ordered by the Court; attend a victim impact panel session at my own expense; and my driver's license will be revoked by the Department of Motor Vehicles for a period of at least 90 days.

2nd OFFENSE in 7 years: At least 10 days in jail but not more than 6 months; a fine of not less than $750 nor more than $1,000 plus assessments, or perform an equivalent number of hours of community service while dressed in distinctive garb; attend a program of treatment for the abuse of alcohol or drugs; and my driver's license will be revoked by the Department of Motor Vehicles for a period of one year.

3rd OFFENSE in 7 years: A category B felony punishable by a sentence of imprisonment in the Nevada State Prison for not less than 1 year nor more than 6 years and a fine of not less than $2,000 nor more than $5,000 plus assessments; attend a victim impact panel session at my own expense; and my driver's license will be revoked for a period of three years.

I have read my rights above and understand what I have read.

I also understand that if and when I plead guilty or nolo contendere I waive my rights as stated above.

I understand that, within the sentencing limits stated herein, the sentence is entirely within the discretion and control of the Judge and that nobody can promise or predict what sentence the Court will impose.

(Only where plea is nolo contendere) I understand that although a nolo contendere plea is not an admission of guilt, the Court in all probability will find and adjudge me guilty based upon the documents in this case, and I plead nolo contendere.

Having all of the foregoing factors in mind, I still desire to enter my plea of guilty or my change of plea from not guilty to guilty.

<table>
<thead>
<tr>
<th>Defendant's Signature</th>
<th>Initials</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
<th>Date</th>
</tr>
</thead>
</table>

I am the attorney of record for Defendant. I have fully discussed the matters herein with Defendant and advised Defendant thereon. The representations above are Defendant's own. The plea and waivers were intelligently, voluntarily and expressly made. I join in the plea and waiver. I stipulate there is a factual basis for the plea.

Attorney at Law | Date |

I have addressed Defendant personally and canvassed Defendant on the above to include the elements of this offense as supported by the facts, the possible penalties, and Defendant's Constitutional Rights. I find the plea of guilty/nolo contendere is made voluntarily and with an understanding of the nature of the charge and consequences of the plea and order the plea be entered into the minutes of the Court.

Las Vegas Municipal Court Judge | Date |
CASE # C0722417B DEPARTMENT 4 ID # 2668821

IN THE MUNICIPAL COURT IN THE CITY OF LAS VEGAS, NEVADA

CITY OF LAS VEGAS, NEVADA

) )
) )
) )
) )
PLAINTIFF

VS. KATZ, BRIAN

) )
DEFFENDANT

) )

ACKNOWLEDGMENT AND WAIVER OF RIGHTS

I, THE ABOVE-NOTED DEFENDANT, DO UNDERSTAND AND/OR HEREBY CERTIFY THE FOLLOWING: THAT,

1. I am charged with the misdemeanor crime of

POSSESS DRUG PARA

, and I waive the reading of such complaint.

2. The maximum penalties for misdemeanor offense in the State of Nevada are fine of $1,000.00, $115.00 Administrative Assessment Fees, $10.00 Court Fee, a $7.00 Specialty Court Fee, and/or up to six months in jail, and that the matter of sentencing is entirely within the discretion of the Court and no one can promise or predict what sentence the Court will impose.

3. I have the right to retain counsel or to have counsel appointed to represent me free of charge (if I qualify as an indigent person, and may be facing jail time if convicted herein).

4. I am capable of representing myself in this case now before the Court, and that I know, understand, and accept the consequences and disadvantages of representing myself.

5. I have the right to a speedy and public trial, free of prejudicial publicity, and that at trial:
   A the prosecutor would have to prove beyond a reasonable doubt every one of the material elements of the offense which I understand are set forth in the complaint/citation, and
   B I would have the right to confront witnesses and call/subpoena witnesses to testify on my behalf, and
   C I would be able to testify on my own behalf, or if I could take the fifth and remain silent and such silence could not be used against me.

6. I am entering this plea freely, voluntarily, intelligently, and without there being any threats to myself, family members, and friends.

7. I understand that I have a right to appear in Court on the above charge; however, I wish instead at this time to have my presence waived so that I may enter my plea in writing by and through the present document. I am willing to accept whatever sentence the Court may impose.

8. (ONLY CHECK ONE) I am pleading:

   a) __________ guilty, because I am guilty, or
   b) __________ nolo contendere, because I do not wish to contest the charge set forth in the complaint/citations, or
   c) __________ not guilty, and I wish to have this case calendared for the next proceeding.

HAVING THE ABOVE FACTORS IN MIND AND AFTER DUE DELIBERATION AND KNOWING THE CONSEQUENCES, I DO FREELY, VOLUNTARILY, AND INTELLIGENTLY WAIVE/GIVE UP THE RIGHTS SET FORTH HEREIN AND ASK THE COURT TO ACCEPT MY PLEA.

Defendant or Attorney

Date

Notary or Correctional Officer (& P #) Witness
to defendant signing

Date

9/11/08

502 MChz
LAS VEGAS MUNICIPAL COURT  
CLARK COUNTY, NEVADA  

POSSSESSION OF 1 OUNCE OR LESS OF MARIJUANA  
ADVISEMENT AND WAIVER OF RIGHTS  

Defendant’s Initials:  
I understand I have been charged with [1st] [2nd] offense possession of 1 ounce or less of Marijuana.  

I understand the City must prove each and every element of the charges beyond a reasonable doubt.  

I understand the prosecutor will use this and any other constitutionally valid prior conviction of this type of offense to enhance the penalty for any subsequent offense.  

I understand that I have the right to hire an attorney and I (Check one of the following)  

____ have my attorney present with me and he/she has gone through this document with me; or  

____ waive and give up my right to an attorney and wish to represent myself in this case; or  

____ wish to have a continuance so that I can consult with and/or try to hire an attorney to represent me.  

I understand that I have the right to be confronted by the witnesses against me and to have an opportunity to cross examine them.  

I understand that I have the right to subpoena and call witnesses to the stand to testify on my behalf.  

I understand that I may testify on my behalf, or refuse to testify and that if I refuse, that refusal cannot be held against me.  

I understand the following punishments:  

1st OFFENSE: Punished by a fine of not more than $600.00; or examined by an approved facility for the treatment of abuse of drugs to determine whether I am a drug addict and I am likely to be rehabilitated through treatment and, if the examination reveals that I am a drug addict and I am likely to be rehabilitated through treatment, assigned to a program of treatment and rehabilitation pursuant to NRS 453.580; or  

2nd OFFENSE: Punished by a fine of not more than $1,000.00 or assigned to a program of treatment and rehabilitation pursuant to NRS 453.580; or  

3rd OFFENSE: Guilty of a gross misdemeanor and shall be punished by imprisonment in the County Jail for not more than 1 year, or by a fine of not more than $2,000.00, or both fine and imprisonment pursuant to NRS 193.140; or  

4th OFFENSE or subsequent offense: Guilty of a category E felony for which a court shall sentence a convicted person to imprisonment in the state prison for a minimum term of not less than 1 year and a maximum term of not more than 4 years pursuant to NRS 193.130.  

I have read my rights above and understand what I have read.  
I also understand that, if and when I plead guilty or nolo contendere, I waive my rights as stated above.  

I understand that, within the sentencing limits stated herein, the sentence is entirely within the discretion and control of the Judge and that no one can promise or predict what sentence the Court will impose.  

Plea is nolo contendere: I understand that although a nolo contendere plea is not an admission of guilt, the Court in all probability will find and adjudge me guilty based upon the documents in this case and I plea nolo contendere.  

Plea is guilty: Having all of the foregoing factors in mind, I still desire to enter my plea of guilty or change my plea from not guilty to guilty.  

Defendant’s Signature:  
Initials:  
Social Security No.:  
Date of Birth:  
Date:  

I am the attorney of record for Defendant. I have fully discussed the matters herein with Defendant and advised Defendant thereon. The representations above are Defendant’s own. The plea and waivers were intelligently, voluntarily and expressly made. I join in the plea and waiver. I stipulate there is a factual basis for the plea.  

Attorney at Law:  
Date:  

I have addressed Defendant personally and canvassed Defendant on the above to include the elements of this offense as supported by the facts, the possible penalties, and Defendant’s Constitutional rights. I find the plea of guilty/nolo contendere is made voluntarily and with an understanding of the nature of the charge and consequences of the plea and order the plea be entered into the minutes of the Court.  

Las Vegas Municipal Court Judge:  
Date:  

12/6/2001line 11061.030.01.03
September 24, 2008

Brian Katz
7709 Sanction Ave.
Las Vegas, NV 89131

RE: City of Las Vegas vs. Brian Katz
Case No.: C722417 A/B/C

Dear Mr. Katz:

We appeared on September 23, 2008, on your behalf for your scheduled arraignment. We were informed that a Complaint has not yet been filed against you, so we were unable to enter a plea. This is normal with DUI charges due to the blood/breathe laboratory results.

The Court scheduled a new date for January 29, 2009, at 1:00 p.m., in the Las Vegas Municipal Court, Department 4, located in the Regional Justice Center at 200 Lewis Avenue.

Thank you for putting your trust in us as your attorneys. We welcome referrals. If you, a family member or a friend needs legal assistance, please call us. We handle all criminal and personal injury cases. Additionally, we handle all non-criminal traffic citations free of charge.

Please feel free to call my office with any questions or concerns that you may have.

Respectfully,

[Signature]

Baker Law Offices

500 South Eighth Street • Las Vegas, Nevada 89101
Phone: (702) 360-4949 • Fax: (702) 360-3234

LB:me
September 18, 2008

BRIAN KATZ
7709 SANCTION AVE.
LAS VEGAS, NV 89131

RE: Credit Card Payment

Dear Katz:

Enclosed please find receipt number 503679 in the amount of $200.00 which represents payment to Baker Law Offices. Per your authorization, your credit card has been debited as a payment in the above-referenced amount. Therefore, please sign the enclosed authorization and mail it back to our office in the pre-paid envelope here provided.

Thank you for your payment and your unconditional trust, and should you have any questions, feel free to contact our office so we may further assist you.

Respectfully,

LLOYD W. BAKER, ESQ.
RE: AUTHORIZATION

I__________________, authorized Maggie, an employee
(Print - Card holder's name)
of Baker Law Offices to debit from my account (XXXX-XXXX-XXXX-2328) the
amount of $200.00 on September 18, 2008 as a one time payment, with a new balance of
$1,100.00.

(CARD HOLDER SIGNATURE)

LB: me
Enclosure
CONTRACT FOR RETAINER OF LEGAL SERVICES

The undersigned client hereby employs the law firm of BAKER LAW OFFICES to represent client
Brian Kay with regard to [Insert Matter] based upon the following terms and conditions.

As compensation for these services, the undersigned client agrees to pay the law firm of BAKER
LAW OFFICES a retainer fee of $1500 in advance as attorney's fees, plus all costs incurred.

ALL RETAINERS ARE NON-REFUNDABLE.

Client agrees to pay $200 every [Insert Number of Weeks] week(s) until retainer agreement is satisfied. Client
acknowledges that $200 has been put down on their retainer and now has a balance owing in the
amount of $1300. ALL RETAINERS MUST BE PAID IN FULL AT LEAST 2 WEEKS
PRIOR TO THE PRE-TRIAL HEARING. THE RETAINER QUOTED FOR MISDEMEANOR
CHARGES IS THROUGH THE PRE-TRIAL HEARING. FOR GROSS MISDEMEANOR AND
FELONY CHARGES, THE RETAINER IS THROUGH THE PRELIMINARY HEARING ONLY.
ADDITIONAL CHARGES WILL BE REQUIRED FOR DISTRICT COURT ARRAIGNMENT,
TRIAL, AND/OR MORE THAN ONE STATUS CHECK.

The client shall be responsible for all costs incurred herein, whether or not they have been advanced
by the attorneys. In the event the attorneys advance costs on the client's file, the client will reimburse the
attorneys for such costs upon request by the attorneys, whether or not the attorneys' services have been
completed.

Any fees or costs billed to client and remaining unpaid for 10 days, shall be cause for
termination of this Agreement by attorneys and commencement of legal proceedings to collect the
same. In the event such collection procedures become necessary, client agrees to pay attorneys all
reasonable costs of such collection including, but not limited to, reasonable attorney's fees.
In addition, upon attorney's written notice of default under this Agreement to client, client agrees that attorneys may withdraw thereafter unilaterally from representing client and may notify all pertinent courts and other parties of such withdrawal.

The right of termination and withdrawal may be exercised at any stage of representation and client hereby waives any right to object to allegedly untimely withdrawal by attorneys.

Client acknowledges that the attorneys have made no guarantee regarding the successful outcome of said matter and all expressions thereto are matters of opinion only.

I have read and fully understood the above contract and agree to the terms set forth therein.

DATED this 25th day of July 2008.

[Signature]

Brian Katz
PRINT NAME

WITNESSED:

[Signature]

Lloyd
ATTORNEY

DATE
Complete Name: Vanessa Kyls

First: Vanessa Middle: C Last: Kyls

Home Address: 805 W. Russell Rd

City: Las Vegas State: NV Zip Code: 89113

Apt #: 2052

Social Security Number:

Date:

Place of Birth: Sacramento, CA

Sex: M or F

E-mail Address: vanessakyls@yahoo.com

To qualify as a pharmaceutical technician you will need to meet one of the following criteria. Please check the appropriate line and include documentation.

☐ I have completed a pharmaceutical technician program or school approved by the board. (Include copy of certification of completion.)

☐ I am currently registered as a pharmaceutical technician in another state. (Include copy of registration or verification letter from the state in which you are registered.)

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 CANNOT SUBMIT THIS APPLICATION)

3) 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 ☒ have not ☐ been charged, arrested or convicted of a misdemeanor. ☐ or felony ☐

5) I have ☒ have not ☐ been the subject of an administrative action whether completed or pending.

6) I have ☐ 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 #:__________

b) Criminal Action

   County:__________ Date:__________ Case #:__________

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 and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Signature: Vanessa Kyls

Date: 4/13/2011

Board Use Only

Received: APR 27 2011 Check Number: 100 Amount: 40.00

565650
ARREST NBR : MV06099220
ARREST DATE ....: 4/03/06
ARREST AGY : RIV SHERIFF (COUNTY) RIV
Defendant : KYLES, VANESSIA CHERON
AKA .........: KYLES, VANESSA CHARON

Date Filed : 06/24/06
District Attorney : Alan Smith
Defense Attorney : DPD William Glanzmann
Custody Status ...: N/A - Bail: 5,000.00

Continuances: 20
Age in Days: 0
Last Trial: 06/27/07

Charge Information
-----------------------
<table>
<thead>
<tr>
<th>Ct</th>
<th>ARREST</th>
<th>PC</th>
<th>Plea</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td>ARREST</td>
<td>594(B)(2)(A) PC</td>
<td>Vandalism [Under $400.00]</td>
<td>None</td>
</tr>
<tr>
<td>001</td>
<td>FILED</td>
<td>594(B)(2)(A) PC</td>
<td>Vandalism [Under $400.00]</td>
<td>None</td>
</tr>
<tr>
<td>002</td>
<td>FILED</td>
<td>273.6(A) PC</td>
<td>Violate Court Order to Prevent G Domestic Violence</td>
<td>None</td>
</tr>
</tbody>
</table>

Dismiss M
Convict M

Disposition
------------
<table>
<thead>
<tr>
<th>Case Number</th>
<th>Expires</th>
<th>Convicted/Warrant Charges</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>RIM487528</td>
<td>03/19/10</td>
<td>273.6(A) PC</td>
<td>Probation</td>
</tr>
<tr>
<td>62439ROVK</td>
<td>00/00/00</td>
<td>22349A VC, 1214.1 PC</td>
<td>Closed</td>
</tr>
<tr>
<td>369331VK</td>
<td>00/00/00</td>
<td>26709A1 VC, 24409A VC, 1214.1 PC, 1214.1(A) PC</td>
<td>Closed</td>
</tr>
<tr>
<td>03463RWVK</td>
<td>00/00/00</td>
<td>22349A VC, 1214.1 PC</td>
<td>Pending Adj</td>
</tr>
</tbody>
</table>

TTP Status
---------
N/A

Fine Amount
$1,065.00

Amount Paid
$585.00

Amount Due
$480.00

Date To Pay
05/01/09

Collection Status
N/A

Bail Information
-----------------
<table>
<thead>
<tr>
<th>Bond Number</th>
<th>Amount</th>
<th>Date Filed</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>A500293717</td>
<td>$5,000.00</td>
<td>09/21/06</td>
<td>Exonerated</td>
</tr>
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</table>

Criminal Protective Order/Firearm Surrender (DV)
---------------------------------------------

Warrant Information
-------------------
<table>
<thead>
<tr>
<th>Type</th>
<th>Date Issued</th>
<th>Status</th>
<th>Amount</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bench</td>
<td>11/13/07</td>
<td>Recalled</td>
<td>$5,000.00</td>
<td>00/00/00</td>
</tr>
</tbody>
</table>

Case Action Information
-----------------------

Action Div Description Status
CASE NUMBER: RIM487528   DEFENDANT STATUS: Probation
ARREST NBR : MV06144443   ARREST DATE ....: 5/24/06
ARREST AGY : MORENO VALLEY POLICE (RSO)
Defendant : KYLE'S, VANESSA CHERON
AKA .........: KYLE'S, VANESSA CHARON
================================================================================
Date Filed : 08/21/06
District Attorney : David Allen   Continuances: 16
Defense Attorney : FVT Jorge Hernandez   Age in Days : 181
Custody Status ...: N/A   - Bail: 5,000.00   Last Trial : 03/22/07
Charge Information
---------------------------------------
Ct  Plea  Status  Se
001 ARREST 273A(A) PC  Willful Harm Injur Child Endge None
001 FILED 273A(B) PC  Abuse/Endanger Child  NG  Dismiss M
002 FILED 273.6(A) PC  Violate Court Order to Prevent G
                       Domestic Violence

Disposition Cases
---------------------
Case Number Expires  Convicted/Warrant Charges
RIM484520 01/09/10 273.6(A) PC  Status
62439RQVK 00/00/00 22349A VC, 1214.1 PC  Probatic
369331VK 00/00/00 26708A1 VC, 24409A VC, 1214.1 PC, 1214.1(A) PC  Closed
03463RWVK 00/00/00 22349A VC, 1214.1 PC  Closed

TTP Status  Fine Amount  Amount Paid  Amount Due  Date To Pay
N/A    $265.00    $265.00

Collection Status
N/A

Bail Information
-----------------
Bond Number  Amount  Date Filed  Status
A500288690  $5,000.00  09/21/06  Exonerated

Criminal Protective Order/Firearm Surrender (DV)
-----------------------------------------------
Date  Type  Status  Expire

Warrant Information
-------------------
Type  Date Issued  Status  Bail  Affidavit
Arrest  09/06/06  Recalled  $5,000.00  00/00/00
**Case: 02SM02488 MA**

**Name: Kyles, Vanessa Cheron**

<table>
<thead>
<tr>
<th>Date of Action</th>
<th>Seq Nbr</th>
<th>Code</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/05/02</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>07/13/02</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>07/22/02</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. **CVCTFIL** COUNT 1 FILED, PC 529.5(C) - POSSESSION OF A BOGUS GOVERNMENT DOCUMENT. 06/23/02
2. **CVCTFIL** COUNT 2 FILED, PC 148.9 - FALSE REPRESENTATION OF IDENTITY TO POLICE OFFICER. 06/23/02
3. **CVFIMSD** Case filed 07/05/02: Misdemeanor
4. **CVUPDAT** Field CITATION updated
5. **CVDFNAM** Defendant name recorded as KYLES VANESSIA CHERON N
6. **CVUPDTF** Field NAME-AKA updated from .
7. **CVBLTRP** 0207110487 63547 500.00 BAIL POSTED BY MICHELLE SMALLWOOD 10393 POULSON CT MONTCLAIR CA917630000. BAIL AUTHORIZED FOR FINE USE - NO.
8. **CVBLTCW** Receipt # 0207110487 $ 500.00 cash bail attached to case.
9. **CVPYREC** Receipt # 0207110487 Payment of $ 500.00 attached to case.
10. **CVPYRM** Receipt # 0207110487 $ 500.00 SB
11. **CVBLSBA** Receipt # 0207110487 63547 $ 500.00 payment received from Sheriff's Department. NCSJ
12. **CVDFSST** Defendant's status of release is: RELEASE ON BAIL.
13. **CVCLSET** ARRaignent set for Department S1 on 07/22/02 at 08:30 AM.

**07/13/02**

1. **CVUPDAT** Field MAND-APPR-IND updated
2. **CVHHELD** Case on Calendar for ARRAIGNMENT.
3. **CVOFICL** Department S1, JUDGE MATTHEW S. ANDERSON, Clerk P. ROSSNER, Prosecuting Attorney, Defense Attorney, Court Reporter
4. **CVAPDA** People represented in court by BILL SPARKS, Deputy District Attorney
5. **CVAPDPP** Defendant appearing in pro per.
6. **CVADAPR** Defendant informed of right to a speedy and public trial by court, or jury if charged with a misdemeanor, within the periods prescribed by PC 1382, the court specifying said periods; to the aid of the court in producing witnesses and physical evidence in the defendant's behalf; to be confronted by the witnesses; to refuse to be a witness against him or her self; to be admitted to reasonable bail; if charged with a misdemeanor, to the aid of counsel at every stage of the proceedings and at public expense if financially unable to provide own attorney. Defendant informed of the charges. Unless recorded otherwise, defendant states true name is as charged. * Defendant advised that if not a citizen, conviction of the offense charged may have the consequences of deportation, exclusion from admission to the United States, or denial of naturalization pursuant to the laws of the United States. * The court inquired and determined that the defendant intelligently understood these rights and the nature of the crime of which he or she is accused.
7. **CVFISXR** Written explanation of rights signed by defendant and filed.
8. **CVBLXCB** CASH BAIL in the amount of $ 500.00 on receipt # 0207110487 ordered EXONERATED.
9. **CVPLGAC** The defendant pleads GUILTY TO ALL COUNTS charged.
10. **CWWYCR** Defendant expressly waives his/her right to be represented by counsel.
<table>
<thead>
<tr>
<th>Date of Action</th>
<th>Seq Nbr</th>
<th>Code</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/22/02</td>
<td>10</td>
<td>CVWRXC</td>
<td>Defendant expressly waives right to a jury trial, to be confronted with prosecution witnesses in the presence of the court, and the privilege against self-incrimination.</td>
</tr>
<tr>
<td></td>
<td>11</td>
<td>CVWVR3</td>
<td>After questioning, court finds defendant knowingly, intelligently and understandably waives each of the above stated rights necessarily abandoned by his/her plea, that such plea is voluntary and with knowledge of the consequences thereof.</td>
</tr>
<tr>
<td></td>
<td>12</td>
<td>CVVIGP</td>
<td>Defendant's waiver of constitutional rights for guilty plea in the Superior Court filed and incorporated herein by reference as though set forth in full.</td>
</tr>
<tr>
<td></td>
<td>13</td>
<td>CVSEISP</td>
<td>Imposition of sentence suspended as to COUNT(s) 1, 2 and defendant placed on CONDITIONAL PROBATION for a period of 3 YEAR(S) from this date on the following terms and conditions.</td>
</tr>
<tr>
<td></td>
<td>14</td>
<td>CVSEVNL</td>
<td>Violate no law. YES</td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>CVPBOTH</td>
<td>Obey all orders of the court.</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>CVPBOTH</td>
<td>Obey all rules of probation Department, Court and jail.</td>
</tr>
<tr>
<td></td>
<td>17</td>
<td>CVCOSAS</td>
<td>Submit your person and property, including any residence, premises, container or vehicle under your control to search and seizure at any time of the day or night by any law enforcement or probation officer with or without a warrant, and with or without reasonable cause, or reasonable suspicion. 1, 2</td>
</tr>
<tr>
<td></td>
<td>18</td>
<td>CVPBOTH</td>
<td>Use true name and date of birth at all times.</td>
</tr>
<tr>
<td></td>
<td>19</td>
<td>CVPBOTH</td>
<td>Carry valid identification at all times.</td>
</tr>
<tr>
<td></td>
<td>20</td>
<td>CVSRPPP</td>
<td>Reveal probation terms upon request of a Peace Officer.</td>
</tr>
<tr>
<td></td>
<td>21</td>
<td>CVPBOTH</td>
<td>Stay away from all Staples stores in Orange County.</td>
</tr>
<tr>
<td></td>
<td>22</td>
<td>CVSEFES</td>
<td>As to COUNT 1 defendant to PAY RESTITUTION FUND (1202.4 PC) in the amount of 100.00. Fee stayed to 09/20/02. YES</td>
</tr>
<tr>
<td></td>
<td>23</td>
<td>CVSECS</td>
<td>As to COUNT(s) 1 defendant to COMPLETE 40 HOURS OF COMMUNITY SERVICE by 09/20/02.</td>
</tr>
<tr>
<td></td>
<td>24</td>
<td>CVPBOTH</td>
<td>Defendant may complete her community service in San Bernadino.</td>
</tr>
<tr>
<td></td>
<td>25</td>
<td>CVNT203</td>
<td>Pursuant to Section 1203.4 of the Penal Code, the defendant is informed he or she may petition the court to set aside this conviction if all the following conditions are met. * 1. The defendant fulfilled all the terms and conditions of this probation, or the probation is discharged pursuant to Section 1203.3 of the Penal Code. * 2. The defendant is not on a new term of probation or serving a sentence for another offense. * The defendant is not charged with the violation of any law. * If the petition is granted, the defendant is still obligated to disclose this conviction in response to any direct question contained in any questionnaire or application for public office, for licensure by any state or local agency, or for contracting with the California State Lottery. * Section 13555 of the Vehicle Code: &quot;A termination of probation and dismissal of charges pursuant to Section 1203.4 or dismissal of charges pursuant to Section 1203.4(a) of the Penal Code does not affect any revocation or suspension of the person convicted to drive a motor vehicle under this chapter. Such person's prior conviction shall be considered a conviction for the purpose of revoking or suspending or otherwise limiting such a privilege on the ground of two or more convictions.&quot; Section VC 13555 applies only to convictions of the Vehicle Code.</td>
</tr>
<tr>
<td>Date of Action</td>
<td>Code</td>
<td>Text</td>
<td></td>
</tr>
<tr>
<td>---------------</td>
<td>------</td>
<td>------</td>
<td></td>
</tr>
<tr>
<td>07/22/02</td>
<td>26</td>
<td>CVCRTHJ Court address for return correspondence: * SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE * HARBOR JUSTICE CENTER, LAGUNA NIGUEL FACILITY * 30143 CROWN VALLEY PARKWAY * LAGUNA NIGUEL, CALIFORNIA 92677</td>
<td></td>
</tr>
<tr>
<td></td>
<td>27</td>
<td>CVTXCNT Currently due $100.00.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>28</td>
<td>CVGENNT Court order PROBATION ORDER sent 2 1 2 SBX</td>
<td></td>
</tr>
<tr>
<td></td>
<td>29</td>
<td>CVGENNT Court order PROBATION ORDER sent 2 1 2 SBX</td>
<td></td>
</tr>
<tr>
<td></td>
<td>30</td>
<td>CVMACST Case status changed to ADJUD.</td>
<td></td>
</tr>
<tr>
<td>07/24/02</td>
<td>1</td>
<td>CVBLEXA 0207110487 request for bail refund of $500.00 sent to Auditor-Controller.</td>
<td></td>
</tr>
<tr>
<td>07/27/02</td>
<td>1</td>
<td>CVMADOJ INIT - TRANSACTION SENT TO DOJ.</td>
<td></td>
</tr>
<tr>
<td>10/03/02</td>
<td>1</td>
<td>CVPYRCV 0210030160 Payment of $100.00 received. 100.00 NSBY 0 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>CVPYREM 0210030160 100.00 M MO. 100.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>CVPYFFE 0210030160 Payment applied to RESTITUTION FUND (1202.4 PC). 1 100.00</td>
<td></td>
</tr>
<tr>
<td>10/04/02</td>
<td>1</td>
<td>CVUPDAT Field DT-DIST updated</td>
<td></td>
</tr>
<tr>
<td>10/08/02</td>
<td>1</td>
<td>CVWARVV Case printed on Warrant Review List.</td>
<td></td>
</tr>
<tr>
<td>10/15/02</td>
<td>1</td>
<td>CVPBREVH PROBATION REVOKED, cause set for arraignment for probation violation on 10/31/02 at 08:30 AM in Department S1. PROBATION REVOKED as to count(s) 1, 2.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>CVTXOTH Failed to complete VAC hours by 9/20/02.hz.</td>
<td></td>
</tr>
<tr>
<td>10/23/02</td>
<td>1</td>
<td>CVTXOTH Notice of non-compliance from VAC received and filed 10/23/02. cr.</td>
<td></td>
</tr>
<tr>
<td>10/31/02</td>
<td>1</td>
<td>CVHHELD Case on Calendar for ARRAIGNMENT ON PROBATION VIOL.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>CVOFICL Department S1, JUDGE MATTHEW S. ANDERSON, Clerk P. ROSSNER, Prosecuting Attorney, Defense Attorney, Court Reporter</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>CVAPDP D Defendant appearing in pro per.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>CVTROTH Court finds defendant is not in violation of her probation.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>CVPBRSN PROBATION is hereby REINSTATED. 1, 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>CVFPR Proof of COMMUNITY SERVICE received.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>CVCORTE The Court further orders the REMAINING TERMS and CONDITIONS of PROBATION shall REMAIN in EFFECT.</td>
<td></td>
</tr>
<tr>
<td>11/29/06</td>
<td>1</td>
<td>CSCLS Case closed.</td>
<td></td>
</tr>
<tr>
<td>04/26/08</td>
<td>1</td>
<td>PBCMP Case evaluated for expired probation(s). Probation updated for applicable grant(s) of probation.</td>
<td></td>
</tr>
</tbody>
</table>

Name: Kyles, Vanessa Cheron

DOCKET REPORT / ALL CATEGORIES
CASE NUMBER: TSB702443
ARREST NBR: 0726785
ARREST AGY: S B POLICE DEPT/SB
Defendant: KYLES, VANESSIA CHERON
Defn: 1 of 1
Date Filed: 10/12/07
District Attorney: Continuances: 0
Defense Attorney: Age in Days: 0
Custody Status: N/A - Bail: 5,000.00 Last Trial: 01/18/08
Charge Information
-----------------------
001 ARREST 14601.1(A) VC DRIVE WHILE LICENSE SUSPENDED None
Plea Status S
001 FILED 14601.1(A) VC DRIVE WHILE LICENSE SUSPENDED G Convict
002 FILED 4000(A)(1) VC REGISTRATION FEES DUE G Convict
003 FILED 16028(A) VC FAILURE TO PROVIDE EVIDENCE OF G Convict
004 FILED 31 VC FALSE INFORMATION TO PEACE OFF None Dismiss

Disposed Cases
---------------
Case Number Expires Convicted/Warrant Charges Status
G088386VK 00/00/00 N/A
687133VK 00/00/00 122350 VC, 1214.1 PC Closed

TTP Status Fine Amount Amount Paid Amount Due Date To Pa
N/A $2,192.00 $500.00 00/00/00

Collection Status
N/A

Warrant Information
-------------------
Type Date Issued Status Amount Date
N/A 01/08/09 Recalled $5,000.00 00/00/00

Case Action Information
------------------------
Action Div Description Status
4/26/10 S1 MODIFICATION OF PROBATION Dispo
COMMISSIONER MICHAEL A KNISH
Clerk: ANNE ELISARRARAZ
Bailiff S Snyder

Defendant present.

PROCEEDINGS
Action came on for Modification of Probation
DEFENSE Motion TO TERMINATE PROBATION is GRANTED. Probation ordered terminated on 04/26/2010.

If you come back to 1st Floor
Document Control

$25/minute order plus $.50 per
3/11/09 S14A MODIFICATION OF PROBATION
JUDGE JAMES M DORR
Clerk: Dianna Villa
Bailiff K PHILLIPS
Defendant present.

PROCEEDINGS
Action came on for Modification of Probation
DEFENDANT S Motion FOR EXTENSION ON JAIL TIME is
GRANTED.

For all charges,
Probation is continued on original Terms and
Conditions with the following modification(s).
Term Number 3 is modified as follows:
03) Serve 17 days in a San Bernardino County Jail
facility,
with credit for time served, a matter of 0 days,
plus conduct credit pursuant to PC4019 and abide
by all rules and regulations of the facility
without the possibility of county parole.
Report to Glen Helen Rehabilitation Center on
04-03-09 BY 3:00PM.
Eligible for weekend/week release program.
Complete by 12/01/09.

Commitment issued; Duplicate copy to defendant.
Commitment electronically transmitted to Glen
Helen.

Defendant accepts modification of terms and
conditions.

CUSTODY STATUS
Case custody - Probation.
Copy of Minute Order given to defendant.

YOU ARE TO REPORT TO DEPARTMENT S14 AT 7:30 AM ON
03/11/2009.

2/26/09 S14A ARRAIGNMENT ON BW FOR VIOL OF PROB

Dispo
CASE NUMBER: TSB702443  DEFENDANT STATUS: Closed
ARREST NBR: 0726785  ARREST DATE: 7/18/07
ARREST AGY: S B POLICE DEPT/SB  Defn: 1 of 1
Defendant: KYLES, VANESSIA CHERON
==========================================================================
DOUGLAS N GERICKE
Clerk: Dianna Villa
Bailiff K PHILLIPS
Defendant present.

PROCEDINGS
Action came on for Violation of Probation
Advisal of rights signed by Defendant and filed.
Defendant arraigned on Bench Warrant.
Bench Warrant discharged.

Defendant admits violation(s) of probation, as to
term(s) 3.
Defendant waives right to Vicker's Hearing.
Defendant is found to be in violation of Probation

For all charges.
Probation Reinstated.
Probation is continued on original Terms and
Conditions with the following modification(s).
Term Number 3 is modified as follows:

03) Serve 17 days in a San Bernardino County Jail
facility,
with credit for time served, a matter of 0 days,
plus conduct credit pursuant to PC4019 and abide
by all rules and regulations of the facility
without the possibility of county parole.
Report to Glén Helen Rehabilitation Center on
02-27-09 BY 10:00AM.
Eligible for weekender/work release program.
Complete by 12/01/2009.
Commitment issued; Duplicate copy to defendant.
Commitment electronically transmitted to Glén
Helen.

Defendant accepts modification of terms and
conditions.

CUSTODY STATUS
Case custody: Probation.
Copy of Minute Order given to defendant.
==========================================================================
Warrant was quashed locally by KMERG
1/16/09
Warrant sent to Sheriff's Office
Warrant ordered on 01/16/2009 at 13:53
1/08/09 S6
EX PARTE HEARING RE: REVOCATION OF PROBATION
COMMISSIONER M J TORCHIA
CASE NUMBER: TSB702443
ARREST NBR: 0726785
ARREST AGY: S.B. Police Dept/SB
Defendant: KYLIE S, VANESSA CHERON
=============================================
Defn: 1 of 1

Clerk: ADRIENNE BILLINGS
Defendant NOT present.

It being alleged that defendant has failed to
comply with term 3 of his/her probation order.
Court orders Probation revoked.
Bench Warrant issued; Bail set at $5000.00; MAY
NOT forfeit. Reason ALLEGED VIOLATION OF
PROBATION
Case Custody - Fugitive

1/07/09

FAILURE TO COMPLY WORKSHEET AND BENCH WARRANT
PRINTED; SENT TO S6.

12/17/08

NOTICE OF FAILURE TO APPEAR FOR JAIL TIME FILED.

11/19/08 S6

MODIFICATION OF PROBATION
COMMISSIONER M J TORCHIA
Clerk: Steven Roth
Bailiff L SCOTT
14:16

Dispo

APPEARANCES
Defendant present.

PROCEEDINGS
Action came on for Modification of Probation

At request of defendant
Probation is continued on original Terms and
Conditions with the following modification(s).
For all charges.
Term Number 3 is modified as follows:
03) Serve 17 days in a San Bernardino County Jail
facility,
with credit for time served, a matter of 0 days,
plus conduct credit pursuant to PC4019 and abide
by all rules and regulations of the facility
without the possibility of county parole.
Report to Glen Helen Rehabilitation Center on
12/12/08 BY 3PM.
Eligible for weekender/work release program.
Complete by 06/01/2009.
Commitment issued; Duplicate copy to defendant.
Commitment electronically transmitted to Glen
Helen.

Defendant accepts modification of terms and
CASE NUMBER: TSB702443  DEFENDANT STATUS: Closed
ARREST NBR : 0726785  ARREST DATE ....: 7/18/07
ARREST AGY : S B POLICE DEPT/SB  Date: 11/05/08
Defendant .: KYLES, VANESSIA CHERON  Fine Suspension of 35.00
Defn : 1 of 1
Fine Suspension of  1657.00

11/05/08
MODIFICATION OF PROBATION
S6 03
COMMISSIONER M J TORCHIA
Clerk: JILL MERENDINO
Bailiff L SCOTT
APPEARANCES
Defendant present.

PROCEEDINGS
Action came on for Modification of Probation

14:00
DEFENDANT REQUESTS JAIL TIME IN LIEU OF FINE.
Defendant's request is GRANTED.

For all charges.
Term Number 3 is modified as follows:

03) Serve 17 days in a San Bernardino County Jail
facility,
with credit for time served, a matter of 0 days,
plus conduct credit pursuant to PC4019 and abide
by all rules and regulations of the facility
without the possibility of county parole.
(Includes 17($1657.00 ORIGINAL BALANCE) days jail
time in lieu of fine.)
Report to Glen Helen Rehabilitation Center on
11/21/08 BY 3PM.
Eligible for weekender/work release program.
Complete by 05/21/2009.
Sentence to run consecutive to ANY OTHER TIME.
Commitment issued; Duplicate copy to defendant.
Commitment electronically transmitted to Glen
Helen.
Defendant accepts modification of terms and
conditions.

CUSTODY STATUS
Case custody - Probation.
Copy of Minute Order given to defendant.
Defendant: KYLES, VANESSA CHERON

Warrant was quashed locally.

US200804250427

8/02/08 Fine Payment of $000.00 Received

4/25/08 Misdemeanor case extracted for payment

NN000000000000

1/04/08 FTP warning notice mailed per 1214.1(A) PC

12/30/07 FTP Warrant 8BH type automatically requested.

11/21/07 DMV Direct Update Disposition Abstract Completed

11/19/07 S6 ARRAINMENT COMMISSIONER M J TORCHIA
Clerk: Steven Roth
Defendant present.

PROCEEDINGS
Defendant is advised of Constitutional and Statutory Rights, Defendant gives TRUE NAME as charged. Defendant Arraigned.

PLEA INFORMATION
Defendant pleads GUILTY as to Count(s) 1 2 3. Stip Re: Judge Pro Tempore and Advise of rights; waiver and plea form filed.

DISMISSALS
Count(s) 4 dismissed in the interest of justice.

FINDINGS/ADVISES:
The Court, after advisement of each of these rights, finds that the Defendant understands the charge(s), the possible penalties, right against self-incrimination, to confront and cross examine witnesses, to a public and speedy trial, to Jury trial; to have an attorney present at all stages of the proceedings and to the Public Defender if indigent and to the compulsory process of the court to subpoena witnesses. Court finds plea is based on fact.
See findings in file.
Defendant is informed of his/her right to be
sentenced no earlier than six hours nor any later
than five days after he/she has entered his/her
plea of
GUILTY or NOLO CONTENERE or found GUILTY. The
court finds that he/she knowingly, freely and
expressly waives that right.
Defendant waives formal arraignment for
pronouncement of judgment and states there is no
legal cause why judgment should not now be
pronounced.
Defendant waives time for Sentencing.

SENTENCING INFORMATION
For the charge(s): 1 2 3

PROBATION GRANTED
Pronouncement of Judgment is ordered withheld and
Conditional and Revocable Release is GRANTED for
a period of 36 month(s)
on the following Terms and Conditions:
01] Violate no law other than minor traffic.
02] Drive only when properly licensed and in
    compliance with any restriction placed on your
    driving privilege, and be properly insured
    according to law.
00] Pay a fine of $2157.00 to the Court;
    plus STM0000003500 collections fee **
    payable at a rate of $60.00 per month
    commencing 12/19/2007
Payment Plan Notice
04] Victim Restitution Fine in the amount of $110.00
    included in fine.

Defendant accepts probation and is given a copy
of the Terms and Conditions.

CUSTODY STATUS
Case custody - Probation.
Copy of Minute Order given to defendant.

10/17/07
SESSLIN AFFIDAVIT REQUESTED.

10/12/07
Jurisdiction set to SS by OTS310.
CASE NUMBER: TSB702443
ARREST NBR: 0726785
ARREST AGY: S.B POLICE DEPT/SB
Defendant: KYLES, VANESSIA CHERON

Citation Filed by CCOSM

Probation Information

<table>
<thead>
<tr>
<th>Type</th>
<th>Granted Date</th>
<th>Expiration Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary</td>
<td>11/19/07</td>
<td>4/26/10</td>
</tr>
</tbody>
</table>

01) Violate no law other than minor traffic. (TMVNL)
02) Drive only when properly licensed and in compliance with any restriction placed on your driving privilege, and be properly insured according to law. (062)
03) Serve 17 days in a San Bernardino County Jail facility. (001A) with credit for time served, a matter of 0 days. (001B) plus conduct credit pursuant to PC4019 and abide by all rules and regulations of the facility (001C) without the possibility of county parole. (001D) Report to Glen Helen Rehabilitation Center on 04-03-09 BY 3:00PM. (001EB) Eligible for weekend/work release program. Complete by 12/01/2009. (001EE)
04) Victim Restitution Fine in the amount of $110.00 included in fine. (TMVRI)

Bail Quote Info - Quote Date: 00/00/00 Mandatory Appearance

**** No Local DMV data available for this case ****

**** END OF CASE PRINT ****
Complete Name (no abbreviations):
First: Trina  Middle: Dela  Last: Trinidad

Home Address: 905 E. Twain Ave  Apt #: B-12

City: Las Vegas  State: NV  Zip Code: 89169

Telephone:  Social Security Number: 

Date of Birth:  Place of Birth: Paramount CA  Sex: M or F

E-mail Address: N/A

To qualify as a pharmaceutical technician you will need to meet one of the following criteria. Please check the appropriate line and include documentation.

☒ I have completed a pharmaceutical technician program or school approved by the board. (Include copy of certification of completion.)

☒ I am currently registered as a pharmaceutical technician in another state. (Include copy of registration or verification letter from the state in which you are registered.)

1) Are you 18 years of age or older? Yes ☒ No ☐
2) Are you a high school graduate or the equivalent? Yes ☒ No ☐

(IF YOU ANSWERED "NO" TO QUESTION 1 AND/OR 2, YOU CAN NOT SUBMIT THIS APPLICATION)

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

4) I have ☒ I have not ☐ been charged, arrested or convicted of a misdemeanor ☐ or felony ☐

5) I have ☒ I have not ☐ been the subject of an administrative action whether completed or pending.

6) I have ☒ I have not ☐ had a professional license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

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

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

b) Criminal Action

County: _____  Date: _____  Case #: _____

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 and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Trina Trinidad  4-23-11

Signature  Date

Board Use Only

Received: MAY 03 2011  Check Number: 130  Amount: 40.00

56752
BOARD OF PHARMACY

Licensee Name: TRINIDAD TRINA DELA
License Type: PHARMACY TECHNICIAN
License Number: 101584
License Status: CLEAR Definition
Expiration Date: June 30, 2011
Issue Date: May 04, 2010
Address: 905 E TWAIN AVE APT B12
City: LAS VEGAS
State: NV
Zip: 89169
County: OUT OF STATE
Actions: No

Related Licenses/Registrations/Permits
No records returned

Public Disclosure
No information available from this agency

This information is updated Monday through Friday - Last updated: MAY-08-2011

Disclaimer
All information provided by the Department of Consumer Affairs on this web page and on its other web pages and internet sites, is made available to provide immediate access for the convenience of interested persons. While the Department believes the information to be reliable, human or mechanical error remains a possibility, as does delay in the posting or updating of information. Therefore, the Department makes no guarantee as to the accuracy, completeness, timeliness, currency, or correct sequencing of the information. Neither the Department, nor any of the sources of the information, shall be responsible for any errors or omissions, or for the use or results obtained from the use of this information. Other specific cautionary notices may be included on other web pages maintained by the Department. All access to and use of this web page and any other web page or internet site of the Department is governed by the Disclaimers and Conditions for Access and Use as set forth at California Department of Consumer Affairs' Disclaimer Information and Use Information.
days of today's hearing. Board staff is given authority to approve application if this Order is complied with.

Second: Leo Basch

Action: Passed With One Negative Vote

D. Trina Trinidad

Trina Trinidad appeared and was sworn by President Boudreaux prior to answering questions or offering testimony.

Ms. Trinidad was requesting a pharmaceutical technician-in-training application to go to work at Rite Aid. Since her submission of the application Rite Aid has changed ownership and she has no opportunity for employment at this time.

Ms. Trinidad took a correspondence course and asked the Board if she could use that certificate for licensure. Since the correspondence course was not ACPE accredited it could not be considered.

When asked about the affirmative questions she answered on her application, she indicated that she spent 25 days in jail for traffic tickets. She had warrants out for her arrest and some of them were very old so she was jailed. Ms. Trinidad also indicated that she was charged with hitting her mother-in-law but she stated that she was cleared of those charges.

Since Ms. Trinidad has no managing pharmacist or store to work in, the Board can not accept her application for pharmaceutical technician-in-training. The Board directed staff to have Ms. Trinidad re-appear if she pursues a job as a PTT in the future.

12. Request for Correction to September 2007 Minutes – Non Appearance:

Robb Miller – Diabetic Life Supply

Robb Miller made a request to the Board to amend the September 2007 meeting minutes to remove the inference that Robert Maxwell stated that Diabetic Life Foundation was the parent company of Diabetic Life Supply. Diabetic Life Foundation is not the parent company of Diabetic Life Supply.

Board Action:

Motion: Ray Seidlinger moved to amend the September 2007 Board meeting minutes as referenced.

Second: Chad Luebke

Action: Passed Unanimously
Ms. Garcia stated that on her 18\textsuperscript{th} birthday she was with someone that committed a crime by using someone else's credit card. Since that person was convicted she was considered guilty by association. Ms. Garcia was told that when she completed probation the conviction would be removed from her record.

**Board Action:**

**Motion:** Keith Macdonald moved to approve Ms. Garcia's application for pharmaceutical technician-in-training and have Ms. Garcia provide a copy of the document that verifies her testimony.

**Second:** Dave Wuest

**Action:** Passed Unanimously

C. Trina D. Trinidad

Trina Trinidad appeared and was sworn by President Kellogg prior to answering questions or offering testimony.

Ms. Trinidad advised the Board that she had been offered a job with Smith's as a pharmaceutical technician-in-training. On her application she noted that she was once a student at Heritage College in the pharmaceutical technician program. Ms. Trinidad advised the Board that she was terminated from enrollment with Heritage because she failed to provide a urine analysis. She maintains that was not true and told the Board that she had gone to do the urine analysis, however she had an emergency and asked if she could come back later so she could leave to attend to her child. Ms. Trinidad said that when she returned close to midnight she was advised that she could not test.

**Board Action:**

**Motion:** Keith Macdonald moved to approve Ms. Trinidad's application for pharmaceutical technician-in-training.

**Second:** Katie Craven

**Action:** Passed Unanimously

7. **Appearances:**

A. Your Success Rx Report – Katie Johnson
   Cale Batt
   Dale Hawkins
Pharmacy Board

From: Steve Feaver [SFeaver@heritagecollege.com]  
To: Pharmacy Board  
Cc:  
Subject: RE: Trina Trindiad  
Attachments:  

Candy,

Trina Trinidad was a student at Heritage College in 2002. She was dismissed from the college for non-compliance regarding her drug screen. Trina did not return to complete the program and completed less than half of the curriculum before being dismissed. Trina meet before the board about a year ago reapplying for licensure, claiming employment. My executive director and I appeared with documentation regarding her drug screen requested by Louis Ling. To make a long story short, she was not employed and was denied licensure.

Feel free to contact me if you need any further information.

Steve

---

From: Pharmacy Board [mailto:pharmacy@pharmacy.nv.gov]  
Sent: Tuesday, December 11, 2007 3:37 PM  
To: Steve Feaver  
Subject: Trina Trindiad

Hi Steve,

I was wondering if you could tell me if Trina Trinidad completed the requirements for Heritage College. I know she attended the school in 2006.

Any information you can provide would be helpful. She is reapplying for licensure and I'm not sure if she should be a tech or tech in trainee.

https://mail.state.nv.us/exchange/pharmacy/Inbox/RE:%20Trina%20Trindiad.EM...  
12/12/2007
Blank
NEVADA STATE BOARD OF PHARMACY
431 W. Plumb Lane • Reno, NV 89509 • (775) 850-1440
APPLICATION FOR AUTHORITY TO DISPENSE CONTROLLED SUBSTANCES OR DANGEROUS DRUGS OR BOTH
(This application can not be used by PA’s or APN’s)
Registration Fee: $300.00 (non-refundable)

New Dispensing Location [x] Address Change [ ] (Please check one)

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

First: Yvonne Middle: Anne Last: Barry Degree: MD
Practice Name (if any): Mobile Medical Now, LLC
Work Address: 3634 N Rancho Drive
City: Las Vegas State: NV Zip Code: 89130
Telephone: (702) 744-7111 Fax: (702) 645-1478
E-mail Address: abby@port-xray.com

Check Type of Practice: [ ] Solo [x] Partnership [ ] Clinic

1) I have [x] 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 [x] been charged, arrested or convicted of a felony or misdemeanor.
3) I have [ ] I have not [x] been the subject of an administrative action whether completed or pending.
4) I have [ ] I have not [x] had a license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked “I have” to questions 2, 3 or 4 above, please include the following information and provide an explanation:

a) Board Administrative Action
   State: NV Date: 09/13/2010 Case Number: 0-7835-1
b) Criminal Action
   State: Date: Case Number:

County: Court: ____________________________

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

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

Signature: ____________________________

4/26/2011
Date

Board Use Only
Received: 5-9-11 Check Number: 377 Amount: 300.00

22821
11560
<table>
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<th>Licensee Details</th>
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<tr>
<td>Person Information</td>
<td>License Type: Medical Doctor</td>
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<tr>
<td>Name: Anne BARRY</td>
<td>License Number: 7600</td>
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<tr>
<td>Address: 3150 N. Tenaya Way Ste. 600 Las Vegas NV 89128</td>
<td>Status: Active-Probation</td>
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<tr>
<td>Phone: 7028699200</td>
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<th>Scope of Practice</th>
<th>Expiration Date: 6/30/2011</th>
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<tr>
<td>Scope of Practice: Family Practice</td>
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</table>

<table>
<thead>
<tr>
<th>Education &amp; Training</th>
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</thead>
<tbody>
<tr>
<td>School: University of Toronto / Toronto, Canada</td>
</tr>
<tr>
<td>Degree/Certificate: Doctor Medical Degree</td>
</tr>
<tr>
<td>Date Enrolled:</td>
</tr>
<tr>
<td>Date Graduated: 6/11/1992</td>
</tr>
<tr>
<td>Scope of Practice:</td>
</tr>
</tbody>
</table>

| School: University of Toronto / Toronto, Canada |
| Degree/Certificate: Internship |
| Date Enrolled: 6/15/1992 |
| Date Graduated: 1/3/1993 |
| Scope of Practice: Family Practice |

| School: LV Family Practice Residency Prog / Las Vegas, NV |
| Degree/Certificate: Residency |
| Date Enrolled: 5/3/1993 |
SETTLEMENT, WAIVER AND CONSENT AGREEMENT
September 10, 2010
On September 10, 2010, a Settlement, Waiver and Consent Agreement was approved and accepted by the Nevada State Board of Medical Examiners (Board), whereby, Yvonne Barry, MD (Respondent) hereby agrees that an order may be entered by the Board finding that the Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act to wit: one count willful failure to comply with an order of the Board or committee designated by the Board to investigate a complaint against a physician, a violation of NRS 630.3065(2)(a) as set forth in Count I of the Amended Complaint; one count engaging in conduct intending to deceive, a violation of NRS 630.306(2)(a) as set forth in Count II of the Amended Complaint; one count engaging in conduct which is a violation of a regulation adopted by the State Board of Pharmacy, a violation of NRS 630.306(2)(c) as set forth in Count IV of the Amended Complaint; and one count of obtaining, maintaining or renewing or attempting to renew a license by any false, misleading, inaccurate or incomplete statement, a violation of NRS 630.304(1) as sent forth in Count V of the Amended Complaint. It shall be ordered that Respondent license to practice medicine in the state of Nevada be revoked, said revocation being stayed and Respondent to be placed on probation for a period of 48 months subject to the following terms and conditions:
a) Respondent’s license shall be suspended for a period of 156 days, said
suspension running from the date of the summary suspension of Respondent's license on April 8, 2010. Said summary suspension shall be lifted and Respondent's license to practice reinstated to the appropriate status;

b) Respondent shall remain in compliance with all terms of her contract with the PRN-PRN program through Monte Vista Hospital in Las Vegas and complete the contract in full;

c) Respondent shall submit to random hair and urine screens at her own expense when requested by an employee of the Board. Any test that is positive for alcohol, controlled substances or dangerous drugs, other than prescribed by a treating physician or dentist, shall be considered a violation of this agreement. Failure to comply with any such request shall be deemed to be an automatic positive test;

d) Should Respondent be prescribed any controlled substances or dangerous drugs, by a treating physician or dentist, Respondent shall provide documentation from the treating physician or dentist to the Compliance Officer with seventy-two (72) hours of the prescription or within ninety-six (96) hours should the prescription be provided on a weekend;

e) Respondent's practice shall be monitored by a proctor for six months upon reinstatement of her license. Respondent shall practice at the same location as the proctor for at least two days per week during the time of the proctorship. The proctor shall submit to the Compliance Officer a report once every thirty (30) days regarding any concerns or comments the proctor may have regarding Respondent's practice. Should the proctor indicate at the end of the six month period that they do not believe Respondent should practice without continued monitoring, Respondent agrees to extend the period of monitoring for an additional period of six months;

f) Respondent shall inform any and all employers of the terms of this Agreement during the term of her probation;

g) Respondent shall complete forty (40) hours of community service related to the practice of medicine, preferably within the school system or a community clinic, within six months of the date of acceptance of this Agreement by the Board. Respondent shall submit a plan outlining her intended community service and shall submit said plan for approval to the Compliance Officer within thirty (30)
days of the date of acceptance of this agreement;
h) Respondent shall provide to the Compliance Officer for the Board with
the best method to contact her and shall maintain a current address and phone
number with the Compliance Officer;
i) Respondent shall not violate any laws or regulations of the state of Nevada during the period of her probation;
j) Respondent shall be responsible for the reasonable costs of monitoring
her compliance with this Agreement. Respondent shall receive quarterly invoices regarding any monitoring costs and shall remit said costs within thirty (30) days
of the date of the invoice;
It is further ordered that Respondent shall reimburse the Board the reasonable
costs and expenses incurred in the investigation and prosecution of this case,
d) the current amount being $10,613.05. Respondent shall be responsible for any
to the Nevada State Board of Medical Examiners within nine (9)
months of the acceptance of this Agreement by the Board and Respondent shall
make a payment of a minimum of $1000 by the end of each month beginning the month this
Agreement is accepted by the Board. It is further order that counts III and VI
of the Amended Complaint shall be dismissed.
Settlement, Waiver and Consent Agreement: 8 pages

Board Actions
FORMAL DISCIPLINARY ACTION TAKEN BY THE NEVADA
STATE BOARD OF MEDICAL EXAMINERS:
*********************************************************
ORDER FOR SUMMARY SUSPENSION OF LICENSE
April 8, 2010
The Investigative Committee of the Nevada State Board of
Medical Examiners filed an
Order for Summary Suspension against Yvonne Barry, M.D.
pursuant to NRS 630.326(1). The Investigative Committee
believes that due to Dr. Barry’s known issues with drugs and/or
alcohol and her continued pattern of non-compliance with her
treatment contract and her unwillingness to address her drug
and/or alcohol problems that the health, safety and welfare of
the public is at imminent risk of harm and that a summary
suspension of Dr. Barry’s medical license is necessary to
remove said risk of imminent harm to the health, safety and welfare of the public. The license to practice medicine is hereby suspended until further order of the Investigative Committee or Board. pc.

Copies of Order: 3 pages

FORMAL COMPLAINT
April 22, 2010
The Investigative Committee of the Nevada State Board of Medical Examiners (Board) filed a formal complaint against Yvonne Barry, M.D. (Respondent) on April 22, 2010, charging Respondent with a violation of Nevada Revised Statute NRS 630.306(2); Count I: Respondent willfully failed to comply with an order of the Board by continually being non-compliant with the PRN-PRN agreement, program and related treatment as ordered. Count II: Respondent engaged in numerous instances of intending to deceive by her ongoing pattern of improper conduct of writing prescriptions in other's names for her own personal use and self-prescribing a controlled substance, a violation of NRS 630.306(2)(a). Count III: The continuous and chronic nature of Respondent's improper conduct demonstrates her dependency on controlled substances. Respondent has admitted to investigative staff members of the Board that she was writing fraudulent prescriptions for phentermine in order to satisfy her addiction to it; that she was arrested in the past for Driving Under the Influence; and, that she has done what she was accused of by the Board. Respondent's admitted conduct was for the purpose of satisfying her dependency on controlled substances. Respondent's three DUI arrests also demonstrate a problem with habitual intoxication form alcohol or dependency on controlled substances, a violation of NRS 630.306(10); Count IV: Respondent violated NRS 630.306(2)(c) when she engaged in conduct which is in violation of a regulation adopted by the State Board of Pharmacy; Respondent violated NAC 639.945(o), 639.752(o), and 639.752(2)(b)(2) when she prescribed a drug as a prescribing practitioner to a patient with whom she does not have a bona fide therapeutic relationship; Count V: Respondent failed to admit to the two Driving Under the Influence arrests, in 2003 and 2008, and on three separate biennial licensing renewal forms, 2005, 2007, 2009, is a violation of NRS 630.304(1); Count VI: Respondent's failure to report in writing the three Driving Under the Influence arrests, in 2003, 2008 and 2010, is a violation of NRS 630.306(12). jl

Complaint: 10 pages

FIRST AMENDED COMPLAINT
August 9, 2010
The Investigative Committee of the Nevada State Board of
Medical Examiners (Board) filed a formal complaint against Yvonne Barry, M.D. (Respondent) on August 9, 2010, charging Respondent with a violation of Nevada Revised Statute NRS 630.3065(2); Count I: Respondent willfully failed to comply with an order of the Nevada State Board of Medical Examiners by, among other things, continually being non-compliant with the PRN-PRN agreement, program and related treatment as ordered. Count II: Respondent engaged in numerous instances of intending to deceive by, among other things, her ongoing pattern of improper conduct of writing prescriptions in other’s names for her own personal use and for self-prescribing a controlled substance. Count III: The continuous and chronic nature of Respondent’s improper conduct demonstrates her dependency on controlled substances. Further, Respondent has admitted to investigative staff members of the Nevada State Board of Medical Examiners that she was writing fraudulent prescriptions for phentermine in order to satisfy her addiction to it; that she was arrested in the past for Driving Under the Influence; and, that she has done what she was accused of by the Nevada State Board of Medical Examiners. All of Respondent’s admitted conduct was for the purpose of satisfying her dependency on controlled substances. Respondent’s three DUI arrests also demonstrate a problem with habitual intoxication from alcohol or dependency on controlled substances. Count IV: Nevada Administrative Code Section 639.752(2)(b)(2), a regulation adopted by the Nevada State Board of Pharmacy, provides that prescribing a drug as a prescribing practitioner to a patient with whom the prescribing practitioner does not have a bona fide therapeutic relationship is unprofessional conduct and contrary to the public interest. Respondent violated the foregoing regulations and statute by, among other things, continually prescribing controlled substances to patients with which she did not have a bona fide therapeutic relationship, discovered by the Respondent’s failure to admit the two Driving Under the Influence arrests, in 2003 and 2008, on three separate biennial licensing renewal forms, 2005, 2007, 2009, is a violation of Nevada Revised Statute Section 630.304(1). Count VI: Respondent’s failure to report in writing the Driving Under the Influence arrest, in 2010, is a violation of Nevada Revised Statute Section 630.306(12).

First Amended Complaint: 9 pages

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

SETTLEMENT, WAIVER AND CONSENT AGREEMENT
September 10, 2010
On September 10, 2010, a Settlement, Waiver and Consent Agreement was approved and accepted by the Nevada State Board of Medical Examiners (Board), whereby,
Yvonne Barry, MD (Respondent) hereby agrees that an order may be entered by the Board finding that the Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act to wit: one count willful failure to comply with an order of the Board or committee designated by the Board to investigate a complaint against a physician, a violation of NRS 630.3065(2)(a) as set forth in Count I of the Amended Complaint; one count engaging in conduct intending to deceive, a violation of NRS 630.306(2)(a) as set forth in Count II of the Amended Complaint; one count engaging in conduct which is a violation of a regulation adopted by the State Board of Pharmacy, a violation of NRS 630.306(2)(c) as set forth in Count IV of the Amended Complaint; and one count of obtaining, maintaining or renewing or attempting to renew a license by any false, misleading, inaccurate or incomplete statement, a violation of NRS 630.304(1) as set forth in Count V of the Amended Complaint. It shall be ordered that Respondent license to practice medicine in the state of Nevada be revoked, said revocation being stayed and Respondent to be placed on probation for a period of 48 months subject to the following terms and conditions:

a) Respondent's license shall be suspended for a period of 156 days, said suspension running from the date of the summary suspension of Respondent's license on April 8, 2010. Said summary suspension shall be lifted and Respondent's license to practice reinstated to the appropriate status;

b) Respondent shall remain in compliance with all terms of her contract with

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred. Sometimes insurance companies settle a case without the knowledge and/or agreement of the physician. This database represents information from insurers to date. Please note: All insurers may not have submitted claim
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA MDEG PROVIDER
NON PUBLICLY TRADED CORPORATION
FEE: $500.00 (non-refundable and not transferable) - Application must be printed legibly

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

New MDEG ✓ Ownership Change _____ Name Change _____ Location Change _____
Please provide current license number if making changes:

FACILITY INFORMATION
Facility Name: Amador Medical, LLC.
Physical Address: 7320 Smoke Ranch Rd, Ste H Las Vegas, NV 89
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 2701 N Rainbow Blvd #1282
City: Las Vegas State: NV Zip Code: 89108
Telephone Number: 702-239-2556 Fax Number: N/A
E-mail: amadormedical@gmail.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 9 to 5 Tue: 9 to 5 Wed: 9 to 5 Thu: 9 to 5
Fri: 9 to 5 Sat: closed Sun: closed Holidays: closed

MDEG ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)
Name: Andrina Vasquez-Sanchez

**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 ☒ Assistive Equipment
☐ Life-sustaining equipment ☒ Parenteral and Enteral Equipment ☒ Orthotics and Prosthetics
☒ Diabetic Supplies
Other:

Board Use Only
Received JUN 23 2011 Check Number MO Amount $500 —
OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: **Nevada**
Parent Company if any: **N/A**
Corporation Name: **Amador Medical, LLC.**
Mailing Address: **2701 N Rainbow Blvd #1232**
City, State and Zip: **Las Vegas NV 89108**
Telephone Number: **702-239-2556** Fax Number: **N/A**
License Contact Person: **Andrina Vasquez**
Professional Compliance Contact Person: **Andrina Vasquez**

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

<table>
<thead>
<tr>
<th>Officer or director name</th>
<th>Officer or director title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrina Vasquez</td>
<td>Manager</td>
</tr>
</tbody>
</table>

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?
   a) **N/A**
      Name
      Address
   b) **N/A**
      Name
      Address
   c) **N/A**
      Name
      Address
   d) **N/A**
      Name
      Address

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

2) Provide the number of shares issued by the corporation. **N/A**

3) What was the price paid per share? **N/A**

4) What date did the corporation actually receive the cash assets? **N/A**

5) Provide a copy of the corporations stock register evidencing the above information.
If the non publicly traded corporation is a subsidiary, list name and state of incorporation of the parent corporation, and include a list of its officers.

N/A

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

N/A

1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes □ No ☒ If yes, list the persons, their address and their business names.

a) 
Name
Address

Business

b) 
Name
Address

Business

c) 
Name
Address

Business

d) 
Name
Address

Business

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

a) Monica Khayat
Name
Address

Business

Easy Life Medical Equipment Las Vegas NV 89102

b) 
Name
Address

Business

c) 
Name
Address

Business

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

- Practitioner Name: __________________________
- Advanced Practitioner of Nursing Name: __________________________
- Physician's Assistant Name: __________________________
- Physical Therapist Name: __________________________
- Occupational Therapist Name: __________________________
- Registered Nurse Name: __________________________
- Respiratory Therapist Name: __________________________

Within the last five (5) years:

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

5) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

6) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

7) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

8) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to any question 4 through 8 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider may be grounds for the revocation of this permit. I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Signature of corporation officer: ________________________________
Date: 06-16-2011

ANDRINA VASQUEZ MANAGER
Type name and title
APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 06-18-11

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Durable Medical Equipment Prosthetics Orthotics and Supplies. Amador Medical, LLC. 7320 Smoke Ranch Rd Ste H Las Vegas NV

Name and Address of Business for Which MDEG Administrator Is Requested

Amador Medical, LLC

If applicable, Name Under Which It Is Now Operated

Page 1 – MDEG Administrator
1. PERSONAL INFORMATION:

 Vasquez ___________________________ Andrina ___________________________ Marie ___________________________
Last Name First Name Middle Name

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

2701 N Rainbow Blvd Las Vegas NV 89108
Present Residence Address-Street or RFD City State/Zip

7320 Smoke Ranch Dates 2/1/11 - Present Las Vegas NV 89128
Present Business Address City State/Zip

Manager Dates 2/1/11 - Present
Present Position with the MDEG

Phone: ___________________________ Fax: ___________

Email address: amadormedical@gmail.com

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

21 years
Age

Brown
Color of Eyes

Brown
Color of Hair

145
Weight

5' 3"
Height

Scars, tattoos or distinguishing marks and/or characteristics
I have a tattoo
on my left shoulder blade with stars.

Are you a citizen of the United States? Yes [x] No [ ]

If alien, registration No ___________________________

If naturalized, certificate No ___________________________ Date ___________________________

Place ___________________________ (If naturalized, document must be verified.)
A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/ Address of Employer/Business</th>
<th>No of Employed Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/2010 - 3/2011 Easy Life Medical Equip.</td>
<td>1400</td>
<td></td>
</tr>
<tr>
<td>Manager Selling, Distributing and Billing Medical Equipment</td>
<td>Monica</td>
<td></td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Month and Year</td>
<td>Name/ Address of Employer/Business</td>
<td>No of Employed Hours</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Month and Year</td>
<td>Name/ Address of Employer/Business</td>
<td>No of Employed Hours</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
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<td>Month and Year</td>
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<tr>
<td>Title</td>
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<td>Name of Supervisor</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
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<td>Month and Year</td>
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<td>No of Employed Hours</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
I have ☐ I have not ☒ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse.

1. I have ☐ I have not ☒ been charged, arrested or convicted of a felony or misdemeanor.

2. I have ☐ I have not ☒ been the subject of an administrative action whether completed or pending.

3. I have ☐ I have not ☒ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

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

a) Board Administrative Action:
   State: N/A
   Date: N/A
   Case Number: N/A

b) Criminal Action:
   State: N/A
   Date: N/A
   Case Number: N/A
   County: N/A
   Court: N/A

4. Will you be actively involved in and aware of the daily operation of the MDEG? Yes ☒ No ☐

5. Will you be employed fulltime with the MDEG? Yes ☒ No ☐

6. Will you be present at the site of the MDEG during its normal operating hours? Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a written explanation.

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

Date of photograph: 11/16/11

Page 4 -- MDEG Administrator
I, Andrina Vasquez, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.

Andrina M Vasquez
Signature of Applicant
PERSONAL HISTORY RECORD

Date 6-16-2011

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, attach a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Durable Medical Equipment Prosthetics Orthotics and Supp

Nature of License N/A

Name and Address of Establishment for which License is Requested

Amador Medical, LLC 7320 Smoke Ranch Rd. Ste. H Las Vegas, NV 89112

If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:

Vasquez Andra Marie

Last Name First Name Middle Name

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

2701 N Rainbow Blvd #1232 Las Vegas NV 89108

Present Residence Address-Street or RFD City State/Zip

7320 Smoke Ranch Rd. Ste. H City State/Zip Dates 2/1/11 - Present Las Vegas NV 89128

Present Business Address City Dates 2/1/11 - present Phone: 702-23

Medical Supply Occupation

Occupation

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

21 Age Sex F

Brown Brown Fair 145 Medium 5'3"

Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics... star tattoo on left shoulder blade

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

If naturalized, certificate No. Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single Married Separated Divorced Widowed Engaged

Applicant's initial AVS

Page 1
A. Current Marriage

Date of Marriage: 3/20/2010
Place of Marriage: Las Vegas, Clark, NV

Spouse's full name (Maiden): Omar Vasquez

Date of Birth: [Blank]
Place of Birth: Mexico

Resident address: 2701 N Rainbow Blvd, Las Vegas, NV 89103

Telephone: Residence

Spouse's employer: Collision Center
Occupation: Estimator

Address of employer: 7230 Desert Inn Rd, Las Vegas, NV 89102

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

<table>
<thead>
<tr>
<th>Name of Spouse</th>
<th>Date of Order or Decree</th>
<th>Date of Place of Marriage</th>
<th>Nature of Action</th>
<th>City</th>
<th>County and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. FAMILY INFORMATION:

A. Children and Dependents:

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Birth Place</th>
<th>Residence Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Child Support Information:

Please mark the appropriate response:

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

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

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

Applicant's initial: AVS
C. Parents:
List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents in-law or legal guardian. If retired or deceased, list last address and occupation.

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miguel Pacheco</td>
<td></td>
<td>El Camino #284</td>
<td>unknown</td>
</tr>
<tr>
<td>Unknown</td>
<td>Unknown</td>
<td>Las Vegas, NV 89110</td>
<td>N/A</td>
</tr>
<tr>
<td>Janeen Brooker</td>
<td></td>
<td>2500 Velvet Hill Ave</td>
<td>Landscaping</td>
</tr>
<tr>
<td>Martin Vasquez</td>
<td>March 12, 1976</td>
<td>Las Vegas, NV 89102</td>
<td>Cleaning</td>
</tr>
<tr>
<td>Noemi Sanchez</td>
<td>March 12, 1976</td>
<td>2500 Velvet Hill Ave</td>
<td>Cleaning</td>
</tr>
</tbody>
</table>

D. Brothers and Sisters:
List names, residence addresses, their respective spouses and any recent occupations of brothers and sisters and of

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Spouse</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ashley Brooker</td>
<td></td>
<td>El Camino #284</td>
<td>unknown</td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
<td>Las Vegas, NV 89110</td>
<td>unknown</td>
</tr>
<tr>
<td>Amanda Pacheco</td>
<td>N/A</td>
<td>El Camino #284</td>
<td>unknown</td>
</tr>
<tr>
<td>Unknown</td>
<td>N/A</td>
<td>Las Vegas, NV 89110</td>
<td>unknown</td>
</tr>
<tr>
<td>Chance Canton</td>
<td>N/A</td>
<td>Unknown</td>
<td>N/A</td>
</tr>
<tr>
<td>Unknown</td>
<td>N/A</td>
<td>Unknown</td>
<td>N/A</td>
</tr>
<tr>
<td>Bradley Canton</td>
<td>N/A</td>
<td>Unknown</td>
<td>N/A</td>
</tr>
</tbody>
</table>

4. EDUCATION:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taos Elementary</td>
<td>Taos, NM</td>
<td>95'-00'</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>Pahrump Valley</td>
<td>Pahrump, NV</td>
<td>04'-06'</td>
<td>Yes ☑ No ☐</td>
</tr>
<tr>
<td>High Tech Institute</td>
<td>LV, NV</td>
<td>06'-08'</td>
<td>Yes ☑ No ☐</td>
</tr>
</tbody>
</table>

Type of degree obtained, if any: Associates Degree of Science
College or university where obtained: High Tech Institute

Applicant's initial: A.V.S.
A. Have you ever served in any armed forces?  Yes ☐ No X

Branch N/A Date of entry-active service N/A
Date of separation N/A Type of discharge N/A
Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on separate sheet. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft?  Yes ☐ No X

County N/A State N/A Date registered N/A

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)
A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No X If yes, give details in space provided below and provide a written explanation. List all cases without exception.

<table>
<thead>
<tr>
<th>Date of Arrest</th>
<th>Age</th>
<th>Charge</th>
<th>Location-City and State</th>
<th>Deposition/Date</th>
<th>Arresting Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No X

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No X

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No X

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No X

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No X If yes, when? ________________ city, county and state ________________

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No X If yes when? ________________ city, county and state ________________

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No X If you answer to any of the above questions (B through H) is yes, please provide a written explanation.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Charge</th>
<th>Location</th>
<th>Date</th>
</tr>
</thead>
</table>

Applicant's initial AVS
I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent? Yes □ No X (Other than divorces) If yes, give details below and provide a written explanation. List all cases without exception, including bankruptcies:

<table>
<thead>
<tr>
<th>Plaintiff/Defendant or Claimant/Respondent</th>
<th>Date Filed</th>
<th>Court and Case Number</th>
<th>City, County and State</th>
<th>Disposition/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy? Yes □ No X If yes, complete the following and provide a written explanation.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Type of Entity</th>
<th>Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. RESIDENCES:

List all residences you have had for the last 25 years:

<table>
<thead>
<tr>
<th>Month and Year (From-To)</th>
<th>Street and Number</th>
<th>City</th>
<th>State or County</th>
</tr>
</thead>
<tbody>
<tr>
<td>11 11 - present</td>
<td>2701 Rainbow</td>
<td>Las Vegas</td>
<td>NV</td>
</tr>
<tr>
<td>12 07-12 10</td>
<td>2100 Velvet Hill</td>
<td>Las Vegas</td>
<td>NV</td>
</tr>
<tr>
<td>06 07-12 07</td>
<td>1908 Melinda</td>
<td>Las Vegas</td>
<td>NV</td>
</tr>
<tr>
<td>04 10-04 10</td>
<td>Mount Vernon</td>
<td>Las Vegas</td>
<td>NV</td>
</tr>
<tr>
<td>11 10-04</td>
<td>Lone Pine</td>
<td>Pahrump</td>
<td>NV</td>
</tr>
<tr>
<td>11 10-11 10</td>
<td>White Street</td>
<td>Pahrump</td>
<td>NV</td>
</tr>
<tr>
<td>before 2004</td>
<td>Abq, NM, Riodoso NM, Alamagordo, NM</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: I am not sure of the addresses that I have lived before this dates.
Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/2011</td>
<td>Vida Home Health 2001 S Jones St., Present</td>
<td></td>
</tr>
<tr>
<td>Marketing</td>
<td>Market 89146</td>
<td>Glen Amador</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>03/2010</td>
<td>EasyLife M.E. 1400 S Decatur Blvd, paid me on +</td>
<td>Owner never</td>
</tr>
<tr>
<td>Manager</td>
<td>Selling, Distributing, &amp; billing</td>
<td>Monica</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>09/2005</td>
<td>ASC of Southern NV</td>
<td>Scheduling conflicts.</td>
</tr>
<tr>
<td>EndoTech</td>
<td>Assist Doctors w/ Endoscopies</td>
<td>Joyce</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>N/A</td>
<td>Name/Mailing Address of Employer/Business</td>
<td>Reason for Leaving</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>N/A</td>
<td>Name/Mailing Address of Employer/Business</td>
<td>Reason for Leaving</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>N/A</td>
<td>Name/Mailing Address of Employer/Business</td>
<td>Reason for Leaving</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>N/A</td>
<td>Name/Mailing Address of Employer/Business</td>
<td>Reason for Leaving</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td>----------------</td>
<td>-------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>N/A</td>
<td>Name/Mailing Address of Employer/Business</td>
<td>Reason for Leaving</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
</tbody>
</table>

If additional space is needed, please provide an attachment.

In 2010 I got a business license to start a cleaning business, but it never worked out.
List five character references who have known you five years or more. Do not include relatives, present employer or employees.

<table>
<thead>
<tr>
<th>Name</th>
<th>Employer</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
<th>Years Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lucy Wong</td>
<td>N/A</td>
<td>Rutherford Grove</td>
<td>Las Vegas</td>
<td>NV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lydia Kimmy</td>
<td>Frames</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alex Kimmy</td>
<td>Job Corps</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Alex Menchaca</td>
<td>Blue Diamond</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rosa Carrossa</td>
<td>All Valley</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

- Liquor
- Lawyer
- Race horse/race dog owner
- Securities dealer
- Doctor
- Contractor
- Real estate broker or salesman
- Barber/Cosmetologist
- Accountant
- Pilot
- Real estate broker or salesman
- Trainer or manager
- Yes ☐ No ☒
- Sports promoter
- Educator

If yes, state type, where and years held.

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, where and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial: AVS
13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No X If yes, please provide details and a written explanation.

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

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes □ No X If yes, please provide details and a written explanation.

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes □ No X If yes, please provide details and a written explanation.

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

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure)? Yes □ No X If yes, please provide details and written explanation.

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

Date of photograph 1-1-11
Applicant's initial AUS
COUNTY OF Clark

1. Audrina M. Vasquez

being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of current Nevada Revised Statutes and Nevada Administrative Code promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a license in the State of Nevada.

[Signature]
Signature of Applicant

Subscribed and Sworn to before me this 17th day of June, 2011

[Signature]
Notary Public

[Seal]

Laurie A. Perry
Notary Public, State of Nevada
Appointment No. 85-1485-1
My Appl. Expires Nov 10, 2012

Applicant's Initial: AHS
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.

FACILITY INFORMATION

Facility Name: Caring Medical Supply, LLC
Physical Address: 734-A S Boulder Hwy
(Must be a business address, we can not issue a license to a home address)
Mailing Address: Same as above
City: Henderson State: NV Zip Code: 89015
Telephone Number: 702-836-3385 Fax Number: 702-850-3384
E-mail: debbieh5@hotmail.com Website: none

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 3 Tue: 9 to 3 Wed: 9 to 3 Thu: 9 to 3
Fri: 9 to 3 Sat: closed Sun: closed Holidays: closed

MDEG ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)
Name: Deborah Louise Hicks

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

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

☐ Medical Gases ☐ Assistive Equipment
☐ Respiratory Equipment ☐ Parenteral and Enteral Equipment
☐ Life-sustaining equipment ☐ Orthotics and Prosthetics
☒ Diabetic Supplies ☐ Other:

Board Use Only
Received: Check Number: 262 Amount: 500.00
Page 1-2010

576467
OWNERSHIP IS A PARTNERSHIP. All information relates to the person listed as a partner. Page 2, 3 and 4 must be completed by each partner.

Owner's Name: Deborah L Hicks

List all previous names: ____________________________________________________________

Social Security Number: __________________________________________________________

Date of Birth: ____________

Place of Birth: City: Charlotte State: NC Country: ____________

Citizenship: USA Yes other N/A

If applicable, list Naturalization Number: N/A Passport Number: N/A

Current residence address: 1108 Ventura Hills St

City: Las Vegas State: NV Zip Code: 89144

Telephone Number: ___________________________ Fax Number: None

Previous address (last 5 years):

Address: 10417 Niagara Falls City: Las Vegas State: NV Zip Code: 89144
Address: 812 Windhook St City: Las Vegas State: NV Zip Code: 89144
Address: N/A City: N/A State: N/A Zip Code: N/A

Business Name: Caring Medical Supply

Current Business Address: 734 S. Boulder Hwy

City: Henderson State: NV Zip Code: 89015

Telephone Number: 702-836-3385 Fax Number: 702-836-3384

Previous Employment:

Name: ___________________________________________ Address: ___________________________________________

City: Las Vegas State: NV Zip Code: ____________

Are you a registered pharmacist in Nevada? Yes or No License #: N/A

Professional qualifications if not a pharmacist: ____________________________________________

OWNERSHIP IS A PARTNERSHIP

General ______ Limited X

Partnership Name: Caring Medical Supply LLC

Mailing Address: 734 S. Boulder Highway Suite A

City, State Zip Code: Henderson, NV 89015

Telephone Number: 702-836-3385 Fax Number: 702-836-3384

Contact Person: Deborah L Hicks
List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership. Use separate sheet if necessary.

Name | G or L | Percentage
--- | --- | ---
Deborah Hicks | L | 50
Greg Lambrecht | L | 50

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

---

1) Do any partners hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes □ No □ If yes, list the persons, their address and their business names.

a) Name
   Address

b) Name
   Address

c) Name
   Address

d) Name
   Address

2) Have any of the partners in the last 10 years been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes □ No □ If yes, list the persons, their address and their business names.

a) Name
   Address

b) Name
   Address

c) Name
   Address
3) Are any of the partners health professionals? If yes, please list name.

- Practitioner Name:
- Advanced Practitioner of Nursing Name:
- Physician’s Assistant Name:
- Physical Therapist Name:
- Occupational Therapist Name:
- Registered Nurse Name:
- Respiratory Therapist Name:

Within the last five (5) years:

4) Have any of the partners ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☐

5) Have any of the partners ever been denied a license, permit or certificate of registration? Yes ☐ No ☐

6) Have any of the partners ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☐

7) Have any of the partners, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☐

8) Have any of the partners ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☐

If the answer to any question 4 through 8 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider may be grounds for the revocation of this permit.

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

[Signature of corporation officer]  [Date: 10/23/2011]

[Deborah L. Hicks, Manager]

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

Owner's Name: Gregg C. Lambrecht
List all previous names:
Social Security Numbr:
Date of Birth:
Place of Birth: City: Milwaukee State: WI Country: USA
Citizenship: USA X other
If applicable, list Naturalization Number:
Passport Number:
Current residence address: 2332 Painted Shadow Way
City: Las Vegas State: NV Zip Code: 89149
Telephone Number:
Fax Number:
Previous address (last 5 years):
Name of previous address City: State: Zip Code:
Name of previous address City: State: Zip Code:
Name of previous address City: State: Zip Code:

Business Name: Caring Medical Supply
Current Business Address: 2341 S. Boulder Hwy
City: Henderson State: NV Zip Code: 89015
Telephone Number: 702-836-3385 Fax Number: 702-856-3384

Previous Employment:
Name: Diabetic Life Supply Address: Address Unknown
City: Las Vegas State: NV Zip Code:

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

OWNERSHIP IS A PARTNERSHIP

General _____ Limited X

Partnership Name: Caring Medical Supply LLC
Mailing Address: 2341 S. Boulder Highway Suite A
City, State Zip Code: Henderson, NV
Telephone Number: 702-836-3385 Fax Number: 702-856-3384
Contact Person: Gregg Lambrecht
List each partner and identify whether (G)eneral or (L)imited partner and percentage of ownership;
Use separate sheet if necessary

Name
Deborah Hicks

Gregg Lambrecht

G or L | Percentage
--- | ---
L | 50
L | 50

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

1) Do any partners 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) Gregg Lambrecht 7338 Painted Shadow Way Las Vegas
Name: Gregg Lambrecht  Address: 7338 Painted Shadow Way Las Vegas 89147
Business: Care Medical Supply 2345 S. Boulder Hwy Henderson 89015

b) Name  Address

Business

c) Name  Address

Business
d) Name  Address

Business

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

a) Gregg Lambrecht 7338 Painted Shadow Way Las Vegas
Name: Gregg Lambrecht  Address: 7338 Painted Shadow Way Las Vegas 89147
Business: Care Medical Supply 2345 S. Boulder Hwy Henderson 89015

b) Name  Address

Business
c) Name  Address

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

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

Within the last five (5) years:

4) Have any of the partners ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes □ No X

5) Have any of the partners ever been denied a license, permit or certificate of registration? Yes □ No X

6) Have any of the partners ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes □ No X

7) Have any of the partners, 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 X

8) Have any of the partners ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes □ No X

If the answer to any question 4 through 8 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider may be grounds for the revocation of this permit. I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

[Signature]
Signature of corporation officer

[Date]

Type name and title
APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler or b) An associate’s degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed by the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for: DME

Nature of MDEG: Caring Medical Supply LLC 734 AS Boulder Hwy Henderson NV 890

Name and Address of Business for Which MDEG Administrator Is Requested: Caring Medical Supply

If applicable, Name Under Which It Is Now Operated: Caring Medical Supply

Page 1 – MDEG Administrator
1. PERSONAL INFORMATION:

Hicks      Deborah       Louise
Last Name   First Name    Middle Name

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

1108 Ventura Hills St Las Vegas NV 89144
Present Residence Address-Street or RFD City State/Zip

754-A Boulder Hwy Dates 12/08 - current Henderson NV 89015
Present Business Address City State/Zip

Office Manager Dates 12/08 - current
Present Position with the MDE

Phone: __________________ Fax: 702 856-3384

Email address: debbie.h5@hotmaia.com

Charlotte NC
Place of Birth (City, County, State)

40
Age

y Number

Sex

Brown
Color of Eyes

Brown
Color of Hair

160
Weight

5'4"
Height

Scars, tattoos or distinguishing marks and/or characteristics Scars on abdomen

and (knee, mickey mouse tattoo on abdomen

Are you a citizen of the United States? Yes ☐ No ☐

If alien, registration No N/A

If naturalized, certificate No N/A Date N/A

Place N/A

(If naturalized, document must be verified.)
A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Address of Employer/Business</th>
<th>No of Employed Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/2005</td>
<td>Caring Medical Supply, 7314 A S Boulder Hwy</td>
<td>3500</td>
</tr>
<tr>
<td>Office Manager</td>
<td>Billing, AR, Compliance</td>
<td>Gregg Lambrecht</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Address of Employer/Business</th>
<th>No of Employed Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Manager</td>
<td>Billing, AR, compliance</td>
<td>R. Miller</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Address of Employer/Business</th>
<th>No of Employed Hours</th>
</tr>
</thead>
<tbody>
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<thead>
<tr>
<th>Month and Year</th>
<th>Name/Address of Employer/Business</th>
<th>No of Employed Hours</th>
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<thead>
<tr>
<th>Month and Year</th>
<th>Name/Address of Employer/Business</th>
<th>No of Employed Hours</th>
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</tbody>
</table>
I have ☐ I have not ☑ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse.

1. I have ☐ I have not ☑ been charged, arrested or convicted of a felony or misdemeanor.

2. I have ☐ I have not ☑ been the subject of an administrative action whether completed or pending.

3. I have ☐ I have not ☑ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

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

a) Board Administrative Action:
   State: _________________________
   Date: _________________________
   Case Number: _________________________

b)  

c) Criminal Action:
   State: _________________________
   Date: _________________________
   Case Number: _________________________
   County: _________________________
   Court: _________________________

4. Will you be actively involved in and aware of the daily operation of the MDEG? Yes ☐ No ☐

5. Will you be employed fulltime with the MDEG? Yes ☐ No ☐

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

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

Date of photograph _________________________

Page 4 – MDEG Administrator
Deborah Louise Hicks, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.

[Signature of Applicant]
PERSONAL HISTORY RECORD

Date: 12-28-10

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, attach a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for: Caring Medical Supply, LLC

Nature of License: Medical Supply

Name and Address of Establishment for Which License is Requested: Caring Medical Supply

If applicable, Name Under Which It is Now Operated:

1. PERSONAL INFORMATION:

Last Name: Kampschmidt
First Name: Gregg
Middle Name: Gordon

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

Present Residence Address-Street or RFD: 7332 Painted Shadow Way
City: Las Vegas
State/Zip: NV, 89149

Present Business Address: 734 A S Boulder Blvd
City: Las Vegas
State/Zip: NV, 89149

Occupation: Grill Manager

Date of Birth: 6-7

Place of Birth (City, County, State): Milwaukee, Milwaukee, WI

Social Security Number: Sex: Male

Color of Eyes: Blue
Color of Hair: Gray
Complexion: Fair
Build: 215
Height: Medium 6'2"

Scars, tattoos or distinguishing marks and/or characteristics: None

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

If naturalized, certificate No. Date

Place (If naturalized, document must be verified):

2. MARITAL INFORMATION:

Single ☐ Married ☑ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐ Applicant's initial: C
A. Current Marriage

Date of Birth: 
Place of Birth: 
Resident address: 7332 Painted Shadow Way, Las Vegas, NV 89149

Spouse's employer: North Vista Hospital
Occupation: Technologist
Address of employer: 1409 E. Lake Mead Blvd., Las Vegas, NV 89030

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

<table>
<thead>
<tr>
<th>Name of Spouse</th>
<th>Date of Order or Decree</th>
<th>Date of Place of Marriage</th>
<th>Nature of Action</th>
<th>City</th>
<th>County and State</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

3. FAMILY INFORMATION:

A. Children and Dependents:

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Birth Place</th>
<th>Residence Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

B. Child Support Information:

Please mark the appropriate response:
☒ I am not subject to a court order for the support of child.

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

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

Applicant's initial: [Signature]
FAMILY INFORMATION continued

District attorney or public agency responsible for enforcing the child support order:
Name
Address
Contact person

C. Parents:
List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

<table>
<thead>
<tr>
<th>Name ( Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td>695 N. Brookfield Rd</td>
<td>Retired</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Brookfield, WI</td>
<td></td>
</tr>
<tr>
<td>Father-In-Law</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother-In-Law</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D. Brothers and Sisters:
List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td></td>
<td>2600 Harmony Circle</td>
<td>Retired</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Brookfield, WI</td>
<td>53045</td>
</tr>
</tbody>
</table>

4. EDUCATION:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grammar School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School</td>
<td>Waukesha HS</td>
<td>Waukesha, WI</td>
<td>9/67-5/69</td>
</tr>
<tr>
<td>College</td>
<td>UN-Reno</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Type of degree obtained, if any: BA - Accounting
College or university where obtained: UNIVERSITY OF NEVADA, RENO

Applicant's initial
A. Have you ever served in any armed forces? Yes ☑ No ☐

Branch: U.S. Army

Date of entry-active service...

Date of separation...

Type of discharge: Honorable

Rating at separation: 5

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☑ If yes, furnish details on separate sheet. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☑

County: N/A

State:...

Date registered...

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

<table>
<thead>
<tr>
<th>Date of Arrest</th>
<th>Age</th>
<th>Charge</th>
<th>Location-City and State</th>
<th>Deposition/Date</th>
<th>Arresting Agency</th>
</tr>
</thead>
</table>

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☑

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☑

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☑

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☑

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☑ If yes, when?...

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☑ If yes when?...

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☑ If you answer to any of the above questions (B through H) is yes, please provide a written explanation.

Name

Relationship

Charge

Location

Date

Applicant's initial: BGY
I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent? Yes ☐ No ☐ (Other than divorces)
If yes, give details below and provide a written explanation. List all cases without exception, including bankruptcies:

<table>
<thead>
<tr>
<th>Plaintiff/Defendant or Claimant/Respondent</th>
<th>Date Filed</th>
<th>Court and Case Number</th>
<th>City, County and State</th>
<th>Disposition/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetic LifeSupply</td>
<td></td>
<td>District Court</td>
<td>Clark County</td>
<td>Settled 09/11</td>
</tr>
</tbody>
</table>

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy? Yes ☐ No ☐ If yes, complete the following and provide a written explanation.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Type of Entity</th>
<th>Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

7. RESIDENCES:

List all residences you have had for the last 25 years:

<table>
<thead>
<tr>
<th>Month and Year (From-To)</th>
<th>Street and Number</th>
<th>City</th>
<th>State or County</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/77 to 04/92</td>
<td>5560 Cypress Point Drive</td>
<td>Reno, NV</td>
<td></td>
</tr>
<tr>
<td>04/92 to Present</td>
<td>7338 Painted Shadow Way</td>
<td>Las Vegas, NV</td>
<td></td>
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</tbody>
</table>

Applicant's Initial  
Page 5
Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
<th>Name of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/63</td>
<td>Interstate Finance Corp</td>
<td>Drafted in US Pan</td>
<td>R. Schwitzka</td>
</tr>
<tr>
<td></td>
<td>Field Collector</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/66</td>
<td>Interstate Finance Corp</td>
<td>New Employment</td>
<td>R. Schwitzka</td>
</tr>
<tr>
<td></td>
<td>Loan Processor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/70</td>
<td>Lakeshore Inc</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ass't Treasurer A/P &amp; A/R Management</td>
<td></td>
<td>G. Reimer</td>
</tr>
<tr>
<td>3/85</td>
<td>C &amp; M Supply Inc</td>
<td>Sold Business</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Owner</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Construction/Mining Points</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/94</td>
<td>Desert Holding Inc</td>
<td>Sold Business</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Partner</td>
<td>Manage a Trucking, Fueling &amp; Repair Businesses</td>
<td></td>
</tr>
<tr>
<td>10/07</td>
<td>Diabetic Life Supply PLC</td>
<td>Quit</td>
<td>R. Miller</td>
</tr>
<tr>
<td></td>
<td>Sales</td>
<td>Start Up Company-Develop Sales</td>
<td></td>
</tr>
<tr>
<td>12/08</td>
<td>Caring Medical Supply</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Csh/Mgr</td>
<td>Manage DME Company</td>
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</tr>
</tbody>
</table>

If additional space is needed, please provide an attachment.

Applicant's initial: [Signature]
List five character references who have known you five years or more. Do not include relatives, present employer or employees.

<table>
<thead>
<tr>
<th>Name of Person Employed</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
<th>Years Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jon Black</td>
<td>5211 68th Ave Court</td>
<td>Kirkland</td>
<td>WA</td>
<td>98034</td>
<td>( )</td>
<td>41</td>
</tr>
<tr>
<td>John Miller</td>
<td>612 Hermosa Canyon</td>
<td>NV</td>
<td>NV</td>
<td>89215</td>
<td>( )</td>
<td></td>
</tr>
<tr>
<td>David Jackson</td>
<td>8585 W Hammer</td>
<td>NV</td>
<td>NV</td>
<td>89130</td>
<td>( )</td>
<td></td>
</tr>
<tr>
<td>Deborah Hicks</td>
<td>Home</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td>( )</td>
<td></td>
</tr>
<tr>
<td>Edward Garcia</td>
<td>7709 Meadwood</td>
<td>NV</td>
<td>NV</td>
<td>89130</td>
<td>( )</td>
<td></td>
</tr>
</tbody>
</table>

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

- Liquor
- Lawyer
- Race horse/race dog owner
- Securities dealer
- Doctor
- Contractor
- Real estate broker or salesman
- Barber/Cosmetologist
- Accountant
- Pilot
- Sports promoter
- Trainer or manager
- Educator

   Yes ☐ No ☑

If yes, state type, where and years held

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☑

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.
12. Have you ever appealed before any licensing agency or similar authority in or outside the State of Nevada, for any reason whatsoever? Yes ☐ No ☑ If yes, please provide details and a written explanation.

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

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

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☑ If yes, please provide details and a written explanation.

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑ If yes, please provide details and a written explanation.

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

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure)? Yes ☐ No ☑ If yes, please provide details and written explanation.

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

Date of photograph: 6/23/2011
Applicant's initial: [Signature]
Page 8
GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, attach a separate sheet and precede each answer with the appropriate title. Do not misstate or omit a material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provide in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for: MDEG DME
Caring Medical Supply LLC 734-A S. Boulder Hwy Henderson, NJ 89015
Caring Medical Supply

1. PERSONAL INFORMATION:

Hicks  Deborah          Louise

Last Name  First Name  Middle Name

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

1108 Ventura Hills St Las Vegas, NV 89144

Present Residence Address-Street or RFD  City  State/Zip

334-A S. Boulder Hwy Dates 1/1/05 - current  Henderson, NJ 89015

Present Business Address  City  State/Zip

Office Manager  Dates 1/1/05 - current

Occupation

Charlotte Ne  Phone:

Place of Birth (City, County, State)

40

Age

Brown  Brown  Caucasian  160  medium  5'4"

Color of Eyes  Color of Hair  Complexion  Weight  Build  Height

Scars, tattoos or distinguishing marks and/or characteristics:

Mickey mouse tattoo on abdomen.

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

If naturalized, certificate No. N/A  Date N/A

Place. N/A  (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Applicant's initial B
A. Current Marriage

Spouse's full name (Maiden) ......................................

Date .................................................................

City, County and State ...........................................

S.S. No. .....................................................................

Date of Birth ..........................................................

Place of Birth ........................................................

Resident address ......................................................

Street ......................................................................

City ........................................................................

State .......................................................................

Zip ...........................................................................

Telephone: Residence ...............................................

Business .................................................................

Spouse's employer ....................................................

Occupation ..............................................................

Address of employer ..................................................

Street ......................................................................

City ........................................................................

State .......................................................................

Zip ...........................................................................

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

<table>
<thead>
<tr>
<th>Name of Spouse</th>
<th>Date of Order or Decree</th>
<th>Date of Place of Marriage</th>
<th>Nature of Action</th>
<th>City County and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthony Sandoval</td>
<td>8/19/02</td>
<td>6/16/02 Yuma AZ</td>
<td>divorced</td>
<td>Yuma AZ</td>
</tr>
<tr>
<td>Scott Benson</td>
<td>11/1999</td>
<td>8/19/95 Salinas CA</td>
<td>divorced</td>
<td>Salinas CA</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthony Sandoval</td>
<td>150 E 12 St</td>
<td>Salinas</td>
<td>CA</td>
<td>93901</td>
<td>831-214 6037</td>
</tr>
<tr>
<td>Scott Benson</td>
<td>2339 Holly Hill Dr</td>
<td>Salinas</td>
<td>CA</td>
<td>93907</td>
<td>831-663-3889</td>
</tr>
<tr>
<td>Jody Parker</td>
<td>Felton DE</td>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>David Collins</td>
<td>Unknown</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. FAMILY INFORMATION:

A. Children and Dependents:

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Birth Place</th>
<th>Residence Address</th>
</tr>
</thead>
</table>

B. Child Support Information:

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

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

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

Applicant's initial: [Signature]
**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Herman Datson</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Linda Hicks</td>
<td></td>
<td></td>
<td>Bakersfield</td>
</tr>
</tbody>
</table>

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morgan Hicks</td>
<td></td>
<td></td>
<td>California Prison System</td>
</tr>
</tbody>
</table>

**4. EDUCATION:**

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grammar School</td>
<td>Prunedale Elementary School, Salinas, CA</td>
<td>9/1978 - 6/1985</td>
<td>Yes ☑ No □</td>
</tr>
<tr>
<td>High School</td>
<td>North Salinas High School, Salinas, CA</td>
<td>9/1985 - 6/1989</td>
<td>Yes ☑ No □</td>
</tr>
<tr>
<td>College</td>
<td>Hartnell College, Salinas, CA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>University</td>
<td>Arizona Western College, Salinas, CA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Type of degree obtained, if any.

College or university where obtained.

Applicant's initial: B
A. Have you ever served in any armed forces?  Yes ☐ No ☐

Branch: US Navy
Date of entry-active service: 9/1/1987
Date of separation: 2/1/1993
Type of discharge: Honorable
Rating at separation: ☐
Serial number:

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on separate sheet. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☐

County: ☐
State: ☐
Date registered: ☐

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

<table>
<thead>
<tr>
<th>Date of Arrest</th>
<th>Age</th>
<th>Charge</th>
<th>Location-City and State</th>
<th>Deposition/Date</th>
<th>Arresting Agency</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☐

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☐

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☐

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☐

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☐

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☐

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☐

If you answer to any of the above questions (B through H) is yes, please provide a written explanation.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Charge</th>
<th>Location</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Applicant's initial: ☐

Page 4
I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent? Yes □ No □ (Other than divorces) If yes, give details below and provide a written explanation. List all cases without exception, including bankruptcies:

<table>
<thead>
<tr>
<th>Plaintiff/Defendant or Claimant/Respondent</th>
<th>Date Filed</th>
<th>Court and Case Number</th>
<th>City, County and State</th>
<th>Disposition/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy? Yes □ No □ If yes, complete the following and provide a written explanation.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Type of Entity</th>
<th>Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
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<td></td>
</tr>
</tbody>
</table>

7. RESIDENCES:

List all residences you have had for the last 25 years:

<table>
<thead>
<tr>
<th>Month and Year (From-To)</th>
<th>Street and Number</th>
<th>City</th>
<th>State or County</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/10-current</td>
<td>1108 Ventura Hills St</td>
<td>Las Vegas, NV</td>
<td></td>
</tr>
<tr>
<td>10/0 - 11/10</td>
<td>10417 Niagara Falls St</td>
<td>Las Vegas, NV</td>
<td></td>
</tr>
<tr>
<td>4/10 - 1/05</td>
<td>812 Windhook St</td>
<td>Las Vegas, NV</td>
<td></td>
</tr>
<tr>
<td>1/05 - 3/04</td>
<td>5505 Mesquite Meadows Ct Las Vegas, NV</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/0 - 1/04</td>
<td>19820 Augusta Ct</td>
<td>Salinas, CA</td>
<td></td>
</tr>
<tr>
<td>1/00 - 3/01</td>
<td>1495 Via Saluda Dr</td>
<td>Yuma, AZ</td>
<td></td>
</tr>
<tr>
<td>1/98 - 10/00</td>
<td>12 Chablis Cir</td>
<td>Salinas, CA</td>
<td></td>
</tr>
<tr>
<td>1/94 - 1/98</td>
<td>19820 Augusta Ct</td>
<td>Salinas, CA</td>
<td></td>
</tr>
<tr>
<td>3/98 - 1/94</td>
<td>BR #3 555-4 Felton DE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/93 - 7/93</td>
<td>US Navy, NAS Brunswick ME</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1/80 - 5/84</td>
<td>19820 Augusta Ct</td>
<td>Salinas, CA</td>
<td></td>
</tr>
</tbody>
</table>

Applicant's initial: ___________________________
<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/2006 - Current</td>
<td>Medical Supply</td>
<td>Currently Employed</td>
</tr>
<tr>
<td>Office Manager</td>
<td>Billing, AR</td>
<td>Compliance</td>
</tr>
<tr>
<td>C. Launay</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/2007 - 4/08</td>
<td>Diabetic Life Supply</td>
<td>Out of business, not getting paid</td>
</tr>
<tr>
<td>Office Manager</td>
<td>Billing, AR</td>
<td>Compliance</td>
</tr>
<tr>
<td>R. Miller</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/2004 - 8/07</td>
<td>Monster Trucking</td>
<td>Out of business</td>
</tr>
<tr>
<td>Office Manager</td>
<td>Billing, AR</td>
<td></td>
</tr>
<tr>
<td>R. Miller</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/2003 - 1/04</td>
<td>San Benito County So. Hollister CA</td>
<td>Relocated to NV</td>
</tr>
<tr>
<td>Office Manager</td>
<td>General correction duties</td>
<td></td>
</tr>
<tr>
<td>S. Lewis</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/03 - 1/04</td>
<td>1414 Natividad Rd</td>
<td>went into law enforcement</td>
</tr>
<tr>
<td>Nurse</td>
<td>General patient care</td>
<td></td>
</tr>
<tr>
<td>Mr. Hanes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/94 - 4/00</td>
<td>Benson Cooling</td>
<td>Out of business</td>
</tr>
<tr>
<td>Dispatcher</td>
<td>dispatched on a shipping dock</td>
<td></td>
</tr>
<tr>
<td>Kay Benson</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/89 - 2/93</td>
<td>US Navy</td>
<td>Honorable discharge</td>
</tr>
<tr>
<td>ABN</td>
<td>Aircraft Crewman</td>
<td></td>
</tr>
<tr>
<td>Sgt. Miners</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/89 - 7/89</td>
<td>Out for Summer after High School</td>
<td></td>
</tr>
</tbody>
</table>

If additional space is needed, please provide an attachment.
9. CHARACTER REFERENCES:

List five character reference who have known you five years or more. Do not include relatives, present employer or employees.

<table>
<thead>
<tr>
<th>Name</th>
<th>Where Employed</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
<th>Years Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kelly Wagon</td>
<td>Home</td>
<td>1103 Ventura Hills St</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quest Diagnostics</td>
<td>Business Lab</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maurice Rovan</td>
<td>Home</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orozco</td>
<td>Business Home Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jeremy Otvic</td>
<td>Home</td>
<td>3133 Bombastic</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Orozco</td>
<td>Business Home Health</td>
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</tr>
<tr>
<td>Weiss</td>
<td>Business Home Health</td>
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</tbody>
</table>

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

<table>
<thead>
<tr>
<th>Liquor</th>
<th>Lawyer</th>
<th>Race horse/race dog owner</th>
<th>Securities dealer</th>
<th>Insurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>Contractor</td>
<td>Real estate broker or salesman</td>
<td>Barber/Cosmetologist</td>
<td>Gaming</td>
</tr>
<tr>
<td>Accountant</td>
<td>Pilot</td>
<td>Sports promoter</td>
<td>Trainer or manager</td>
<td>Educator</td>
</tr>
</tbody>
</table>

Yes ☐ No ☐

If yes, state type, where and years held

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes □ No □

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's Initial: D
13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes □ No □ If yes, please provide details and a written explanation.

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

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes □ No □ If yes, please provide details and a written explanation.

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes □ No □ If yes, please provide details and a written explanation.

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

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure)? Yes □ No □ If yes, please provide details and written explanation.

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

Date of photograph: 1/23/2011

Applicant's initial: B

Page 8
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA MDEG PROVIDER
NON PUBLICLY TRADED CORPORATION
FEE: $500.00 (non-refundable and not transferable) - Application must be printed legibly

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

New MDEG ___ Ownership Change ___ Name Change ___ Location Change ___
Please provide current license number if making changes: ______

FACILITY INFORMATION

Facility Name: Emerald Lake Inc.
Physical Address: 500 S. Martin Luther King Blvd Ste 001
(Must be a business address, we can not issue a license to a home address)

Mailing Address: Same

City: Las Vegas State: NV Zip Code: 89106
Telephone Number: (702) 678-6267 Fax Number: (702) 474-7051
E-mail: emerladmedical2@gmail.com Website:

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 9am to 5pm Tue: 9am to 5pm Wed: 9am to 5pm Thu: 9am to 5pm
Fri: 9am to 5pm Sat: 9am to 3pm Sun: ______ to ______ Holidays: 9am to 5pm

MDEG ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis)
Name: Kelechi Agwara

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

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

☐ Medical Gases ☐ Assistive Equipment
☐ Respiratory Equipment ☐ Parenteral and Enteral Equipment
☐ Life-sustaining equipment ☐ Orthotics and Prosthetics
☐ Diabetic Supplies Other: Ome & Medical Supplies

Board Use Only
Received: MAY 23 2011 Check Number: 1015 Amount: 500.00
OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada

Parent Company if any:

Corporation Name: Emerald Lake, Inc.

Mailing Address: 500 S. Martin Luther King Blvd STE 001

City, State and Zip: Las Vegas, NV 89106

Telephone Number: (702) 678-6262    Fax Number: (702) 474-7051

License Contact Person:  

Professional Compliance Contact Person:  

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

<table>
<thead>
<tr>
<th>Officer or director name</th>
<th>Officer or director title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Michael Agwara</td>
<td>President</td>
</tr>
<tr>
<td>Kelechi Agwara</td>
<td>Director</td>
</tr>
</tbody>
</table>

For any corporation non publicly traded, disclose the following:

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

   a)  
   Name  
   Address  

   b)  
   Name  
   Address  

   c)  
   Name  
   Address  

   d)  
   Name  
   Address  

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

2) Provide the number of shares issued by the corporation.  

3) What was the price paid per share?  

4) What date did the corporation actually receive the cash assets?  

5) Provide a copy of the corporations stock register evidencing the above information.
If the non publicly traded corporation is a subsidiary, list name and state of incorporation of the parent corporation, and include a list of its officers.

N/A

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

**MEDICARE ID# 4215280001**  **MEDICAID ID# 003302694**

**NPI 15781005341**

1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☑ If yes, list the persons, their address and their business names.

a) Name
   Address
   Business

b) Name
   Address
   Business

c) Name
   Address
   Business

d) Name
   Address
   Business

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

a) Name
   Address
   Business

b) Name
   Address
   Business

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

- Practitioner  Name: __________________________
- Advanced Practitioner of Nursing  Name: __________________________
- Physician’s Assistant  Name: __________________________
- Physical Therapist  Name: __________________________
- Occupational Therapist  Name: __________________________
- Registered Nurse  Name: __________________________
- Respiratory Therapist  Name: __________________________

Within the last five (5) years:

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

5) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

6) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

7) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

8) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to any question 4 through 8 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider may be grounds for the revocation of this permit.

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

[Signature]

[Signature of corporation officer]

[Date]

[Type name and title]
APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date: 1/23/11

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate’s degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for ____________________________

Nature of MDEG ____________________________

Emerald Lake Inc. 500 S. Martin Luther King Blvd. Ste D & E Las Vegas, NV 89110

Name and Address of Business for Which MDEG Administrator Is Requested ____________________________

Emerald Medical Supplies ____________________________

If applicable, Name Under Which It Is Now Operated ____________________________

Page 1 – MDEG Administrator
1. PERSONAL INFORMATION:

Agwara                     Kelechi

Last Name                  First Name

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

1641 City View Ct          Las Vegas          NV     89117

Present Residence Address: Street or RFD       City             State/Zip

300 S. Martin Luther King Jnr. Dr.             Las Vegas          NV     89106

Present Business Address:                          City             State/Zip

Director Dates 3/28/11 to Present

Present Position with the MDEG

Phone (702) 678-6707          Fax: (702) 474-7051

Email address: emeraldmedical12@gmail.com

Owerri, Imo State, Nigeria

Place of Birth (City, County, State)

43                                     F

Age                                      Sex

Brown                                    Black

Color of Eyes                               Color of Hair

153                                      5'3"

Weight                                     Height

Scars, tattoos or distinguishing marks and/or characteristics: N/A

Are you a citizen of the United States? Yes ☐ No ☐

If alien, registration No  

If naturalized, certificate No  Date  

Place  (If naturalized, document must be verified.)
EMPLOYMENT:

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

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<thead>
<tr>
<th>Month and Year</th>
<th>Name/ Address of Employer/Business</th>
<th>No of Employed Hours</th>
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<tbody>
<tr>
<td>9-2010 - Present</td>
<td>Advance Medical 3634 N Rancho Ln, NV 89130</td>
<td>519</td>
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<tr>
<td><strong>Registered Nurse</strong></td>
<td><strong>ICU Nursing</strong></td>
<td><strong>Diana Reed</strong></td>
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<tr>
<td><strong>Title</strong></td>
<td><strong>Description of Duties</strong></td>
<td><strong>Name of Supervisor</strong></td>
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<tr>
<td>3/2007 to 07/2010</td>
<td>Summerline Hospital 657 North Town Center Dr. Ln, NV 89144</td>
<td>1728</td>
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<tr>
<td><strong>Registered Nurse</strong></td>
<td><strong>ICU Nursing</strong></td>
<td><strong>Diane Reed</strong></td>
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Page 3 – MDEG Administrator
I have ☐ I have not ☑ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse.

1. I have ☐ I have not ☑ been charged, arrested or convicted of a felony or misdemeanor.

2. I have ☐ I have not ☑ been the subject of an administrative action whether completed or pending.

3. I have ☐ I have not ☑ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

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

a) Board Administrative Action:
   - State: _________________________
   - Date: _________________________
   - Case Number: _________________________

c) Criminal Action:
   - State: _________________________
   - Date: _________________________
   - Case Number: _________________________
   - County: _________________________
   - Court: _________________________

4. Will you be actively involved in and aware of the daily operation of the MDEG?  Yes ☑ No ☐

5. Will you be employed fulltime with the MDEG?  Yes ☑ No ☐

6. Will you be present at the site of the MDEG during its normal operating hours?  Yes ☑ No ☐

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

ATTACH PHOTO
TAKEN WITH
30 DAYS HI

Date of photograph: 2/19/11
I, Kelechi Agwara, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.

[Signature]

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

Date 5/17/11

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate’s degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

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GENERAL INSTRUCTIONS

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All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Durable Medical Equipment & Medical Supplies
Emerald Lake Dr., 500 Smartin Luther Kim Blvd MDEG WV 89106
Nature of MDEG Emerald medical Supplies
Name and Address of Business for Which MDEG Administrator is Requested
Emerald medical Supplies
If applicable, Name Under Which It Is Now Operated

Page 1 – MDEG Administrator
1. PERSONAL INFORMATION:

Aguwara  Michael
Last Name  First Name

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

1641 City View Ct  Las Vegas NV 89117
Present Residence Address-Street or RFD  City  State/Zip

500 S. Martin Luther King Jr. Dr.  Las Vegas NV 89106
Present Business Address  City  State/Zip

President  Dates 3/28/11 to Present
Present Position with the MDEG

Phone: (702) 678-6267  Fax: (702) 474-7051
Email address: emeraldmedical@gmail.com

Date of Birth 20
Place of Birth: Tuscaloosa, AL

Age  Social Security Number  Sex

Brown  Black  178  M  6'0"  Height
Color of Eyes  Color of Hair  Weight  Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☐ No ☐

If alien, registration No ________________________________

If naturalized, certificate No_________________________ Date __________________________

Place__________________________________________(If naturalized, document must be verified.)
**EMPLOYMENT:**

A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/ Address of Employer/Business</th>
<th>No of Employed Hours</th>
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<tbody>
<tr>
<td>7/10 to present</td>
<td>ABERCROMBIE &amp; FITCH</td>
<td>8-12 Hours per week</td>
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<tr>
<td>Cashier</td>
<td><strong>Model Seasonal Clothes &amp; Cashier</strong></td>
<td>Joseph Rudolph</td>
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<tr>
<td>Title</td>
<td>Description of Duties</td>
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**Page 3 – MDEG Administrator**
I have □ I have not ☑ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse.

1. I have □ I have not ☑ been charged, arrested or convicted of a felony or misdemeanor.

2. I have □ I have not ☑ been the subject of an administrative action whether completed or pending.

3. I have □ I have not ☑ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

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

a) Board Administrative Action:

State: ____________________________

Date: ____________________________

Case Number: ______________________

b) Criminal Action:

State: ____________________________

Date: ____________________________

Case Number: ______________________

County: __________________________

Court: ____________________________

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

Yes ☑ No □

5. Will you be employed fulltime with the MDEG?

Yes ☑ No □

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

Yes ☑ No □

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

ATTACH PHC

TAKEN WIT

30 DAYS

Date of photograph:

Page 4 – MDEG Administrator
Michael Agwara, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant “has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent,” and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.

[Signature of Applicant]
PERSONAL HISTORY RECORD

Date: 2/23/11

GENERAL INSTRUCTIONS

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All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for ____________________________ Nature of License ____________________________

Name and Address of Establishment for Which License is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Skwara
First Name Kelechi
Middle Name

Present Residence Address-Street or RFD ____________________________ City ____________________________ State/Zip ____________________________

Day-2001 to present ____________________________ Las Vegas NV 89117

Present Business Address ____________________________ City ____________________________ State/Zip ____________________________

500 S. Martin Luther King Blvd ____________________________ Las Vegas NV 89104

Date of Birth ____________________________ Place of Birth (City, County, State) Overri, Imo State, Nigeria

Social Security Number 43 ____________________________ Sex Female

Color of Eyes Black
Hair Color Black

Head and Build 123 lbs Small 5'3"

Scars, tattoos or distinguishing marks and/or characteristics N/A

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

If naturalized, certificate No. ____________________________ Date ____________________________

Place ____________________________ (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

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

Attorney’s initial 2/23/11

Page 1
MARITAL INFORMATION—Continued

A. Current Marriage

Date: 1-2-1988

Spouse’s full name (Maiden): \textit{Moneius J. Agrivara}

Date of: \textit{Onverri, Imo State, Nigeria}

Place of Birth: \textit{Onverri, Imo State}

Resident address: 1641 City View Ct, Las Vegas, NV, 89117

Street: \textit{City View Ct}

City: \textit{Las Vegas}

State: \textit{NV}

Zip: \textit{89117}

Telephone: Resid

Spouse’s employer: \textit{Self}

Occupation: \textit{Attorney}

Address of employer: 1050 E. Sahara Ave Ste B, Las Vegas, NV 89104

Street: \textit{1050 E. Sahara Ave}

City: \textit{Las Vegas}

State: \textit{NV}

Zip: \textit{89104}

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

<table>
<thead>
<tr>
<th>Name of Spouse</th>
<th>Date of Order or Decree</th>
<th>Date of Place of Marriage</th>
<th>Nature of Action</th>
<th>City</th>
<th>County and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. FAMILY INFORMATION:

A. Children and Dependents:

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Birth Place</th>
<th>Residence Address</th>
</tr>
</thead>
</table>

B. Child Support Information:

Please mark the appropriate response:

- [ ] I am not subject to a court order for the support of child.

- [ ] I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

- [ ] I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant’s initial: [K]
**FAMILY INFORMATION-Continued**

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

Name: ..........................................................................................................................................

Address: ..................................................................................................................................

Contact person: ..........................................................................................................................

**C. Parents:**

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Country</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anthony Eke</td>
<td>Nigeria</td>
<td>Engineer</td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maria Eke</td>
<td>Nigeria</td>
<td>Teacher</td>
</tr>
<tr>
<td>Father-in-Law</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vincent Agrnra</td>
<td>Nigeria</td>
<td>Teacher</td>
</tr>
<tr>
<td>Mother-in-Law</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Magdalena Agrnra</td>
<td></td>
<td>Nurse</td>
</tr>
</tbody>
</table>

**D. Brothers and Sisters:**

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>11/50 Brightstone Ct, Reno, NV 89521</td>
<td>MD</td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**4. EDUCATION:**

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Graduate</th>
<th>Type of Degree obtained, if any</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grammar School</td>
<td>Central School</td>
<td>umuahia, Nigeria 1972-1978</td>
<td>Yes ☐ No ☐</td>
<td>Associated Degree in Nursing</td>
</tr>
<tr>
<td>High School</td>
<td>Oguta Girls Secondary School</td>
<td>Nigeria 1978-1983</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>College</td>
<td>Nevada State Village</td>
<td>in progress Sept 2008 - present</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>University</td>
<td>Temple Community College</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

College or university where obtained: Temple Community College

Applicant's initial: KA
5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☑
   Branch........................................ Date of entry-active service..........................
   Date of separation........................... Type of discharge..................................
   Rating at separation........................ Serial number........................................

   While in the military service were you ever arrested for an offense which resulted in summary action, a trial or
   special or general court martial? Yes ☐ No ☑ If yes, furnish details on separate sheet. (List all incidents
   regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☑
   County........................................ State........................................ Date registered...........

6. ARRESTS, DETentions, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were
   not convicted.)

   A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or
      violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.)
      Yes ☐ No ☑ If yes, give details in space provided below and provide a written explanation. List all cases
      without exception.

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

   B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not
      arrested or in which you were named as an unindicted co-party? Yes ☐ No ☑

   C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or
      committee? Yes ☐ No ☑

   D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or
      commission? Yes ☐ No ☑

   E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing?
      Yes ☐ No ☑

   F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☑
      If yes, when?................................. city, county and state.................................

   G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☑
      If yes when?................................. city, county and state.................................

   H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☑
      If you answer to any of the above questions (B through H) is yes, please provide a written explanation.

   Name | Relationship | Charge | Location | Date

   ________________________________

   Applicant's initial.. (K9)
ARRESTS, DETentions, LITigATIONS AND ARBITRATIONS - Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
   Yes □ No □ (Other than divorces)
   If yes, give details below and provide a written explanation. List all cases without exception, including bankruptcies:

<table>
<thead>
<tr>
<th>Plaintiff/Defendant</th>
<th>Date Filed</th>
<th>Court and Case Number</th>
<th>City, County and State</th>
<th>Disposition/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
   Yes □ No □ If yes, complete the following and provide a written explanation:

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Type of Entity</th>
<th>Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. RESIDENCES:

List all residences you have had for the last 25 years:

<table>
<thead>
<tr>
<th>Month and Year (From-To)</th>
<th>Street and Number</th>
<th>City</th>
<th>State or County</th>
</tr>
</thead>
<tbody>
<tr>
<td>09 - 1984 to 12 - 1987</td>
<td>94 Addison St</td>
<td>San Francisco, CA 94131</td>
<td></td>
</tr>
<tr>
<td>01 - 1988 to 08 - 1996</td>
<td>425 8th Ave #12</td>
<td>Tuscaloosa, AL 35405</td>
<td></td>
</tr>
<tr>
<td>09 - 1990 to 07 - 1998</td>
<td>5627 Loma Verde Dr</td>
<td>Houston, TX 77081</td>
<td></td>
</tr>
<tr>
<td>07 - 1998 to 06 - 2000</td>
<td>37 Uptown Rd</td>
<td>Ithaca, NY 14850</td>
<td></td>
</tr>
<tr>
<td>06 - 2000 to 10 - 2005</td>
<td>8601 West Gilmore Ave</td>
<td>Las Vegas, NV 89129</td>
<td></td>
</tr>
<tr>
<td>10 - 2005 to Present</td>
<td>11041 City View Ct</td>
<td>Las Vegas, NV 89119</td>
<td></td>
</tr>
</tbody>
</table>

Applicant's initial: KA

Page 5
8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
<th>Name of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept 2010-Present</td>
<td>Advance Medical</td>
<td>Still with them</td>
<td>Michell</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>ICU/Psych</td>
<td></td>
</tr>
<tr>
<td>03-2007-03-2010</td>
<td>Summerlin Hospital</td>
<td>Personal Reasons/Flexibility</td>
<td>Brad</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>ICU</td>
<td></td>
</tr>
<tr>
<td>09-2007 - 03-2007</td>
<td>Global Staffing</td>
<td>Took Full Time Job</td>
<td>Felicance</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>ICU/med/Imc</td>
<td></td>
</tr>
</tbody>
</table>

If additional space is needed, please provide an attachment.

Applicant's initial: KA
9. CHARACTER REFERENCES:

List five character reference who have known you five years or more. Do not include relatives, present employer or employees.

<table>
<thead>
<tr>
<th>Name</th>
<th>Employer</th>
<th>Home Street</th>
<th>City State Zip</th>
<th>Business</th>
<th>Telephone</th>
<th>Years Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rose Igberke</td>
<td>Self Employed</td>
<td>8808 S. Cloud St, Las Vegas, NV</td>
<td>8808 S. Cloud St, Las Vegas, NV</td>
<td>10 yrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chinwe Okere</td>
<td>UMC Hospital</td>
<td>8801 Olive Cmtry Dr, Las Vegas, NV</td>
<td>8801 Olive Cmtry Dr, Las Vegas, NV</td>
<td>10 yrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Olivia Ejiofor</td>
<td>Advance Medical</td>
<td>3047 French Creek Ct, Las Vegas, NV</td>
<td>3047 French Creek Ct, Las Vegas, NV</td>
<td>9 yrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ona Nsorado</td>
<td>UMC Hospital</td>
<td>573 Riverbed St, Las Vegas, NV</td>
<td>573 Riverbed St, Las Vegas, NV</td>
<td>9 yrs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diana Lamby</td>
<td>N/A</td>
<td>2244 N. Lamb Blvd, Las Vegas, NV</td>
<td>2244 N. Lamb Blvd, Las Vegas, NV</td>
<td>5 yrs</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor, Lawyer, Race horse/race dog owner, Securities dealer, Insurance, Doctor, Contractor, Real estate broker or salesman, Barber/Cosmetologist, Gaming, Accountant, Pilot, Sports promoter, Trainer or manager, Educator.

If yes, state type, where and years held.

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? **Yes** ☐ No ☑

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's Initial: Kn

Page 7
12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada, for any reason whatsoever? Yes □ No ☑ If yes, please provide details and a written explanation.

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

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

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes □ No ☑ If yes, please provide details and a written explanation.

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes □ No ☑ If yes, please provide details and a written explanation.

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

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure)? Yes □ No ☑ If yes, please provide details and written explanation.

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

---

Date of photograph 2/1/11

Applicant's initial KE
STATE OF Nevada  ss.
COUNTY OF Clark

Kecleh Aywang, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of current Nevada Revised Statutes and Nevada Administrative Code promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a license in the State of Nevada.

Kecleh Aywang
Signature of Applicant

Subscribed and Sworn to before me this 22nd day of February 2011

Notary Public

(Seal)
**PERSONAL HISTORY RECORD**

**GENERAL INSTRUCTIONS**

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, attach a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for: DME & MEDICAL SUPPLIES

Emerald Lake, Inc. 500 S. Martin Luther King Blvd. Las Vegas, NV 89101

**1. PERSONAL INFORMATION:**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>Michael</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Michael</td>
</tr>
<tr>
<td>Middle Name</td>
<td>Michael</td>
</tr>
</tbody>
</table>

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

Present Residence Address-Street or RFD: 1641 City View St.

City: Las Vegas

State/Zip: NV 89117

Present Business Address: 500 S. Martin Luther King Blvd.

City: Las Vegas

State/Zip: NV 89106

Occupation: President

Place of Birth (City, County, State): Tuscaloosa, AL

Date of Birth: [Insert Date]

Sex: Male

Age: 20

Color of Eyes: Brown

Color of Hair: Black

Complexion: Brown

Weight: 175 lbs.

Build: Medium

Height: 6'0"

Scars, tattoos or distinguishing marks and/or characteristics:

Are you a citizen of the United States? Yes [X] No [ ] If alien, registration No.

If naturalized, certificate No. ______________________________________ Date ______________

Place ______________________________________ (If naturalized, document must be verified.)

**2. MARITAL INFORMATION:**

Single [X] Married [ ] Separated [ ] Divorced [ ] Widowed [ ] Engaged [ ]

Applicant's initial: M.A.
MARITAL INFORMATION—Continued

A. **Current Marriage**

<table>
<thead>
<tr>
<th>Date</th>
<th>City, County and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse’s full name (Maiden)</td>
<td>S.S. No.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Place of Birth</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Resident address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>State</td>
</tr>
<tr>
<td>Zip</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone: Residence</th>
<th>Business</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Spouse’s employer</th>
<th>Occupation</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address of employer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>State</td>
</tr>
<tr>
<td>Zip</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Spouse</th>
<th>Date of Order or Decree</th>
<th>Date of Place of Marriage</th>
<th>Nature of Action</th>
<th>City County and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Birth Place</th>
<th>Residence Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. **Child Support Information:**

Please mark the appropriate response:

- ✔️ I am not subject to a court order for the support of child.

- I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

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

Applicant's initial: M. A.  
Page 2
FAMILY INFORMATION-Continued
District attorney or public agency responsible for enforcing the child support order.

Name

Address

Contact person

C. Parents:
List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

<table>
<thead>
<tr>
<th>Name ( Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liborius I Agwara</td>
<td>1641 City View CT, 89117</td>
<td>Attorney</td>
<td></td>
</tr>
<tr>
<td>Kelechi Agwara</td>
<td>1641 City View CT, 89117</td>
<td>Res</td>
<td></td>
</tr>
</tbody>
</table>

D. Brothers and Sisters:
List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

<table>
<thead>
<tr>
<th>Name ( Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>David Agwara</td>
<td>1641 City View CT, 89117</td>
<td>Student</td>
<td></td>
</tr>
</tbody>
</table>

4. EDUCATION:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>William Lummis Elem.</td>
<td>LV, NV</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td>Bishop Gorman HS</td>
<td>LV, NV</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

Type of degree obtained, if any

College or university where obtained

Applicant's initial: M. A.
5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes □ No □

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

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

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

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes □ No □ If yes, furnish details on separate sheet. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes □ No □

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

6. ARRESTS, DETentions, LITigations AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes □ No □ If yes, give details in space provided below and provide a written explanation. List all cases without exception.

<table>
<thead>
<tr>
<th>Date of Arrest</th>
<th>Age</th>
<th>Charge</th>
<th>Location-City and State</th>
<th>Deposition/Date</th>
<th>Arresting Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes □ No □

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes □ No □

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes □ No □

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes □ No □

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes □ No □

If yes, where?.................................................................................................................. city, county and state.

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes □ No □

If yes when?.................................................................................................................. city, county and state.

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes □ No □

If you answer to any of the above questions (B through H) is yes, please provide a written explanation.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Charge</th>
<th>Location</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant's initial M. A.
ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS—Continued

I.

Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes □ No ☑ (Other than divorces)

If yes, give details below and provide a written explanation. List all cases without exception, including bankruptcies:

<table>
<thead>
<tr>
<th>Plaintiff/Defendant or Claimant/Respondent</th>
<th>Date Filed</th>
<th>Court and Case Number</th>
<th>City, County and State</th>
<th>Disposition/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
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<td></td>
</tr>
</tbody>
</table>

J.

Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes □ No ☑ If yes, complete the following and provide a written explanation.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Type of Entity</th>
<th>Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. RESIDENCES:

List all residences you have had for the last 25 years:

<table>
<thead>
<tr>
<th>Month and Year (From-To)</th>
<th>Street and Number</th>
<th>City</th>
<th>State or County</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-90 to 8-96</td>
<td>425 8th Ave #12</td>
<td>Tucaloosa AL 35405</td>
<td></td>
</tr>
<tr>
<td>9-96 to 7-98</td>
<td>5627 Loma Verde Dr. Houston TX 77081</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7-98 to 6-00</td>
<td>37 Uptown Rd. Ithaca NY 14850</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-00 to 10-05</td>
<td>8601 West Gilmore Ave. NV NV 89129</td>
<td></td>
<td></td>
</tr>
<tr>
<td>05 to Present</td>
<td>1601 City View CT. Las Vegas, NV 89129</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant's initial: M.A.
8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/10 to Present</td>
<td>Abercrombie &amp; Fitch</td>
<td></td>
</tr>
<tr>
<td>Cashier</td>
<td>Model Seasonal Clothes &amp; Cashier</td>
<td>Joseph Rudolph</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
</table>

If additional space is needed, please provide an attachment.

Applicant's initial: M.A.
9. CHARACTER REFERENCES:

List five character references who have known you five years or more. Do not include relatives, present employer or employees.

<table>
<thead>
<tr>
<th>Name of Where Employed</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
<th>Years Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Address</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Princess Oke</td>
<td>Home</td>
<td>2208 Mistle Thrush Dr</td>
<td>NV</td>
<td>89110</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Employer</td>
<td>Levis Store</td>
<td>Business</td>
<td>NV</td>
<td>89110</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Olivia Egemba</td>
<td>Home</td>
<td>5604 W Gilmore Ave</td>
<td>NV</td>
<td>89110</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Employer</td>
<td>Walter Johnson Middle School</td>
<td>Business</td>
<td>NV</td>
<td>89110</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Onah Nsofor</td>
<td>Home</td>
<td>573 Riverdale St</td>
<td>NV</td>
<td>89110</td>
<td></td>
<td>10</td>
</tr>
<tr>
<td>Employer</td>
<td>WMC</td>
<td>Business</td>
<td>NV</td>
<td>89110</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Erica Burciga</td>
<td>Home</td>
<td>2362 Capistrano Ave</td>
<td>NV</td>
<td>89110</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Employer</td>
<td>Aquarad Associates</td>
<td>Business</td>
<td>NV</td>
<td>89110</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charles Okeke</td>
<td>Home</td>
<td>8314 Olive Canyon Dr</td>
<td>NV</td>
<td>89110</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Employer</td>
<td>College of Southern Nevada</td>
<td>Business</td>
<td>NV</td>
<td>89110</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

<table>
<thead>
<tr>
<th>License Type</th>
<th>License Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquor</td>
<td>Lawyer</td>
</tr>
<tr>
<td>Doctor</td>
<td>Contractor</td>
</tr>
<tr>
<td>Accountant</td>
<td>Pilot</td>
</tr>
<tr>
<td>Race horse/race dog owner</td>
<td>Real estate broker or salesman</td>
</tr>
<tr>
<td>Securities dealer</td>
<td>Insurance</td>
</tr>
<tr>
<td>Barber/Cosmetologist</td>
<td>Gaming</td>
</tr>
<tr>
<td>Trainer or manager</td>
<td>Educator</td>
</tr>
</tbody>
</table>

Yes □ No □
If yes, state type, where and years held

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes □ No □
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

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

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

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

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☑ If yes, please provide details and a written explanation

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑ If yes, please provide details and a written explanation

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

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure)? Yes ☐ No ☑ If yes, please provide details and written explanation

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

Date of photograph: 5/14/11
Applicant's initial: M.A.
STATE OF Nevada

COUNTY OF Clark

I, Michael Aguara, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of current Nevada Revised Statutes and Nevada Administrative Code promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a license in the State of Nevada.

[Signature of Applicant]

Subscribed and Sworn to before me this 12th day of May, 2011

[Notary Public]

[Seal]

Applicant's initial: MA

Page 9
NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
APPLICATION FOR NEVADA MDEG PROVIDER
NON PUBLICLY TRADED CORPORATION
FEE: $500.00 (non-refundable and not transferable) - Application must be printed legibly

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

New MDEG X Ownership Change ____ Name Change ____ Location Change ____
Please provide current license number if making changes:

FACILITY INFORMATION
Facility Name: Pulmocare Respiratory Services
Physical Address: 2675 Patrick Lane, Ste. 7 Las Vegas NV 89122
(Must be a business address, we cannot issue a license to a home address)
Mailing Address: 760 S. Via Lata, Ste. 100
City: Colton State: CA Zip Code: 92324
Telephone Number: 888.785.6622 Fax Number: 909.777.5240
E-mail: nick@pulmo-care.com Website: www.pulmo-care.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING
Mon: 9a to 5p Tue: 9a to 5p Wed: 9a to 5p Thu: 9a to 5p
Fri: 9a to 5p Sat: - to - Sun: - to - Holidays: - to -

MDEG ADMINISTRATOR INFORMATION (Person who runs the facility on a daily basis) *
Name: Nicholas "Nick" Graves

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

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

☐ Medical Gases ☐ Assistive Equipment
☐ Respiratory Equipment ☐ Parenteral and Enteral Equipment
☐ Life-sustaining equipment ☐ Orthotics and Prosthetics
☐ Diabetic Supplies Other:

Board Use Only
Received 11/11/20 Check Number 5029 Amount 500.00

57268
OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: California
Parent Company if any: Pulmocare Respiratory Services, Inc.
Corporation Name: Pulmocare Respiratory Services, Inc.
Mailing Address: P.O. Box 727
City, State and Zip: Colton, CA 92324
Telephone Number: 909.222.5000 Fax Number: 909.722.5005
License Contact Person: Judith Lopez, HR/Accounting MGR-ATTE
Professional Compliance Contact Person: Gabriela Ortiz, G-M ATZ

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

Officer or director name: Bruce Gingles
Officer or director title: President

For any corporation non publicly traded, disclose the following:

1) List any persons to whom the shares were issued by the corporation?
   a) Bruce Gingles 4767 Ocean Blvd., #411, San Diego, CA 92109

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

2) Provide the number of shares issued by the corporation. 1,000
3) What was the price paid per share? $100.00
4) What date did the corporation actually receive the cash assets? Jan. 28, 1998
5) Provide a copy of the corporation's stock register evidencing the above information.
If the non publicly traded corporation is a subsidiary, list name and state of incorporation of the parent corporation, and include a list of its officers.

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

**MEDICARE NPI # 1093761611**

**DHS/FDA MEDICAL DEVICES # MDR2263**

1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes □ No X If yes, list the persons, their address and their business names.

   a) 
   Name
   Address
   Business

   b) 
   Name
   Address
   Business

   c) 
   Name
   Address
   Business

   d) 
   Name
   Address
   Business

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

   a) 
   Name
   Address
   Business

   b) 
   Name
   Address
   Business

   c) 
   Name
   Address
   Business

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

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

Name: ____________________________

Within the last five (5) years:

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

5) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes □ No □

6) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes □ No □

7) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been found guilty, pleaded guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes □ No □

8) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes □ No □

If the answer to any question 4 through 8 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any violation of the laws of the State of Nevada regulating the operation of an authorized MDEG provider may be grounds for the revocation of this permit. I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Signature of corporation officer: ____________________________  Date: June 20, 2011

Type name and title: Bruce E. Gilles, President
## PERSONAL HISTORY RECORD

**Date:** 5/20/2011

### GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, state with N/A. If space available is insufficient, attach a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

**Application for MDEG- FOR MEDICAL CASES & RESPIRATORY EQUIPMENT**

**Palmocare Respiratory Services Inc. 2675 Patrick Lane, Ste 7, Las Vegas, NV 89120**

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It is Now Operated

---

### 1. PERSONAL INFORMATION:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>Singles</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td>Bruce</td>
</tr>
<tr>
<td>Middle Name</td>
<td>E</td>
</tr>
</tbody>
</table>

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

4767 Ocean Blvd. #411
San Diego, CA 92109

Present Residence Address

760 S. Via Lata Jr 100
Colton, CA 92324

Present Business Address

**President**

Dates: 909.777.5000

**San Diego Diego City CA**

Place of Birth (City, County, State)

**Age:** 21

**Sex:** M

**Color of Eyes:** GRN/BLU

**Color of Hair:** BRN

**Complexion:** CLEAR

**Weight:** 176.85

**Build:** BUFF

**Height:** 6'0"

Scars, tattoos or distinguishing marks and/or characteristics: SHOULDER, NECK, LEFT

Are you a citizen of the United States? Yes ☑ No ☐

If alien, registration No.

If naturalized, certificate No.

Place: __________________________

(Date) __________________________

(If naturalized, document must be verified.)

---

### 2. MARITAL INFORMATION:

Single ☐ Married ☐ Separated ☐ Divorced ☑ Widowed ☐ Engaged ☐

Applicant's initial: __________
A. Current Marriage

- Date: March 2000
- City, County and State: Honolulu, Hawaii
- Spouse's full name ( Maiden): Kimberly Lynn Patitama
- Date of Birth: May 30, 1965
- Place of Birth: Hibbing, MN
- Resident address: 10419 Santa Fe St, Redlands, CA 92374
- Telephone: Residence
- Spouse's employer: Mark Carabott, DDS
- Occupation: Dental Hygienist
- Address of employer: 1801 Orange Lane, Redlands, CA 92373

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

<table>
<thead>
<tr>
<th>Name of Spouse</th>
<th>Date of Order or Decree</th>
<th>Date of Place of Marriage</th>
<th>Nature of Action</th>
<th>City</th>
<th>County and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tammy Sue Giacchis</td>
<td>Aug 1986</td>
<td>LA Mesa</td>
<td>Divorced</td>
<td>San Diego</td>
<td></td>
</tr>
</tbody>
</table>

**CURRENT MARRIAGE IN DIVORCE CITATION**

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

- Unknown

3. FAMILY INFORMATION:

A. Children and Dependents:

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Birth Date</th>
<th>Birth Place</th>
<th>Residence Address</th>
</tr>
</thead>
</table>

B. Child Support Information:

Please mark the appropriate response:

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

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

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

Applicant's initial: [Signature]
FAMILY INFORMATION—Continued
District attorney or public agency responsible for enforcing the child support order:
Name: ____________________________________________
Address: ____________________________________________
Contact person: ____________________________________________

C. Parents:
List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

<table>
<thead>
<tr>
<th>Name ( Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td>04-04-50</td>
<td>851 Terra Lane, Elk Grove, CA</td>
<td>RETIRED/DEceased</td>
</tr>
<tr>
<td>Bruce Gingles</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td>II</td>
<td>Teacher/</td>
</tr>
<tr>
<td>Margaret Herriman</td>
<td></td>
<td></td>
<td>DEceased</td>
</tr>
<tr>
<td>Father-in-Law</td>
<td></td>
<td>II</td>
<td>Attorney</td>
</tr>
<tr>
<td>Charlie Snow</td>
<td></td>
<td></td>
<td>DECeased</td>
</tr>
<tr>
<td>Mother-in-Law</td>
<td></td>
<td></td>
<td>Retired</td>
</tr>
<tr>
<td>Patricia Kline Snow</td>
<td></td>
<td></td>
<td>Mother</td>
</tr>
</tbody>
</table>

D. Brothers and Sisters:
List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

<table>
<thead>
<tr>
<th>Name (Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheila Ann Gingles</td>
<td>07-07-58</td>
<td>815 Tecumseh, LaGrangeville, NY</td>
<td>Athlete</td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td></td>
<td>Retired Physician</td>
</tr>
<tr>
<td>David Lorenz, MD</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Spouse

Spouse

Spouse

4. EDUCATION:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Elementary School</td>
<td>Elk Grove, CA</td>
<td>1953-1960</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>High School</td>
<td>Elk Grove High School</td>
<td>1966-1968</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>College University</td>
<td>Sacramento State University</td>
<td>1970-1973</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>Other</td>
<td>UC San Diego</td>
<td>1966-1967</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

Type of degree obtained, if any: B.S. MARKET RESEARCH

College or university where obtained: SDSU

Applicant's initial: ____________________________  Page 3
5. MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☐ No ☑

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

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

Rating at separation... Serial number...

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on separate sheet. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☑ No ☐

County... State... Date registered... OCT. 1968...

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☑ If yes, give details in space provided below and provide a written explanation. List all cases without exception.

<table>
<thead>
<tr>
<th>Date of Arrest</th>
<th>Age</th>
<th>Charge</th>
<th>Location-City and State</th>
<th>Deposition/Date</th>
<th>Arrester Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☑

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☑

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☑

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☑

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☑

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☑

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☑

If you answer to any of the above questions (B through H) is yes, please provide a written explanation.

Name... Relationship... Charge... Location... Date...

☐ E. SUBPOENED TO TESTIFY IN CIVIL LITIGATION ONLY WHEN I WAS EITHER A WITNESS OR COMPLAINTANT. Applicant's initial...
1. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent? Yes ☐ No ☐ (Other than divorces)
   If yes, give details below and provide a written explanation. List all cases without exception, including bankruptcies:

<table>
<thead>
<tr>
<th>Plaintiff/Defendant or Claimant/Respondent</th>
<th>Date Filed</th>
<th>Court and Case Number</th>
<th>City, County and State</th>
<th>Disposition/Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>SINGLES V. LOBSTEY</td>
<td>1999</td>
<td>SAN DIEGO 540A</td>
<td>SAN DIEGO, CA</td>
<td>2/1999</td>
</tr>
<tr>
<td>DETERMINED V.</td>
<td>06/16/2006</td>
<td>CIV 82 807-83</td>
<td>SAN BERNARDINO, CA</td>
<td>2/2007</td>
</tr>
</tbody>
</table>

2. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy? Yes ☐ No ☐ If yes, complete the following and provide a written explanation.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Type of Entity</th>
<th>Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy</th>
</tr>
</thead>
<tbody>
<tr>
<td>UMDAOIRE V. BIZA/GANDA</td>
<td>CORP/V. INDIVIDUAL</td>
<td>07/09/2004</td>
</tr>
<tr>
<td>UMDAOIRE V. ROIT SUBR.</td>
<td>CORP/V. INDIVIDUAL</td>
<td>07/09/2011</td>
</tr>
<tr>
<td>UMDAOIRE V. S.H.S.</td>
<td>CONTRACT DISPUTE</td>
<td>07/11/2005</td>
</tr>
<tr>
<td>UMDAOIRE V. AIRLASS</td>
<td>CORP/CORP</td>
<td>07/14/2005</td>
</tr>
</tbody>
</table>

7. RESIDENCES:

List all residences you have had for the last 25 years:

<table>
<thead>
<tr>
<th>Month and Year (From-To)</th>
<th>Street and Number</th>
<th>City</th>
<th>State or County</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1983-11/1986</td>
<td>1070 SANTO ANTONIO AR 63</td>
<td>COLTON</td>
<td>CA 92324</td>
</tr>
</tbody>
</table>

Applicant's initial: ___________________________
8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Reason for Leaving</th>
<th>Title</th>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>JUNE 1996-CURRENT</td>
<td>KINNE S W RESPIRATORY</td>
<td>EMPLOYED</td>
<td>CEO</td>
<td>Medical Equipment</td>
<td>lyrique HEALTH SUPPLIES CO.</td>
</tr>
<tr>
<td>MARCH 1989-JUNE 1996</td>
<td>MADDIE INC.</td>
<td>BETTER OPPORTUNITY</td>
<td>CEO</td>
<td>Managed O/E/H/R</td>
<td>lyrique HEALTH SUPPLIES CO.</td>
</tr>
<tr>
<td>1986-SEPT 1991</td>
<td>PURSE AIR INC.</td>
<td>CLOSED BUSINESS</td>
<td>OWNER</td>
<td>New Business</td>
<td>lyrique HEALTH SUPPLIES CO.</td>
</tr>
<tr>
<td>1981-1986</td>
<td>BURTON CONSTRUCTION</td>
<td>STARTED OWN BUSINESS</td>
<td>PROJECT MANAGER</td>
<td>New Construction Projects</td>
<td>BURTON CONSTRUCTION</td>
</tr>
<tr>
<td>1977-1981</td>
<td>TELEDYING INC.</td>
<td>STRESS, MARITAL CHANGES</td>
<td>MARKET RESEARCH Aquisitions</td>
<td>Research + Implementation for Various Telecomm Companies</td>
<td>TELEDYING INC.</td>
</tr>
<tr>
<td>1973-1977</td>
<td>STUDIES WITH VARIOUS LOW END STUDENT JOBS</td>
<td></td>
<td></td>
<td></td>
<td>VARIOUS OFFICES</td>
</tr>
<tr>
<td>1968-1974</td>
<td>KALMOS FARM MARKET</td>
<td>RETIRE FROM AREA</td>
<td>CHECKER</td>
<td>Inventory, Shift Supervisor</td>
<td>KALMOS FARM MARKET</td>
</tr>
</tbody>
</table>

If additional space is needed, please provide an attachment.

Applicant's initial: [Signature]
9. CHARACTER REFERENCES:

List five character reference who have known you five years or more. Do not include relatives, present employer or employees.

<table>
<thead>
<tr>
<th>Name of Where Employed</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
<th>Years Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Larry Deplent</td>
<td>8628 WASHINGTON</td>
<td>MESA</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deplent Auto &amp; Home</td>
<td>4183 1ST</td>
<td>SAN ANTONIO</td>
<td>CA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gilbert Orte</td>
<td>2433 10A AVE</td>
<td>TEMPLE CITY</td>
<td>CA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deplent Auto &amp; Home</td>
<td>4195 HAMPTON</td>
<td>TEMPLE CITY</td>
<td>CA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jimmy Waddell</td>
<td>10439 SHORE</td>
<td>CREEK</td>
<td>CA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deplent Auto &amp; Home</td>
<td>2097 5TH</td>
<td>SAN ANTONIO</td>
<td>CA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>John Lopez</td>
<td>1925 SUGAR</td>
<td>AVENUE</td>
<td>CA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deplent Auto &amp; Home</td>
<td>207 E. LAWN</td>
<td>FAYETTE</td>
<td>CA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Roy Johnson</td>
<td>2809 E. HAMILTON</td>
<td>109</td>
<td>UT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deplent Auto &amp; Home</td>
<td>2809 E. HAMILTON</td>
<td>109</td>
<td>UT</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

- Liquor
- Lawyer
- Race horse/race dog owner
- Securities dealer
- Doctor
- Contractor
- Real estate broker or salesman
- Barber/Cosmetologist
- Accountant
- Pilot
- Sports promoter
- Trainer or manager
- Yes ☐ No ☐
- Educator

If yes, state type, where and years held
- Insurance
- Gaming
- 1. INSULATION CONTRACTOR, CALIF. 1981-1991
- 2. HVAC CONTRACTOR, CALIF. 1986-1992
- 3. REAL ESTATE SELLER, CALIF. 1974-1976

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial: [Signature]
12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada, for any reason whatsoever? Yes ☐ No ☑ If yes, please provide details and a written explanation.

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

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

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☑ If yes, please provide details and a written explanation.

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☑ If yes, please provide details and a written explanation.

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

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure)? Yes ☐ No ☑ If yes, please provide details and written explanation.

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

Date of photograph

Applicant's initial
I, Bruce Gingles, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of current Nevada Revised Statutes and Nevada Administrative Code promulgated thereunder and agree, if licensed, to abide thereby.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a license in the State of Nevada.

[Signature of Applicant]

Subscribed and Sworn to before me this 7th day of June, 2011

[Notary Public]

(seal)

Applicant's initial
APPLICATION TO BE THE MDEG ADMINISTRATOR
Person who runs the facility on a daily basis

Date 5/5/11

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

All applicants are advised that this application to be a MDEG administrator is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Medical Gases & Respiratory Equipment

PulmoCare Respiratory Services, Inc. 7675 Patrick Lane, Ste 7 Las Vegas, NV

Name and Address of Business for Which MDEG Administrator Is Requested

If applicable, Name Under Which It Is Now Operated

Page 1 – MDEG Administrator
1. PERSONAL INFORMATION:

Graves Nicholas Todd
Last Name First Name Middle Name

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

11745 Tierney Creek Dr Las Vegas NV 89183
Present Residence Address-Street or RFD City State/Zip

2675 E. Patrick Ln Dates Las Vegas NV 89120
Present Business Address City State/Zip

ADMINISTRATOR Dates
Present Position with the MDEG

Phone: 702-510-6119 Fax: 702-534-0116

Email address: nick@pulme-care.com

Chandler, Maricopa, AZ
Place of Birth (City, County, State)

28
Age

M
Sex

Hazel Brown
Color of Eyes Color of Hair

205
Weight

5'10"
Height

Scars, tattoos or distinguishing marks and/or characteristics

Are you a citizen of the United States? Yes ☐ No ☐

If alien, registration No ___________________________

If naturalized, certificate No______________________ Date _______________________

Place _______________________________________(If naturalized, document must be verified.)
A MDEG administrator must document that he or she has been employed for at least 1500 hours of verifiable work experience relating to the products provided by the medical products provider or medical products wholesaler. Please provide the following information to document your hours of employment.

**July 2001 United States Marine Corps**

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/ Address of Employer/Business</th>
<th>No of Employed Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No Commission Office In charge of medivac and first aid.</td>
<td>MSGT Gogley</td>
</tr>
<tr>
<td>Title</td>
<td>Description of Duties</td>
<td>Name of Supervisor</td>
</tr>
<tr>
<td></td>
<td>Repair, testing, calibrating medical equipment, In charge of Supplies for high quality medivac.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/ Address of Employer/Business</th>
<th>No of Employed Hours</th>
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<th>No of Employed Hours</th>
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<th>No of Employed Hours</th>
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<table>
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<tr>
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<th>Name/ Address of Employer/Business</th>
<th>No of Employed Hours</th>
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<th>Month and Year</th>
<th>Name/ Address of Employer/Business</th>
<th>No of Employed Hours</th>
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<tr>
<th>Month and Year</th>
<th>Name/ Address of Employer/Business</th>
<th>No of Employed Hours</th>
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<table>
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<tr>
<th>Title</th>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
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<thead>
<tr>
<th>Title</th>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
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<table>
<thead>
<tr>
<th>Title</th>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
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<table>
<thead>
<tr>
<th>Title</th>
<th>Description of Duties</th>
<th>Name of Supervisor</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
I have ☐ I have not ☑ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse.

1. I have ☐ I have not ☑ been charged, arrested or convicted of a felony or misdemeanor.

2. I have ☐ I have not ☑ been the subject of an administrative action whether completed or pending.

3. I have ☐ I have not ☑ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against a professional license that was not made public.

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

a) Board Administrative Action:

State: ____________________________

Date: ____________________________

Case Number: ______________________

c) Criminal Action:

State: ____________________________

Date: ____________________________

Case Number: ______________________

County: __________________________

Court: ____________________________

4. Will you be actively involved in and aware of the daily operation of the MDEG?  Yes ☑ No ☐

5. Will you be employed fulltime with the MDEG? Yes ☑ No ☐

6. Will you be present at the site of the MDEG during its normal operating hours? Yes ☑ No ☐

If you answer No to questions 4, 5 or 6 please provide a written explanation.

Date of photograph 5/5/11
Nicholas Graves

being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.

[Signature]

Signature of Applicant
**PERSONAL HISTORY RECORD**

**GENERAL INSTRUCTIONS**

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, attach a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for **MEDICAL GASES & Respiratory Equipment**

**PulmoCare Respiratory Services, Inc.**

2675 Patrick Lane, Ste 7, Las Vegas, NV 89123

Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

---

1. **PERSONAL INFORMATION:**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graves</td>
<td>Nicholas</td>
<td>T</td>
</tr>
</tbody>
</table>

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

II

Present Residence Address-Street or RFD | City | State/Zip |
--- | --- | --- |
11745 Ternary Creek Dr | Las Vegas | NV 89183 |

Present Business Address | City | State/Zip |
--- | --- | --- |
2675 E. Patrick Ln | Las Vegas | NV 89120 |

Occupation | Phone |
--- | --- |
Administrator | |

Date of Birth | Place of Birth (City, County, State) | Sex |
--- | --- | --- |
Chandler, Maricopa, AZ | A | |

Color of Eyes | Color of Hair | Complexion | Weight | Build | Height |
--- | --- | --- | --- | --- | --- |
Hazel | Brown | White | 205 | M | 5'9" |

Scars, tattoos or distinguishing marks and/or characteristics: **Two Tattoos on Both**

Are you a citizen of the United States? **Yes [ ] No [x]** If alien, registration No.

If naturalized, certificate-No | Date |
--- | --- |
--- | --- |

Place | (If naturalized, document must be verified.)
--- | --- |
--- | --- |

2. **MARITAL INFORMATION:**

Single [ ] Married [x] Separated [ ] Divorced [ ] Widowed [ ] Engaged [ ]
MARITAL INFORMATION—Continued

A. Current Marriage:
   - Date: Oct. 26, 2001
   - City, County and State: Las Vegas, Clark, NV
   - Spouse’s full name (Maiden): Britney Graves
   - S.S. No.
   - Date of Birth:
   - Place of Birth: Cheyenne, Wyoming
   - Resident address: 1745 Tierra Creek Dr, Las Vegas, NV 89183
   - Street: Tierra Creek Dr
   - City: Las Vegas
   - State: NV
   - Zip: 89183
   - Telephone: Residence (702) 806-4398, Business (702) 574-7355
   - Spouse’s employer: SNO Inc.
   - Occupation: Customer Service
   - Address of employer: 87 N. Gibson Rd, Henderson, NV 89014

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

<table>
<thead>
<tr>
<th>Name of Spouse</th>
<th>Date of Order or Decree</th>
<th>Date of Place of Marriage</th>
<th>Nature of Action</th>
<th>City, County and State</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
</tr>
</thead>
</table>

3. FAMILY INFORMATION:

A. Children and Dependents:
   - List all children, including step-children and adopted children and give the following information:
     | Name | Birth Date | Birth Place | Residence Address |
     |------|------------|-------------|-------------------|

B. Child Support Information:
   - Please mark the appropriate response:
     - [ ] I am not subject to a court order for the support of child.
     - [ ] I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
     - [ ] I am subject to a court order for the support of one or more children and NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Applicant’s initial: [Signature]
FAMILY INFORMATION-Continued

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

Name ........................................................................................................................................
Address ....................................................................................................................................
Contact person .........................................................................................................................

C. Parents:
List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

<table>
<thead>
<tr>
<th>Name ( Maiden)</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Father</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Albert Graves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Susan Scofield</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Father-in-Law</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother-in-Law</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deceased</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pamela Delie</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

D. Brothers and Sister
List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

<table>
<thead>
<tr>
<th>Name ( Maiden)</th>
<th>Birth Date</th>
<th>Address</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td></td>
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<tr>
<td>Spouse</td>
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<tr>
<td>Spouse</td>
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</tr>
</tbody>
</table>

4. EDUCATION:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Graduate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grammar School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>West Jefferson Elementary</td>
<td></td>
<td>8/92 - 5/96</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>High School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Silverado High</td>
<td>Las Vegas, NV</td>
<td>8/99 - 5/01</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>College</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Golf Academy of Arizona</td>
<td>Arizona</td>
<td>8/05 - 12/07</td>
<td>Yes □ No □</td>
</tr>
<tr>
<td>University</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Type of degree obtained, if any: Associates in Business

College or university where obtained: Virginia University

Applicant's initial: [Signature]
5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☑ No ☐
   Branch: United States Marine Corps
   Date of entry-active service: 7/30/2001
   Date of separation: 7/31/2005
   Type of discharge: Honorable
   Rating at separation: E-4
   Serial number: i...

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☑ If yes, furnish details on separate sheet. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☑
   County: ____________________________
   State: ____________________________
   Date registered: ____________________

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

<table>
<thead>
<tr>
<th>Date of Arrest</th>
<th>Age</th>
<th>Charge</th>
<th>Location-City and State</th>
<th>Deposition/Date</th>
<th>Arresting Agency</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

B. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☑ If yes, give details in space provided below and provide a written explanation. List all cases without exception.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☑

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☑

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☑

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☑ If yes, when? ____________________________ city, county and state

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☑ If yes, when? ____________________________ city, county and state

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☑ If you answer to any of the above questions (B through H) is yes, please provide a written explanation.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Charge</th>
<th>Location</th>
<th>Date</th>
</tr>
</thead>
</table>

Applicant's initial: ____________________________
ARRESTS, DETentions, LITigATIONS AND ARBITRATIONS—Continued

I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a party to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent? Yes □ No □ (Other than divorces)
If yes, give details below and provide a written explanation. List all cases without exception, including bankruptcies:

<table>
<thead>
<tr>
<th>Plaintiff/Defendant or Claimant/Respondent</th>
<th>Date Filed</th>
<th>Court and Case Number</th>
<th>City, County and State</th>
<th>Disposition/Date</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy? Yes □ No □ If yes, complete the following and provide a written explanation.

<table>
<thead>
<tr>
<th>Name of Entity</th>
<th>Type of Entity</th>
<th>Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tr>
</tbody>
</table>

7. RESIDENCES:

List all residences you have had for the last 25 years:

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Street and Number</th>
<th>City</th>
<th>State or County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/2009-present</td>
<td>11745 Tcey Creek Dr</td>
<td>Las Vegas</td>
<td>NV Clark</td>
</tr>
<tr>
<td>5/2007-12/2009</td>
<td>10783 Holmfield St</td>
<td>Henderson</td>
<td>NV Clark</td>
</tr>
<tr>
<td>8/2005-5/2007</td>
<td>242045 Storey Path Dr</td>
<td>Sun Lakes</td>
<td>AZ Maricopa</td>
</tr>
<tr>
<td>7/2001-8/2005</td>
<td>2321 Catalina Cir</td>
<td>Oceanside</td>
<td>CA Orange</td>
</tr>
<tr>
<td>7/2009-7/2001</td>
<td>153 Ultra Drive</td>
<td>Henderson</td>
<td>NV Clark</td>
</tr>
<tr>
<td>8/1992-7/2009</td>
<td>31227 Conifer Mtn Dr</td>
<td>Conifer</td>
<td>CO Jefferson</td>
</tr>
<tr>
<td>8/1988-8/1992</td>
<td></td>
<td></td>
<td>Egypt</td>
</tr>
</tbody>
</table>
### Employment:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

<table>
<thead>
<tr>
<th>Month and Year</th>
<th>Name/Mailing Address of Employer/Business</th>
<th>Title</th>
<th>Description of Duties</th>
<th>Reason for Leaving</th>
<th>Name of Supervisor</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/2001</td>
<td>Palm Cove 2675 E. Patrick Lane Las Vegas NV</td>
<td>Title</td>
<td>Still working</td>
<td></td>
<td>Alma Lopez</td>
</tr>
<tr>
<td>09/2009</td>
<td>Las Vegas Parking 7285 Dean Martin Dr #130 Las Vegas NV</td>
<td>Valet</td>
<td>To park cars</td>
<td></td>
<td>Chris Jones</td>
</tr>
<tr>
<td>03/2008</td>
<td>Knight Transportation 4030 E. Lake Mead Pkwy North Las Vegas NV</td>
<td>Driver</td>
<td>To drive state to state</td>
<td></td>
<td>Ben Green</td>
</tr>
<tr>
<td>03/2007</td>
<td>RSC 3380 S. Rose Pkwy Henderson NV</td>
<td>Driver</td>
<td>To deliver equipment</td>
<td>Laid off</td>
<td>Scott Sabato</td>
</tr>
<tr>
<td>11/2007</td>
<td>Lowe's 9955 S. Eastern Ave Henderson NV</td>
<td>Driver</td>
<td>To deliver home goods</td>
<td></td>
<td>Martin Apodaca</td>
</tr>
<tr>
<td>07/2001 07/2005</td>
<td>USMC Camp Pendleton CA</td>
<td>Title</td>
<td>Supervised Medical</td>
<td></td>
<td>MSGT Gea</td>
</tr>
</tbody>
</table>

If additional space is needed, please provide an attachment.
9. CHARACTER REFERENCES:

List five character references who have known you five years or more. Do not include relatives, present employer or employees.

<table>
<thead>
<tr>
<th>Name of Where Employed</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Telephone</th>
<th>Years Known</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Mike</td>
<td>345</td>
<td>Fairway</td>
<td>Home</td>
<td>W.</td>
<td>89148</td>
</tr>
<tr>
<td>Employer</td>
<td>Clark County School Police</td>
<td>Business</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>Jeff</td>
<td>5422</td>
<td>S.</td>
<td>Home</td>
<td>4175</td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td>Business</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

- Liquor
- Lawyer
- Race horse/race dog owner
- Securities dealer
- Doctor
- Contractor
- Real estate broker or salesman
- Barber/Cosmetologist
- Accountant
- Pilot
- Sports promoter
- Trainer or manager
- Accountant
- Pilot
- Sports promoter
- Educator

Yes ☐ No ☒

If yes, state type, where and years held

11. Have you ever applied for a city, county of state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the state of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

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

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

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

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes □ No □ If yes, please provide details and a written explanation.

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes □ No □ If yes, please provide details and a written explanation.

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

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure)? Yes □ No □ If yes, please provide details and written explanation.

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

Date of photograph: 5/5/11
Applicant's initial: [Signature]
STATE OF .......................................................... ss.

COUNTY OF ..........................................................

I, ..........................................................................., being duly sworn, depose and say I have read the
foregoing application and know the contents thereof; that the statements contained herein are true and correct and
contain a full and true account of the information requested; that I executed this statement with the knowledge that
misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a
license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10)
provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder
or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record,
affidavit or other information in support thereof, which is false of fraudulent," and further, that I have familiarized myself
with the contents of current Nevada Revised Statutes and Nevada Administrative Code promulgated thereunder and
agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their
agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can,
shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a
license in the State of Nevada.

[Signature of Applicant]

Subscribed and Sworn to before me this 19 day of

[Signature]

[Notary Public]

[Notary Public Stamp]

[Applicant’s initial]
NEVADA STATE BOARD OF PHARMACY
431 W. Plumb Lane ≈ Reno, NV 89509 ≈ 775/850-1440
(This application can not be used by PA's or APN's)

CONTROLLED SUBSTANCE APPLICATION
Registration Fee: $60.00 (non-refundable)

First: Kent Middle: Alan Last: Swaine Degree: MD

Practice Name (if any): Diagnostic Center of Medicine
Nevada Address: 861 Coronado Center Drive Suite #: 100
 PO Box: E-mail address: Names & Dcom NV.com
 City: Henderson State: NV Zip Code: 89052
 Nevada Telephone: (702) 454-1322 Nevada Fax: (702) 404-1624
 Date of Birth:
 Practitioner License Number: 13917 Specialty: Family Practice

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

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

2) I have ☑ I have not □ been charged, arrested or convicted of a felony or misdemeanor.

3) I have ☑ I have not □ been the subject of an administrative action whether completed or pending.

4) I have ☑ I have not □ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

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

a) Board Administrative Action and/or
   State: NV Date: 10/14/08 Case Number: 02-2089
   County: Court:

b) Criminal Action
   State: Date: Case Number:

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

Signature Date 6/14/11

Board Use Only

Received: JUN 23 2011 Check Number: 406 Amount: $60
6/14/2011

Nevada State Board of Pharmacy

RE: Kent Alan Swaine, M.D.

NSBME Case Number: 07-20873-1

On 10/14/2008 my Nevada State medical license was revoked by the NSBME for breaking my probation set by the NSBME for substance abuse. I then went to rehab treatment at Betty Ford Treatment Center for a period of six months. I am an active member of the Nevada Professionals Assistance Program and have been sober for almost three years now. My Nevada State medical license was reinstated on 6/10/2011 by the NSBME.

Sincerely,

[Signature]

Kent Alan Swaine, M.D.  

Email: swaine.kent@gmail.com  
Phone: (702) 596-2080
BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In The Matter of the License of

KENT ALAN SWAINE, M.D.,

License no. 13917

Licensee.

ORDER

The application for licensure of Kent Alan Swaine, M.D., came on before the Nevada State Board of Medical Examiners, hereinafter "Board," for consideration at a regularly scheduled meeting of the Board on June 10, 2011, at the Board's office located at 1105 Terminal Way, Suite 301, Reno, Nevada, 89502, and by video conference at the offices of the Nevada State Board of Dental Examiners located at 6010 S. Rainbow Boulevard, Building A, Suite 1, Las Vegas, Nevada 89118

Kent Alan Swaine, M.D. was present in Reno.

After consideration of the application and speaking with Dr. Swaine regarding his application, the Board enters the following order:

IT IS HEREBY ORDERED that Kent Alan Swaine, M.D., is granted a license to practice medicine in the state of Nevada subject to the following conditions:

a. Dr. Swaine must remain in compliance with and complete all the terms of his contract with the Nevada Professionals Assistance Program (NPAP);

b. For a period of three years, all prescriptions written by Dr. Swaine for controlled substances, all schedules, must be cosigned by a physician at the Diagnostic Center of Medicine;

c. Dr. Swaine shall comply with all federal, state and local laws and rules governing the practice of medicine in Nevada at all times he is practicing within the state;
d. Dr. Swaine shall not prescribe any controlled substance or dangerous drug as defined in NRS 454 to any member of his immediate family or himself and shall prescribe controlled substances or dangerous drugs only in the manner authorized by law;

e. Dr. Swaine shall submit to random alcohol and/or drug screens requested by the Nevada State Board of Medical Examiners in addition to any such screens required by NPAP, at his own expense;

f. Dr. Swaine shall notify the Nevada State Board of Medical Examiners within forty-eight (48) hours of any arrest or criminal conviction, including misdemeanors, or any admission for treatment of substance abuse or psychological illness;

g. Dr. Swaine must practice only with one or more Nevada licensed physicians and must provide a copy of this agreement to all his practice partners and obtain from them a written acknowledgement that they have received said copy;

h. Dr. Swaine shall submit to a psychological and/or psychiatric evaluation if requested to do so by the Nevada State Board of Medical Examiners and shall sign any necessary release of information for the results to be forwarded to the Board;

i. Dr. Swaine shall be responsible for the reasonable costs, if any, of monitoring his compliance with these conditions and shall remit said costs within thirty (30) days of the due date of any invoice presented by the Board.

Conditions “e” through “i” of this Order shall remain in effect until December 1, 2015.

Failure to comply with the terms of this Order is grounds for disciplinary action being initiated pursuant to Nevada Revised Statute Section 630.3065(2)(a).

Dated this ___ day of June, 2011.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

Charles N. Held, M.D., President
Nevada State Board of Medical Examiners
BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

In the Matter of the Charges and Complaint Against: )
 ) Case No. 07-20873-1
 )
KENT ALAN SWAINE, M.D., ) )
Respondent. )
 )
 )
Executive Director

FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER

The above-entitled matter came on regularly for decision before the Nevada State Board of Medical Examiners, hereinafter "Board," on Friday, October 3, 2008, at the Board's Office located at 1105 Terminal Way, Suite 301, Reno, Nevada 89502, on the Motion for Order to Show Cause filed herein. Respondent, KENT ALAN SWAINE, M.D., hereinafter "Respondent," was not present at the meeting.

The Members of the Board participating in the decision were: Javaid Anwar, M.D.; Sohail Anjum, M.D.; Van V. Heffner; S. Daniel McBride, M.D; Benjamin J. Rodriguez, M.D. and Renee West. All other remaining members of the Board, being members of the Investigative Committee which issued the complaint in this matter, were excused from participating and took no part in the proceedings of the Board. Christine M. Guerci-Nyhus, Chief Deputy Attorney General, acted as legal counsel to the Board.

The Board having received and read the complaint and exhibits offered in this matter and having reviewed and read all of the above, proceeded to make a decision pursuant to the provisions of NRS chapter 233B and NRS 630.352.

The Board after due consideration of the record, evidence and law, and being fully advised in the premises, makes its FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER in this matter as follows:

..

..
FINDINGS OF FACT

I.

Respondent held a license to practice medicine in the State of Nevada at all relevant times.

II.

A Motion for Order to Show Cause was filed by the Investigative Committee against Respondent in August of 2008 alleging that Respondent had failed to comply with a previously entered into Settlement Agreement with the Board.

III.

A Complaint and Request for Summary Suspension was filed against Respondent on November 26, 2007 based upon which the adjudicating member of the Board summarily suspended Respondent's license to practice medicine in the state of Nevada. On November 28, 2007, an Amended Complaint and Request for Summary Suspension was filed containing the same counts as set forth in the Complaint of November 26, 2007.

On February 20, 2008, a Second Amended Complaint was filed against Respondent containing two counts of engaging in conduct which is intended to deceive, violations of NRS 630.306(2)(a), one count of dependency on a controlled substance, a violation of NRS 630.306(10) and one count of prescribing a controlled substance or dangerous drug to himself or other except as authorized by law, a violation of NRS 630.306(3).

The matter was resolved by a Settlement, Waiver and Consent Agreement which was signed by Respondent and was adopted by the adjudicating members of the Board on March 28, 2008. In the settlement agreement, Respondent admitted to all counts alleged in the Second Amended Complaint and the Board imposed a revocation of Respondent's license to practice medicine in the state of Nevada, however the revocation was stayed and Respondent was place on probation for a period of five years with numerous conditions.

IV.

The conditions contained in the Settlement, Waiver and Consent Agreement included:
e. that Respondent shall submit to random alcohol and/or drug screens requested by the Nevada State Board of Medical Examiners in addition to any such screens required by the Nevada Professionals Health Program ("NPHP"), at his own expense; and

h. that Respondent shall comply with all terms and conditions of his contract with the NPHP and shall extend his contract with the NPHP if so recommended by the program.

V.

Respondent failed to comply with paragraph "e" of the Settlement, Waiver and Consent Agreement when he failed to submit to a drug screen on July 17, 2008 when presented with an Order to do so by the Compliance Officer for the Board.

VI.

Respondent failed to comply with paragraph "h" of the Settlement, Waiver and Consent Agreement when he failed to comply with all terms and conditions of his contract with the NPHP. Respondent was inactivated from the NPHP on July 17, 2008 and thus is no longer participating in NPHP.

VII.

The Board finds that the Respondent failed to comply with the Settlement, Waiver and Consent Agreement when he failed to submit to the requested drug screen and when he failed to comply with and maintain his contract with NPHP.

VIII.

If any of the foregoing Findings of Fact is more properly deemed a Conclusion of Law, it may be so construed.

CONCLUSIONS OF LAW

I.

The Board has jurisdiction over Respondent.

II.

Respondent was properly served with notice of the Motion for Order to Show Cause before the Hearing Officer, pursuant to NRS and NAC Chapters 630 and NRS Chapter 233B.
III.

The Board concludes that Respondent failed to comply with the Settlement, Waiver and Consent Agreement as described above.

IV.

If any of the foregoing Conclusions of Law is more properly deemed a Findings of Fact, it may be so construed.

ORDER

Based upon the foregoing Findings of Fact and Conclusions of Law, and good cause appearing therefore,

IT IS HEREBY ORDERED that:

1. The stay of the revocation of Respondent's license as a physician in the State of Nevada contained in the Settlement, Waiver and Consent Agreement is hereby lifted; and that

2. Respondent's license as a physician in the State of Nevada is revoked.

DATED this 14th day of October 2008.

NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: CHARLES N. HELD, M.D., President

Submitted by:
CATHERINE CORTEZ MASTO
Attorney General

By: CHRISTINE M. GUERCZYNYHUS
Chief Deputy Attorney General
555 East Washington, # 3900
Las Vegas, Nevada 89101
Attorneys for Nevada State Board of Medical Examiners
CERTIFICATION

I hereby certify that the foregoing is the full and true original FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER on file in the office of the Board of Medical Examiners in the matter of KENT ALAN SWAINE, M.D., Case No. 07-20873-1.

I further certify that CHARLES N. HELD, M.D., is the President of the Nevada State Board of Medical Examiners and that full force and credit is due to his official acts as such; and that the signature to the foregoing ORDER is the signature of said CHARLES N. HELD, M.D.

IN WITNESS THEREOF, I have hereunto set my hand in my official capacity as Secretary-Treasurer of the Nevada State Board of Medical Examiners.

[Signature]

RENEE WEST
Secretary-Treasurer
Nevada State Board of Medical Examiners
BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

* * * * *

In The Matter of Charges and
Complaint Against
KENT ALAN SWAINE, M.D.,
Respondent.

Case No. 07-20873-1
No.
FILED 31 March 2008

EXECUTIVE DIRECTOR

SETTLEMENT, WAIVER AND CONSENT AGREEMENT

THIS AGREEMENT is hereby entered into by and between the Investigative Committee of the
Nevada State Board of Medical Examiners (the Board), composed of Charles N. Held, M.D., Chairman,
Jean Stoess, M.A., and Cindy Lamerson, M.D., by and through counsel, Lyn E. Beggs, Esq., and
Respondent herein, Kent Alan Swaine, M.D. (Respondent), representing himself, as follows:

WHEREAS, on or about November 26, 2007, the Investigative Committee filed a Complaint
and Request for Summary Suspension based upon which the adjudicating members of the Board
summarily suspended Respondent’s license to practice medicine in the state of Nevada.

WHEREAS, on or about November 28, 2007, the Investigative Committee filed an Amended
Complaint and Request for Summary Suspension containing the same counts as included in the
Complaint and Request for Summary Suspension.

WHEREAS, on or about February 20, 2008, the Investigative Committee of the Nevada State
Board of Medical Examiners filed a Second Amended Complaint in the above-referenced matter, charging
Respondent with violations of the Medical Practice Act (NRS Chapter 630), to wit: two counts of
engaging in conduct which is intended to deceive, a violation of NRS 630.306(2)(a); one count of
dependency on a controlled substance, a violation of NRS 630.306(10); and one count of prescribing a
controlled substance or dangerous drug to or for himself or others except as authorized by law, a
violation of NRS 630.306(3).
WHEREAS, Respondent has received a copy of the Second Amended Complaint, reviewed it, understands the nature and significance of the Second Amended Complaint, and Respondent is fully advised concerning his rights and defenses to the Second Amended Complaint as well as the possible sanctions that may be imposed if the Board finds and concludes that he has violated one or more provisions of the Medical Practice Act; and

WHEREAS, Respondent understands and agrees that he has certain rights under the United States Constitution and the Constitution of the state of Nevada, as well as under the Medical Practice Act (NRS Chapter 630) and the Nevada Administrative Procedures Act (NRS Chapter 233B), including but not limited to the right to a formal hearing on the charges against him, the right to representation by counsel in the preparation and presentation of his defense, the right to confrontation and cross-examination of witnesses against him, the right to present evidence and witnesses on his own behalf, the right to written findings, conclusions and order regarding a final decision by the Board, and the right to judicial review of any final decision by the Board that is adverse to him; and

WHEREAS, provided this Agreement is approved by the Board, Respondent agrees to waive all of his rights under the United States Constitution, the Constitution of the state of Nevada, the Medical Practice Act, and the Nevada Administrative Procedures Act, including but not limited to the right to a hearing on the charges and written findings of fact, conclusions of law and order, and he agrees to settle and resolve this matter of the Second Amended Complaint filed against him by way of, and in accordance with, this Settlement, Waiver and Consent Agreement; and

WHEREAS, Respondent understands and agrees that this Agreement is entered into by and between himself and the Board’s Investigative Committee, and not with the Board, but that the Investigative Committee will present this Agreement to the Board for consideration in open session at a regularly-scheduled quarterly meeting, duly noticed, and that the Investigative Committee shall advocate approval of this Agreement by the Board, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement; and

WHEREAS, Respondent and the Investigative Committee each understand and agree that if the Board approves the terms, covenants and conditions of this Agreement, then the terms, covenants and
conditions enumerated below shall be binding and enforceable upon Respondent and the Board's Investigative Committee; and

WHEREAS, Respondent has reviewed and understands all the relevant facts and circumstances of this matter and after due consideration concedes that he did engage in activity meant to deceive, does have a drug dependence and did prescribe a controlled substance or dangerous drug in a manner not authorized by law as outlined in the Second Amended Complaint filed by the Investigative Committee of the Nevada State Board of Medical Examiners in this case.

NOW THEREFORE, in order to resolve the above-captioned case and charges brought against Respondent by the Board's Investigative Committee in said matter, Respondent and the Investigative Committee hereby agree to the following terms, covenants and conditions:

1. **Jurisdiction.** Respondent is, and at all times mentioned in the complaint filed in the above-captioned matter was, a physician licensed to practice medicine in the state of Nevada subject to the jurisdiction of the Board to hear and adjudicate charges of violations of the Medical Practice Act (NRS 630), and to impose sanctions as provided by the Act.

2. **Representation by Counsel.** Respondent acknowledges that he is not represented by counsel and wishes to proceed towards resolution of this matter as set forth in this Agreement without counsel. Respondent understands and acknowledges that he may retain and consult counsel prior to entering into this Agreement and agrees that if counsel is retained for representation in this matter prior to entering into this Agreement, that counsel for the Investigative Committee will be informed of such prior to Respondent executing this Agreement.

3. **Waiver of Rights.** Respondent covenants and agrees that he enters into this Agreement knowingly, willingly, and intelligently with knowledge that he may consult with counsel prior to entering into this Agreement. In connection with this Agreement, and the terms, covenants and conditions contained herein, Respondent knowingly, willingly and intelligently, without the advice of counsel, waives all rights arising under or pursuant to the United States Constitution, the Constitution of the state of Nevada, NRS Chapter 630 and NRS Chapter 233B that may be available to him or that may apply to him in connection with the proceeding regarding the Second Amended Complaint filed herein, the defense of said complaint and the adjudication of the charges in said complaint, and Respondent further agrees that
the matter of the disciplinary action commenced by the filing of the Second Amended Complaint herein
may be settled and resolved in accordance with this Agreement without a hearing or any further
proceeding, and without the right to judicial review.

4. **Acknowledgement of Reasonable Basis to Proceed.** Respondent covenants and agrees
that the Board's Investigative Committee has a reasonable basis to believe that Respondent violated one or
more provisions of the Medical Practice Act.

5. **Consent to Entry of Order.** In order to resolve the matter of these disciplinary
proceedings pending against him without any further cost and expense of providing a defense to the
complaint, Respondent hereby agrees that an order may be entered herein by the Board against him,
finding that Respondent has violated the Medical Practice Act, to wit: two counts of engaging in activity
meant to deceive, violations of NRS 630.306(2)(a); one count of having a drug dependency, a violation
of NRS 630.306(10); and one count of prescribing a controlled substance or dangerous drug in a manner
not authorized by law, a violation of NRS 630.306(3) and ordering that Respondent's license to practice
medicine be revoked. Said revocation shall be stayed and Respondent shall be placed on probation for
five (5) years with the following terms and conditions:

a. that Respondent shall not be reinstated to active status until such time as the Nevada
Professionals Health Program (NPHP) has stated in writing that Respondent is able to safely resume the
practice of medicine and the Nevada State Board of Medical Examiners has issued and served upon
Respondent an Order stating that Respondent is reinstated to active status;

b. that Respondent shall be issued a public reprimand;

c. that Respondent shall contact the Compliance Officer of the Nevada State Board of
Medical Examiners (hereinafter “Compliance Officer”) within thirty (30) days of the approval and
acceptance of this Agreement in order to provide information regarding the most expeditious method of
contacting him;

d. that Respondent shall comply with all federal, state and local laws and rules governing
the practice of medicine in Nevada at all times he is practicing within the state;

e. that Respondent shall submit to random alcohol and/or drug screens requested by the
Nevada State Board of Medical Examiners in addition to any such screens required by NPHP, at his
own expense;

f. that Respondent shall notify the Nevada State Board of Medical Examiners within forty-
eight (48) hours of any arrest, criminal conviction, including misdemeanors, or any admission for
treatment of substance abuse or psychological illness;

g. that Respondent, once reinstated to practice medicine, will be restricted to only
practicing with one or more medical doctors and/or doctors of osteopathy and must provide a copy of
this agreement to all his practice partners and obtain from them a written acknowledgement that they
have received said copy;

h. that Respondent shall comply with all terms and conditions of his contract with the
NPHP and shall extend his contract with the NPHP if so recommended by the program;

i. that Respondent shall sign a new release of information allowing the Nevada State Board
of Medical Examiners to communicate and receive any and all information from the NPHP regarding
Respondent's treatment through said program;

j. that Respondent shall sign a new release of information allowing the Nevada State Board
of Medical Examiners to communicate and receive any and all information from any treatment program
that Respondent has attended, is attending or will attend for the treatment of substance abuse or
psychological illness;

k. that Respondent shall submit to a psychological and/or psychiatric evaluation if
requested to do so by the Nevada State Board of Medical Examiners and shall sign any necessary
release of information for the results to be forwarded to the Board;

l. that Respondent shall not prescribe any controlled substance or dangerous drug as
defined in NRS 454 to any member of his immediate family or himself and shall prescribe controlled
substances or dangerous drugs only in the manner authorized by law;

m. that Respondent agrees that if he is charged with professional misconduct in the future,
this Agreement, and/or any related orders, and/or records of his compliance, may be admitted into
evidence at a hearing regarding the alleged professional misconduct, at the sole discretion of the
Investigative Committee;
n. that Respondent agrees to pay the costs of investigation and prosecution of this matter in the current amount of $4287.64, along with the costs to conclude the matter, if any, within sixty (60) days of the Board’s acceptance and approval of this Agreement;

o. that Respondent agrees to pay the reasonable costs, if any, of monitoring his probation to the Nevada State Board of Medical Examiners and shall pay said costs within thirty (30) days of the due date of any invoice presented by the Board.

p. that no sooner than six months prior to end the five year probationary term, Respondent agrees to file a written petition for restoration of an unrestricted license, including proof of compliance with all conditions of this Agreement, to practice medicine in the state of Nevada and, if requested, to appear in front of the Nevada State Board of Medical Examiners at a regularly scheduled Board meeting, with the understanding that restoration of an unrestricted license will not be unreasonably denied.

6. **Procedure for Adoption of Agreement.** The Investigative Committee and counsel for the Investigative Committee shall recommend approval and adoption of the terms, covenants and conditions contained herein by the Board in resolution of the disciplinary proceedings pending herein against Respondent pursuant to the Second Amended Complaint. In the course of seeking Board approval, adoption and/or acceptance of this Agreement, counsel for the Investigative Committee may communicate directly with the Board staff and members of the panel of the Board who would adjudicate this case if it were to go to hearing. Respondent covenants and agrees that such contacts and communication may be made or conducted ex parte, without notice or opportunity to be heard on his part or on the part of his counsel, should he retain counsel, and that such contacts and communications may include, but not be limited to, matters concerning this Agreement, the Second Amended Complaint and the allegation therein, any and all evidence that may exist in support of the Second Amended Complaint, and any and all information of every nature whatsoever related to the Second Amended Complaint against Respondent.

7. **Board Approval Required.** This Agreement will be placed on the next available Agenda of a regularly-scheduled and duly-noticed quarterly Board meeting. It is expressly understood that this
Agreement will only become effective if the Board approves the recommendation of the Investigative Committee for acceptance.

8. **Effect of Acceptance of Agreement by Board.** In the event the Board approves, accepts and adopts the terms, covenants and conditions set out in this Agreement, counsel for the Investigative Committee will cause to be entered herein the Board’s Order finding Respondent twice violated NRS 630.306(2)(a), which states the engaging of conduct which is intended to deceive is grounds for discipline, when he twice practiced medicine after being informed by the NPHP that he was not fit to practice medicine; also finding Respondent violated NRS 630.306(10), which states that dependency on controlled substances is grounds for discipline, due to his multi-year use of controlled substances, namely opiates; and also finding Respondent violated NRS 630.306(3), which states that prescribing controlled substances or dangerous drugs except as authorized by law is grounds for discipline, when he prescribed schedule II controlled substances for his wife on multiple occasions.

9. **Effect of Rejection of Agreement by Board.** In the event the Board does not approve, accept and adopt the terms, covenants and conditions set out in this Agreement, this Agreement shall be null, void, and of no further force and effect except as to the following covenant and agreement regarding disqualification of adjudicating Board panel members. Respondent agrees that, notwithstanding rejection of this Agreement by the Board, nothing contained herein and nothing that occurs pursuant to efforts of the Investigative Committee or its counsel to seek acceptance and adoption of this Agreement by the Board shall disqualify any member of the adjudicating panel of the Board from considering the charges against Respondent and participating in the disciplinary proceedings in any role, including adjudication of the case, and Respondent further agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

10. **Release From Liability.** In execution of this Agreement, the Respondent, for himself, his executors, successors and assigns, hereby releases and forever discharges the state of Nevada, the Board, the Nevada Attorney General, and each of their members, agents and employees in their representative capacities, and in their individual capacities absent evidence of bad faith, from any and all manner of actions, causes of action, suits, debts, judgments, executions, claims and demands whatsoever, known and unknown, in law or equity, that Respondent ever had, now has, may have or
11. **Binding Effect.** Respondent covenants and agrees that this Agreement is a binding and enforceable contract upon Respondent and the Board’s Investigative Committee, which contract may be enforced in a court or tribunal having jurisdiction.

12. **Forum Selection Clause.** Respondent covenants and agrees that in the event either party is required to seek enforcement of this Agreement in the district court, he consents to such jurisdiction, and covenants and agrees that exclusive jurisdiction shall be in the Second Judicial District Court of the State of Nevada in and for the County of Washoe.

13. **Attorneys’ Fees and Costs.** Respondent covenants and agrees that in the event an action is commenced in the district court to enforce any provision of this Agreement, the prevailing party shall be entitled to recover reasonable costs and attorneys’ fees.

14. **Failure to comply with terms.** In the event the Board enters its Order approving this Agreement, should Respondent fail to comply with the terms recited herein, the Board shall impose the stayed revocation of Respondent’s license to practice medicine and would then have grounds, after notice and a hearing, to take disciplinary action against Respondent for the subject’s violation of an Order of the Board in accordance with NRS 630.3065(2)(a).

Dated this 21st day of February 2008.

Lyn E Beggs, Esq.
Attorney for the Investigative Committee
of the Nevada State Board of Medical Examiners
I am in agreement with all of the terms of the foregoing Settlement, Waiver and Consent Agreement signed on the 21st day of February, 2008, by Lyn E. Beggs, Esq., Attorney for the Investigative Committee.

Dated this 27th day of February, 2008.

[Signature]

Kent Alan Swaine, M.D.
Respondent

Signature of Kent Alan Swaine, M.D. subscribed and sworn to before me this 27th day of February, 2008.

Notary Public

[Notary Seal]
IT IS HEREBY ORDERED that the foregoing Settlement, Waiver and Consent Agreement is approved and accepted by the Nevada State Board of Medical Examiners on the 28th day of March 2008, with the final total amount of costs due of $4,287.64.

JAVAD ANWAR, President
NEVADA STATE BOARD OF MEDICAL EXAMINERS
CONTROLED SUBSTANCE APPLICATION
Registration Fee: $80.00 (non-refundable)

First: Joel Middle: Edward Last: Washington Degree: D.

Practice Name (if any): ____________________________

Nevada Address: 9410 del Web Blv. Suite #: __________ (This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

PO Box: ____________________________________________ E-mail address: Joelw@cox.net

City: Las Vegas State: NV Zip Code: 89134

Nevada Telephone: (702) 649-4297 Nevada Fax: (702) 642-3308

Date of Birth: __________ SS#: __________ Sex: Male or Female

Practitioner License Number: 5955 Specialty: Internal Medicine

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

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

2) I have ___ I have not ___ been charged, arrested or convicted of a felony or misdemeanor.

3) I have ___ I have not ___ been the subject of an administrative action whether completed or pending.

4) I have ___ I have not ___ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

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

For the past year: NU

a) Board Administrative Action and/or

State: NU Date: 5/2/10 Case Number: 10-8162

b) Criminal Action

State: NU Date: 1/4/11 Case Number: 10F075

County: Clark Court: District Court

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

Signature: Joel Washington Date: 4/26/11

Board Use Only

Received: APR 28 2011 Check Number: 368 Amount: 80.0

56690
BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

*** *** ***

In The Matter of Charges and ) Case No. 10-8162-1
Complaint Against )
JOEL WASHINSKY, M.D., )
Respondent. )

FILED
MAR 14 2011
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By:

SETTLEMENT, WAIVER AND CONSENT AGREEMENT

THIS AGREEMENT is entered into by and between the Investigative Committee (IC) of
the Nevada State Board of Medical Examiners (the Board) composed of
Charles N. Held, M.D, Theodore Berndt, M.D. and Ms. Valerie Clark by and through counsel, Lyn
E. Beggs, Esq., and Joel Washinsky, M.D. (Respondent), by and through his counsel A. Maria
Maskall, Esq., as follows:

WHEREAS, on May 5, 2010, the Board’s IC filed an Order of Summary Suspension, suspending Respondent’s license to practice medicine in the state of Nevada and subsequently on
May 26, 2010 filed a Complaint in the above referenced matter charging Respondent with
engaging in conduct that is grounds for discipline pursuant to the Medical Practice Act (NRS
Chapter 630 and NAC Chapter 630) to wit: one count of dependency on controlled substances as
set forth in count I of the Complaint, a violation of NRS 630.306(8); one count of engaging in
conduct which is a violation of a regulation adopted by the State Board of Pharmacy as set forth in
count II of the Complaint, a violation of NRS 630.306(2)(c); and two counts of administering,
dispensing or prescribing a controlled substance or dangerous drug except as authorized by law as
set forth in counts III and IV of the Complaint, violations of NRS 630.306(3); and

///

///

///
WHEREAS, Respondent has received and reviewed a copy of the Complaint, understands it, and has consulted with competent counsel A. Maria Maskall, Esq., concerning the nature and significance of the Complaint and is fully advised concerning his rights and defenses to the Complaint as well as the possible sanctions that may be imposed if the Board finds and concludes that he has engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act and after due consideration concedes that he is in violation of the Medical Practice Act as set forth in counts I, II and III of the Complaint; and

WHEREAS, Respondent understands and agrees that this Agreement is entered into by and between himself and the Board's Investigative Committee, and not with the Board, but that the Investigative Committee will present this Agreement to the Board for consideration in open session at a Board meeting, appropriately noticed, and that the Investigative Committee shall advocate approval of this Agreement by the Board, but that the Board has the right to decide in its own discretion whether or not to approve this Agreement; and

WHEREAS, Respondent and the Investigative Committee each understand and agree that if the Board approves the terms, covenants and conditions of this Agreement, then the terms, covenants and conditions enumerated below shall be binding and enforceable upon Respondent and the Board's Investigative Committee; and

NOW THEREFORE, in order to resolve the above-captioned case and charges brought against Respondent by the Board's Investigative Committee in said matter, Respondent and the Investigative Committee hereby agree to the following terms, covenants and conditions:

1. Consent to Entry of Order. In order to resolve the matter of these disciplinary proceedings pending against him without any further costs and expense of providing a defense to the Complaint or to any amended complaints, Respondent hereby agrees that an order may be entered herein by the Board finding that Respondent engaged in conduct that is grounds for discipline pursuant to the Medical Practice Act to wit: one count of dependency on controlled substances as set forth in count I of the Complaint, a violation of NRS 630.306(8); one count of engaging in conduct which is a violation of a regulation adopted by the State Board of Pharmacy as set forth in count II of the Complaint, a violation of NRS 630.306(2)(c); and one count of
administering, dispensing or prescribing a controlled substance or dangerous drug except as authorized by law as set forth in count III of the Complaint, a violation of NRS 630.306(3) and ordering that Respondent’s license to practice medicine be suspended for a period of forty-eight (48) months. Respondent shall receive ten (10) months credit for the time his license has been suspended since May 2010; the remainder of the suspension shall be stayed and Respondent shall be placed on probation for a period of sixty (60) months with the following terms and conditions:

a) Respondent shall be issued a public reprimand;

b) Respondent shall complete his contract with the PRN-PRN program through Monte Vista Hospital and shall comply with all terms of his contract;

c) Respondent shall submit to any additional random hair or urine screens as required by the Board and shall be responsible for any costs associated with the required tests;

d) Respondent shall provide the Compliance Officer of the Nevada State Board of Medical Examiners with the best and most expeditious manner of contacting him;

e) Respondent shall provide the Compliance Officer with a list of all controlled substances he is prescribed during the course of his probation.

f) Respondent shall not prescribe, dispense or administer any controlled substances without the proper authorization from the Drug Enforcement Agency (DEA) and the Nevada State Board of Pharmacy;

g) Respondent shall be subject to reviews of any of this records related to the ordering of any wholesale drugs, the dispensing, administration and prescribing of any controlled substances and patient care if necessary;

h) Respondent shall inform his employer of the terms of his probation;

i) Respondent shall notify the Compliance Officer of where he will be practicing medicine at least forty-eight (48) hours prior to starting to practice;

j) Respondent shall pay any costs associated with monitoring of his compliance with these terms of probation. Respondent shall remit to the Nevada State Board of Medical Examiners such costs within thirty (30) days of being presented with an invoice for said compliance costs;
k) Any positive drug screen for any controlled substance or dangerous drug that Respondent does not hold a valid prescription for shall result in the immediate suspension of his license pending proceedings to determine whether or not to impose the stayed suspension of his license.

l) Respondent shall sign any necessary releases to allow the Nevada State Board of Medical Examiners to monitor his compliance with the terms of his probation, including releases with all treatment providers and physicians from whom he receives prescriptions for, is administered or dispensed any controlled substance, schedule II-IV.

m) Should Respondent be released from his contract with the PRN-PRN program prior to the end of the term of his probation and should he remain in compliance with all terms of his probation through the entirety of the term, Respondent may make a written request to the Board that his probation be terminated and that all terms and conditions of his probation be lifted. Respondent would be responsible to provide any requested additional proof of compliance with all conditions of this Agreement and, if requested, appear in front of the Nevada State Board of Medical Examiners at a regularly scheduled Board meeting prior to the termination of his probationary status.

It is further ordered that Respondent’s license to practice medicine shall be reinstated. Respondent shall further be ordered to reimburse the Board the reasonable costs and expenses incurred in the investigation and prosecution of this case, the current amount being $4698.50, not including any costs that may be necessary to finalize this Agreement. The costs and fines shall be paid to the Nevada State Board of Medical Examiners within one hundred eighty (180) days of the acceptance of this Agreement by the Board. It shall be further ordered that count IV of the Complaint is dismissed.

2. Jurisdiction. Respondent was at all times mentioned in the Complaint filed in the above-captioned matter was, a physician licensed to practice medicine in the state of Nevada subject to the jurisdiction of the Board to hear and adjudicate charges of violations of the Medical Practice Act (NRS 630), and to impose sanctions as provided by the Act.
4. **Waiver of Rights.** Respondent covenants and agrees that he enters into this Agreement knowingly, willingly, and intelligently and with the advice of above identified counsel. In connection with this Agreement, and the terms, covenants and conditions contained herein, Respondent knowingly, willingly and intelligently, waives all rights arising under or pursuant to the United States Constitution, the Constitution of the state of Nevada, NRS Chapter 630 and NRS Chapter 233B that may be available to Respondent or that may apply to Respondent in connection with the proceeding regarding the Complaint filed herein, the defense of said Complaint and the adjudication of the charges in said Complaint, and Respondent further agrees that the matter of the disciplinary action commenced by the filing of the complaint herein may be settled and resolved in accordance with this Agreement without a hearing or any further proceeding, and without the right to judicial review. In the event this Agreement is not approved by the Board, this Agreement shall have no force and effect and Respondent shall have all rights arising under or pursuant to the United States Constitution, the Constitution of the State of Nevada, NRS Chapter 630 and NRS Chapter 233B that may be available to Respondent or that may apply to Respondent in connection with the proceeding on the complaint filed herein.

4. **Acknowledgement of Reasonable Basis to Proceed.** Respondent covenants and agrees that the Board’s Investigative Committee has a reasonable basis to believe that Respondent violated one or more provisions of the Medical Practice Act.

5. **Procedure for Adoption of Agreement.** It is expressly understood that this Agreement will only become effective if the Board approves the recommendation of the Investigative Committee for acceptance. The Investigative Committee and counsel for the Investigative Committee shall recommend approval of the terms, covenants and conditions contained herein by the Board in resolution of the disciplinary proceedings pending herein against Respondent pursuant to the Complaint. In the course of seeking Board approval of this Agreement, counsel for the Investigative Committee may communicate directly with the Board staff and members of the panel of the Board who would adjudicate this case if it were to go to hearing. Respondent covenants and agrees that such contacts and communication may be made or conducted ex parte, without notice or opportunity to be heard on his part or on the part of his
counsel until the public Board meeting where this Agreement is discussed, and that such
contacts and communications may include, but not be limited to, matters concerning this
Agreement, the Complaint and the allegations therein, any and all evidence that may exist in
support of the Complaint, and any and all information of every nature whatsoever related to the
complaint against Respondent. The Investigative Committee and its counsel agree that
Respondent and his counsel may appear at the Board meeting where this Agreement is discussed
in order to respond to any and all questions that may be addressed to the Investigative
Committee or its counsel at such meeting.

6. **Effect of Acceptance of Agreement by Board.** In the event the Board approves
the terms, covenants and conditions set out in this Agreement, counsel for the Investigative
Committee will cause to be entered herein the Board’s Order approving this Settlement, Waiver
and Consent Agreement, ordering full compliance with the terms herein and ordering that this
case be closed, subject to the provisions in Paragraph 1.

7. **Effect of Rejection of Agreement by Board.** In the event the Board does not
approve the terms, covenants and conditions set out in this Agreement, this Agreement shall be
null, void, and of no further force and effect except as to the following covenant and agreement
regarding disqualification of adjudicating Board panel members. Respondent agrees that,
notwithstanding rejection of this Agreement by the Board, nothing contained herein and nothing
that occurs pursuant to efforts of the Investigative Committee or its counsel to seek acceptance
and adoption of this Agreement by the Board shall disqualify any member of the adjudicating
panel of the Board from considering the charges against Respondent and participating in the
disciplinary proceedings in any role, including adjudication of the case, and Respondent further
agrees that he shall not seek to disqualify any such member absent evidence of bad faith.

8. **Release From Liability.** In execution of this Agreement, the Respondent, for
himself, his executors, successors and assigns, hereby releases and forever discharges the state
of Nevada, the Board, the Nevada Attorney General, and each of their members, agents and
employees in their representative capacities, and in their individual capacities absent evidence of
bad faith, from any and all manner of actions, causes of action, suits, debts, judgments,
executions, claims and demands whatsoever, known and unknown, in law or equity, that
Respondent ever had, now has, may have or claim to have, against any or all of the persons or
entities named in this paragraph arising out of or by reason of this investigation, this disciplinary
action, this settlement or its administration, in connection with the complaint. The Investigative
Committee hereby agrees to accept this Agreement in full settlement of all claims related to the
complaint, with the understanding that the final decision rests with the Board.

9. **Binding Effect.** Respondent covenants and agrees that this Agreement is a
binding and enforceable contract upon Respondent and the Board's Investigative Committee,
which contract may be enforced in a court or tribunal having jurisdiction subject to the
provisions set forth in Paragraph 7 above.

10. **Forum Selection Clause.** Respondent covenants and agrees that in the event
either party is required to seek enforcement of this Agreement in the district court, he consents
to such jurisdiction, and covenants and agrees that exclusive jurisdiction shall be in the Second
Judicial District Court of the State of Nevada in and for the County of Washoe.

11. **Attorneys' Fees and Costs.** The parties covenant and agree that in the event an
action is commenced in the district court to enforce any provision of this Agreement, the
prevailing party shall be entitled to recover reasonable costs and attorneys' fees.

12. **Failure to comply with terms.** In the event the Board enters its Order approving
this Agreement, should Respondent fail to comply with the terms recited herein, the Board
would then have grounds, after notice and a hearing, to take disciplinary action against
Respondent in addition to that included herein for the subject's violation of an Order of the
Board in accordance with NRS 630.3065(2)(a). Moreover, the failure of Respondent to

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reimburse the Board for monies agreed to be paid as a condition of settlement, may subject
Respondent to civil collection efforts.

Dated this 16th day of Feb of 2011.

By: Lyn E. Beggs, Esq.
Attorney for the Investigative Committee

Dated this 16th day of Feb, 2011.

By: A. Maria Maskall, Esq.
Attorney for Respondent

UNDERSTOOD AND AGREED:

Joel Washinsky, M.D., Respondent

Dated this 16th day of Feb, 2011.

Subscribed and sworn to before me
this 16th day of February, 2011.

KEALA KEYES
Notary Public State of Nevada
No. 94-1349-1
IT IS HEREBY ORDERED that the foregoing Settlement, Waiver and Consent Agreement is approved and accepted by the Nevada State Board of Medical Examiners on the 11th day of March 2011, with the final total amount of costs due of $4,698.50.

Benjamin J. Rodriguez, M.D., Vice President
NEVADA STATE BOARD OF MEDICAL EXAMINERS
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: B • B Pharmaceuticals, Inc.
Physical Address: 17200 E. Ohio Drive
Mailing Address: Same
City: Aurora State: Co Zip Code: 80017
Telephone Number: 303.755.5110 Fax Number: 303.755.5242
Toll Free Number: 800.499.3100
E-mail: bbpharm.net Website: www.bbpharm.net
Facility Manager: Jason Dassinger

Professional qualifications and experience of facility manager: Jason has 15 yrs of on job training - also he is the regulatory affairs perso.

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: Bulk raw powders No finished products

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

Repackage - FDA # 3000 719 712

Board Use Only

Received: Jun 07 2011 Check Number: 893 Amount: 500.00
OWNERSHIP IS A CORPORATION

State of Incorporation:  Colorado  
Parent Company if any:  N/A  
Corporation Name:  B & B Pharmaceuticals, Inc.  
Mailing Address:  17200 E. Ohio Dr.  
City:  Aurora  State:  Co  Zip:  80017  
Telephone:  303.755.5110  Fax:  303.755.5242  
License Contact Person:  Jason Dassinger  
Professional Compliance Contact Person:  Jason Dassinger  

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. Jason Dassinger  %:  100  
2.  %:  
3.  %:  
4.  %:  

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

Date of Incorporation:  
Registration number issued:  
Stock Exchange:  

If corporation is a subsidiary, list name and state of incorporation of the parent corporation and include a list officers.
1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒ If yes, list the persons, their address and their business names.

a) Name __________________________  Address __________________________

   Business __________________________

b) Name __________________________  Address __________________________

   Business __________________________

c) Name __________________________  Address __________________________

   Business __________________________

d) Name __________________________  Address __________________________

   Business __________________________

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

a) Name __________________________  Address __________________________

   Business __________________________

b) Name __________________________  Address __________________________

   Business __________________________

c) Name __________________________  Address __________________________

   Business __________________________

d) Name __________________________  Address __________________________

   Business __________________________
Within the last five (5) years:

1) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒

2) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒

3) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

4) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒

5) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to any question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized wholesaler may be grounds for the revocation of this permit.

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

Signature of owner or executive officer

Jason Dassinger, Pres

Print or Type name and title

Date 5.17.11
LICENSE VERIFICATION

B & B Pharmaceuticals, Inc.

Profession: Manufacturer
License number: 1004
Licensee Status: Active

Original Date of Issue: 12/07/2006
Basis of: Original
Last renewed on 10/01/2010
Expiration date: 10/31/2012

Authority Type:
Authority Number:
Authority Start Date:
Authority End Date:
Authority Cancel Date:

Board or Program action(s): N
Y=Yes  N=No

Colorado requires a passing score of at least 75 on the licensure exam prior to issuing a license to a Pharmacist. If there is board or program action(s) against this licensee and you need additional information, please send a written request to the Board at the address below or email pharmacy@dora.state.co.us. Or, you can view Registrations Online Documents (ROD) at www.dora.state.co.us/doraimages. This online system makes certain scanned documents related to actions taken on all Colorado licensees available to the public via the Internet. Stipulations, Final Agency Orders, and Suspensions that were in effect in February 2000, plus any that became effective since that date, are among the documents that are now available.

For future reference, you may verify the current status at any time through ALISON, the Automated Licensure System Online, at http://www.dora.state.co.us/registrations

FOR THE COLORADO BOARD OF PHARMACY

Barbara E. Alarcon
Customer Support Representative
License Verification

B & B Pharmaceuticals, Inc.

Profession: Wholesaler In-State
License number: 6002
Licensee Status: Active

Original Date of Issue: 12/07/2006
Basis of: Original
Last renewed on: 10/01/2010
Expiration date: 10/31/2012

Authority Type:
Authority Number:
Authority Start Date:
Authority End Date:
Authority Cancel Date:

Board or Program action(s): N
Y=Yes  N=No

Colorado requires a passing score of at least 75 on the licensure exam prior to issuing a license to a Pharmacist. If there is board or program action(s) against this licensee and you need additional information, please send a written request to the Board at the address below or email pharmacy@dora.state.co.us. Or, you can view Registrations Online Documents (ROD) at www.dora.state.co.us/doraimages. This online system makes certain scanned documents related to actions taken on all Colorado licensees available to the public via the Internet. Stipulations, Final Agency Orders, and Suspensions that were in effect in February 2000, plus any that became effective since that date, are among the documents that are now available.

For future reference, you may verify the current status at any time through ALISON, the Automated Licensure System Online, at http://www.dora.state.co.us/registrations

For the Colorado Board of Pharmacy

Barbara E. Alarcon
Customer Support Representative

1560 Broadway, Suite 1350  Denver, Colorado 80202  Phone 303.894.7800
Fax 303.894.7693  www.dora.state.co.us  V/TDD 711
DISCUSSION AND DETERMINATION
JULY 2011

COMPUTERIZED PHYSICIAN ORDER ENTRY IN A HOSPITAL

As I am certain you are all aware, the Center for Medicare and Medicaid Services is requiring hospitals to move toward a computerized physician order entry system. Unfortunately, the statutes and regulations addressing electronic signatures only pertain to "prescriptions" and not to "chart orders" (see NRS 639.013 for the definition of a "prescription") and NAC 639.484 specifically requires a signature on a chart order.

As these electronic systems creep into practice, most hospitals are struggling with obtaining this elusive signature. Must the hospital print from the electronic system a hard copy and then have it signed before sending it to the pharmacy? Often there is a signature; however it may appear on page 15 of a 15 page order with the drug orders appearing on page 5. Must the pharmacy then print page 5 and page 15 to comply?

Now toss in controlled substances and the DEA . . .

What to do??
(b) Is authorized by the Board to possess, administer, prescribe or dispense controlled substances, poisons, dangerous drugs or devices under the supervision of an osteopathic physician as required by chapter 633 of NRS; or

6. An optometrist who is certified by the Nevada State Board of Optometry to prescribe and administer therapeutic pharmaceutical agents pursuant to NRS 636.288, when he prescribes or administers therapeutic pharmaceutical agents within the scope of his certification.


NRS 639.013 "Prescription" defined.

1. "Prescription" means:
   (a) An order given individually for the person for whom prescribed, directly from the practitioner to a pharmacist or indirectly by means of an order signed by the practitioner or by an electronic transmission from the practitioner to a pharmacist.
   (b) A chart order written for an inpatient specifying drugs which he is to take home upon discharge.
   2. The term does not include a chart order written for an inpatient for use while he is an inpatient.

(Added to NRS by 1967, 1652; A 1973, 774; 1979, 343, 1684; 1987, 1650; 1991, 1948)

NRS 639.0143 "Radiopharmaceutical" defined. "Radiopharmaceutical" means any substance defined as a drug in 21 U.S.C. § 321(g)(1) which:

1. Exhibits spontaneous disintegration of unstable nuclei which emit nuclear particles or photons; or
2. Is intended to be made radioactive.

The term includes nonradioactive reagent kits and nuclide generators which are used in the preparation of any substance. The term does not include drugs containing compounds of carbon or potassium or salts containing potassium which contain trace quantities of naturally occurring radionuclides.

(Added to NRS by 1989, 1750)

ADMINISTRATIVE REGULATIONS.
"Radiopharmaceutical" interpreted, NAC 639.5816

NRS 639.0145 "Refill" defined. "Refill" means to fill again.
(Added to NRS by 1979, 1696)

NRS 639.015 "Registered pharmacist" defined. "Registered pharmacist" means:

1. A person registered in this State as such on July 1, 1947;
2. A person registered in this State as such in compliance with the provisions of paragraph (c) of section 3 of chapter 195, Statutes of Nevada 1951; or
3. A person who has complied with the provisions of NRS 639.120 and whose name has been entered in the registry of pharmacists of this State by the Executive Secretary of the Board and to whom a valid certificate as a registered pharmacist or valid renewal thereof has been issued by the Board.

(Added to NRS by 1967, 1652; A 2003, 2280)

NRS 639.0155 "Wholesale distribution" defined. "Wholesale distribution" means the distribution of drugs to persons other than consumers or patients, but does not include:

1. Sales within a company.
2. The purchase or other acquisition of a drug by a health care facility or a pharmacy that is a member of a purchasing organization.
(f) The time and date of the withdrawal; and
(g) The signature of the person making the withdrawal.
4. The original or a direct copy of the order for the medication must be forwarded to the pharmacy.
5. The pharmacist shall verify the withdrawal after a reasonable interval, but not later than 30 days after the withdrawal.
(Added to NAC by Bd. of Pharmacy, eff. 3-27-90; A 9-11-91; 9-12-91)

NAC 639.481 Withdrawal of drugs when facility uses floor stock and pharmacy is closed. (NRS 639.070, 639.071, 639.072) If a medical facility or correctional institution uses a full or partial floor stock to distribute drugs and its pharmacy is closed:
1. Controlled substances, dangerous drugs and devices may be removed from the pharmacy only in the original manufacturer’s container or prepackaged container.
2. Only a designated licensed nurse or practitioner may remove those drugs and devices.
3. The person authorized to make the withdrawal shall make a record at the time of the withdrawal containing:
   (a) The name of the device or drug withdrawn;
   (b) If a drug is withdrawn, its strength and the dosage form;
   (c) The quantity removed;
   (d) The location of the floor stock;
   (e) The date and the time of the withdrawal; and
   (f) The signature of the person making the withdrawal.
4. A pharmacist shall verify the withdrawal pursuant to the following schedule:
   (a) In a facility or institution with a full-time pharmacist, the withdrawal must be verified as soon as practicable, but not later than:
      (1) Seventy-two hours after the time of the withdrawal for a pharmacist in a medical facility; or
      (2) Ninety-six hours after the time of the withdrawal for a pharmacist in a correctional institution.
   (b) In a facility or institution with a part-time or consultant pharmacist, the withdrawal must be verified after a reasonable interval, but not later than 30 days after the withdrawal.
(Added to NAC by Bd. of Pharmacy, eff. 3-27-90; A 9-11-91; 9-12-91)

Records

NAC 639.482 Maintenance and availability of records. (NRS 639.070, 639.071, 639.072)
1. Each record required to be kept pursuant to NAC 639.483 to 639.489, inclusive, must be kept by a pharmacy for at least 2 years after the date of the record.
2. Records maintained by a pharmacy must be made available for inspection and copying upon the request of the Board, its representatives, or another authorized local, state or federal law enforcement agency.
(Added to NAC by Bd. of Pharmacy, eff. 3-27-90; A 9-12-91)

NAC 639.483 Statutes applicable to maintenance of records. (NRS 639.070, 639.071, 639.072) A pharmacy must maintain records for outpatients pursuant to the provisions of chapters 453, 454 and 639 of NRS governing retail pharmacies.
(Added to NAC by Bd. of Pharmacy, eff. 3-27-90; A 9-12-91)

NAC 639.484 Contents and maintenance of chart orders. (NRS 639.070, 639.071, 639.072)
1. Each original chart order must contain:
   (a) The patient’s name and the medical facility’s or correctional institution’s identification of that patient;
(b) The name of the drug, its strength and the route of administration;
(c) Directions for the use of the drug;
(d) The date; and
(e) The practitioner's signature. Any verbal order signed by a practitioner's agent must be
   cosigned by the practitioner.

2. An original chart order must be maintained in the medical records of the patient along
   with the record of the administration of the medication.
   (Added to NAC by Bd. of Pharmacy, eff. 3-27-90; A 9-12-91; R190-01, 3-4-2002)

NAC 639.485 Maintenance of records for controlled substances. (NRS 639.070, 639.071, 639.072)

1. A pharmacy shall maintain records for controlled substances:
   (a) In a readily retrievable manner.
   (b) In a manner that establishes the receipt, distribution and destruction of all controlled
       substances handled by the pharmacy.

2. A pharmacy shall maintain a perpetual inventory of any controlled substance listed in
   schedule II.

3. Records of the distribution of controlled substances listed in schedule II, schedule III or
   schedule IV must include:
       (a) The name of the drug, dosage form and strength.
       (b) The name of the pharmacist distributing or authorizing the distribution of the controlled
           substance.
       (c) The name of the authorized person receiving the controlled substance. This information
           may be included on the record of administration.
       (d) The location to which the controlled substance is being distributed.
       (e) Controlled substances returned to the pharmacy.
       (f) A record of any waste of any prepared or partially administered dose of a controlled
           substance, which must be witnessed and cosigned by another person who is licensed to provide
           medical care.
   (Added to NAC by Bd. of Pharmacy, eff. 3-27-90; A 9-12-91; R156-99, 3-1-2000)

NAC 639.486 Maintenance of records of controlled substances administered from
floor stock. (NRS 639.070, 639.071, 639.072)

1. A pharmacy shall maintain records of controlled substances administered from floor
   stock. The records must include:
       (a) The name of the patient to whom the controlled substance was administered.
       (b) The name of the controlled substance, its dosage form and strength.
       (c) The time and date on which the controlled substance was administered to the patient.
       (d) The quantity of the controlled substance administered.
       (e) The signature of the person removing the controlled substance.
       (f) Controlled substances returned to the pharmacy.
       (g) A record of any waste of a controlled substance which, except as otherwise provided in
           subsection 2, must be witnessed and cosigned by another person who is licensed to provide
           medical care.

2. A record of any waste of a controlled substance kept pursuant to subsection 1 is not
   required to be witnessed and cosigned as required by subsection 1 if:
       (a) The record of waste is for a controlled substance which was administered by a practitioner
           authorized to administer anesthesia; and
       (b) Other current, complete and accurate records for the controlled substance administered
           and wasted are created and maintained.

3. Records maintained pursuant to this section must be maintained separately from records
   of patients.
   (Added to NAC by Bd. of Pharmacy, eff. 3-27-90; A 9-12-91; 5-22-96; R157-99, 3-1-2000; R042-04, 5-25-2004)
June 21, 2011

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

Fax: 775-850-1444

RE: Request for Discussion Item to be Added to July 13-14, 2011 Agenda

Dear Larry:

As you know, the Drug Enforcement Administration issued an interim final rule on March 31, 2010 that outlined the requirements that prescribers, pharmacists, their computer vendors, and e-prescription networks will need to observe should they want to participate in the electronic prescribing. Since that time, the National Association of Chain Drug Stores (NACDS) and SureScripts have been working diligently with stakeholders to make the necessary changes to their systems and operations to be ready to implement the electronic prescribing of controlled substances (EPCS) later this year.

We were pleased to learn that Nevada legislators included language in SB 329 that allows the prescribing and dispensing of Schedule II controlled substance prescriptions pursuant to electronic prescriptions that comply with regulations adopted by the Board of Pharmacy. Electronic prescribing provides physicians and pharmacies with effective and efficient means to enhance the management of patients’ medications.

We greatly appreciate the Board of Pharmacy’s guidance in achieving the advancement of electronic prescribing in Nevada. To that end, we ask the Board for their gracious consideration in granting our request that an item be placed on the July 13-14 agenda to allow board members to begin a discussion on amending the electronic prescribing rules to relative to electronic prescriptions for Schedule II drugs.

NACDS thanks you for consideration of our request to add this discussion item to the agenda for the July 13-14, 2011 meeting. Please do not hesitate to contact me at 817-442-1155 or mstaples@nacds.org if you have any questions or need us to provide additional information in advance of the meeting.

Sincerely,

Mary Staples

(817) 442-1155
Cell (817) 308-2103
Fax (817) 442-1140
mstaples@nacds.org
www.nacds.org

cc: Members of the Nevada Board of Pharmacy

Pharmacies. The face of neighborhood healthcare.
TEMPORARY LICENSES
(Issued since last board meeting)

Walgreens

Jennifer Shank
Topic: Registered and Intern Pharmacist Reporting Requirements for Dispensed Tuberculosis Medications per NAC 441A

Section/Program/Contact: Bureau of Health Statistics, Planning, Epidemiology and Response / Tuberculosis Program / Susanne Paulson

Date: May 2011

TO: All Nevada Registered or Intern Pharmacists
The purpose of this bulletin is to notify all registered and intern pharmacists of recent revisions to Nevada Administrative Code 441A requiring pharmacists practicing in the State of Nevada to report suspected or diagnosed cases of tuberculosis (TB) to the health authority. These changes went into effect January 13, 2011.

The new regulations require local or state health authorities be notified whenever two or more TB medications are dispensed to an individual. Medications include: Ethambutol, Isoniazid, Pyrazinamide, Streptomycin, and any member of the Rifamycin group of drugs including, but not limited to, Rifabutin, Rifampin and Rifapentine, or any other newly developed TB medications. For complete reporting requirements please see the regulations at http://www.leg.state.nv.us/register/2008Register/R087-08A.pdf, see Section 31.

Reporting by multiple healthcare providers is essential to limit the spread of disease. 441A Section 31 adds registered and intern pharmacists to the list of health care professionals, laboratories, and others responsible for reporting TB (see NRS 441A.150, NAC 441A.290, NAC 441A.295).

Contact information for your local TB health authority:
Carson City, Douglas and Lyon Counties:
Fax: (775) 887-2138  Phone: (775) 887-2190
Clark County:
Fax: (702) 759-1414  Phone: (702) 759-1370

Washoe County:
Fax: (775) 328-3764  Phone (775) 785-4785
All Other Nevada Counties:
Fax: (775) 684-5999  Phone: (775) 945-3657

Signed:
Tracey Green, MD, State Health Officer
Nevada State Health Division

Date: May 25, 2011

Signed:
Richard Whitley, MS, Administrator
Nevada State Health Division

Date: May 25, 2011
Reporting Tuberculosis (TB)

In order to assure all cases and/or suspected cases of tuberculosis (TB) are accounted for and case-managed accordingly, Nevada Administrative Code 441A was recently revised to include registered and intern pharmacists to the list of health care professionals, laboratorians, and others responsible for reporting TB (see NRS 441A.150, NAC 441A.290, NAC 441A.295).

The new regulations require pharmacists practicing in the State of Nevada to report suspected or diagnosed cases of TB to the health authority whenever two or more TB medications are dispensed to an individual. The regulations went into effect January 13, 2011 and can be found at http://www.leg.state.nv.us/register/2008Register/R087-08A.pdf, see Section 31.

Reporting by multiple healthcare providers is essential to ensure that each and every TB case is identified and case-managed in a timely manner. Rapid identification, a prompt investigation, proper case-management and timely treatment help prevent further exposure to otherwise healthy people, and lessens the risk of developing drug-resistant strains of TB.
Disciplinary Actions

For more information you may view hearing minutes at www.pharmacy.ok.gov.

11.06. January 19, 2011 Board Hearing

Jennifer Ceniceros, Tech #13453 – Case 1007: Revoked. (Agreed Order)

Lakiesha M. Garrett, Tech #7872 – Case 1009: Revoked.

Jennifer Lee Patton, Tech #2432 – Case 1010: Revoked.

Sarah Suzanne Earles, Tech #11448 – Case 1013: Revoked.

Shawniece L. Patterson, Tech #12930 – Case 1014: Revoked. (Agreed Order)

Jeremy Deon Norman, Tech #12450 – Case 973: Revoked.

Billy Don Wilson, DPh #8983 – Case 1015: $350 fine and an additional 28 hours of continuing education (CE) to be completed in the calendar year 2011. (Agreed Order)

Tonya Harris, DPh #14070 – Case 1002: Law seminar and $1,000 fine. (Agreed Order)

Trevor Sipes, DPh #13445 – Case 1003: Law seminar and $1,800 fine. (Agreed Order)

CVS/Pharmacy No. 02271, #7-5540 – Case 1004: $30,000 fine. (Agreed Order)

CVS Pharmacy, Inc. #88-W-1397 – Case 1006: $30,000 fine. (Agreed Order)

Mckesson Drug Co., #1-W-231 – Case 1005: $30,000 fine. (Agreed Order)

Impaired Technician, Tech #14208 – Case 1011: Probation, law seminar, and Oklahoma Pharmacists Helping Pharmacists (OPHP) contract. (Agreed Order)

Impaired Pharmacist, DPh #8828 – Case 1000: Suspension, law seminar, OPHP contract, and $5,000 fine. (Agreed Order)

11.07. March 2, 2011 Board Hearing

Justin Carroll, Tech #11868 – Case 1019: Revoked. (Agreed Order)

Cheryl M. Desjardins, Tech #6052 – Case 1020: Revoked. (Agreed Order)

Bridget A. Ford, Tech #13231 – Case 1021: Revoked (Agreed Order)

Rasonya R. Ratliff, Tech #14528 – Case 1022: Revoked.

Rickey D. Dixie, Jr, Tech #11034 – Case 1008: $21,000 fine. Revoked.

James F. Graham, DPh #8006 – Case 1017: Law seminar, fine CE in the calendar year 2011, may not be a pharmacist-in-charge for a period of one year, and $6,000 fine. (Agreed Order)

CVS/Pharmacy No. 06226, #1-5397 – Case 1018: $24,000 fine. (Agreed Order)

Heritage Park Pharmacy, #1-4622 – Case 1023: $3,000 fine. (Agreed Order)

Impaired Technician, Tech #12824 – Case 1012: Probation, law seminar, and OPHP contract. (Agreed Order)

Technician Rules Committee

The Board is planning to convene a Technician Rules Committee for the purpose of reviewing the current technician regulations and rules for both hospitals and community pharmacies. It is anticipated that the committee will begin meeting in July or August, and will continue to meet on a monthly basis for a year. The committee will be tasked with studying other states’ rules and regulations in comparison to Oklahoma, and then making recommendations to the Board on such issues as minimum training, education, testing, permitted duties, and prohibited tasks. If you would like to be considered as a possible member of the committee, please e-mail John Poust at jfpoust@pharmacy.ok.gov.

Calendar Notes

The Board will meet April 6 and June 15. The Board will be closed Monday, May 30, in observance of Memorial Day and Monday, July 4, in observance of Independence Day. Future Board dates will be available at www.pharmacy.ok.gov and will be noted in the July Newsletter.

Change of Address or Employment?

All pharmacists, technicians, and interns must notify the Board in writing within 10 days of a change of address or employment.

Special Notice About the Newsletter

The Oklahoma State Board of Pharmacy Newsletter is an official method of notification to pharmacies, pharmacists, pharmacy interns, and pharmacy technicians registered by the Board. Please read them carefully. The Board encourages you to keep them for future reference.

Oklahoma Pharmacists Helping Pharmacists

If you or a pharmacist you care about is suffering from a chemically dependent state, there is a solution. OPHP is readily available for help. Pharmacists in Oklahoma, Texas, and Louisiana may call the OPHP Help-Line at 1-800/260-7574, ext 5773. All calls are confidential.

Let Us Hear From You

The Board welcomes your comments and questions. You may mail them to the Oklahoma State Board of Pharmacy, 4545 Lincoln Blvd, Ste 112, Oklahoma City, OK 73105, fax the Board at 405/521-3758, or e-mail the Board at pharmacy@pharmacy.ok.gov. Visit the Board’s Web site at www.pharmacy.ok.gov.

This publication is issued by the Oklahoma State Board of Pharmacy as authorized by Title 59 O.S. 353.7. Copies have not been printed but are available through the agency Web site.
Fwd: Nevada legislative report

LARRY L. PINSON

Sent: Monday, June 20, 2011 3:07 PM
To: Pharmacy Board
Attachments: 2011 Final Report.pdf (109 KB); ATT00001.htm (204 B); 2011 Bill List.docx (29 KB); ATT00002.htm (156 B)

Candy, you can include Fred's final report in the board book (attached) w his other one. Thx!

Sent from my iPhone

Begin forwarded message:

From: "fhillerby@aol.com" <fhillerby@aol.com>
To: "LARRY L. PINSON" <lpinson@pharmacy.nv.gov>, "Carolyn J. Cramer" <cramer@pharmacy.nv.gov>
Subject: Nevada legislative report

Attached please find the final Nevada Legislative Report and bill listing for the Nevada State Board of Pharmacy. If you have any questions, please advise.
Thank you - Fred
The 2011 Nevada Legislature adjourned *sine die* at 1:00 a.m. on June 7 to end their 120 day biennial session. This is only the second time since the 120 day limit began in 1999 that the Legislature has managed to finish within the deadline. In all 1,153 bills and resolutions were introduced, and some 550 passed.

This Session was started, and ended, focused on the budget and taxes. Governor Sandoval proposed a budget that included no taxes or fees, and one which allowed the taxes passed in 2009 to sunset. It would have spent $5.3 billion in general funds, and nearly a billion more in bond reserves, room tax money, county property tax diversions and other measures. It was attacked from the beginning by Democratic legislators who wanted to extend the 2009 tax increases and possibly implement a new sales tax on services and a “margin tax” on business gross receipts.

In the end, a Supreme Court ruling changed the game dramatically and resulted in a budget that was slightly higher than proposed by the Governor and lower than wanted by the Democratic majorities. The budget debate that ended the Session was accompanied by a variety of bills on subjects from education reform to redistricting/reapportionment. Below are some highlights of 120 days of magic in Carson City.

**Taxes**
Governor Sandoval started the Session with a strong pledge to veto any tax increases, and with substantial support from the Republican minority. At least four Republicans were needed to pass any tax or fee bill because the Democratic majority did not have the 2/3rds majority required in either house to pass a tax package. While some Assembly Republicans signaled they might support a tax package in exchange for a number of reform measures, their Senate colleagues gave no such sign. This left the Democratic leadership stymied for much of the Session, and resulted in some lengthy and often testy Committee of the Whole meetings on the floors of both houses.

While the Democrats worked to point out the most painful impacts of the cuts contained in the Executive Budget, they stayed largely silent on any plans to pay for filling the holes. Late in the session they introduced both a sales tax on services and the “margins tax” as a long-desired reform of the State’s tax system. They envisioned raising some $1.2 billion in new taxes to be combined with approximately $300 million in higher revenue projections from existing sources.

Assembly Republicans, however, had never envisioned agreeing to anything more than the approximately $625 million in 2009 tax increases set to sunset this year. The political problem was twofold- voting for a record tax increase, and a record tax increase that was made up of entirely new taxes.

The session looked increasingly likely to end in a road-rage crash of lawsuits, recriminations and government shutdowns until May 26, when the Supreme Court issued a surprise decision on a case stemming from the 2010 special session and a Legislative grab of $62M from a southern Nevada water project. The Court ruled that such taking of local and specific purpose funds was unconstitutional.
implications were that a variety of such measures in the Governor’s budget were in jeopardy. The Governor and legislative lawyers ultimately decided that some $650M could be at risk in the budget.

The Governor suddenly decided that he could support an extension of the sunsets to avoid even further cuts to the budget. This created a completely new political environment and a considerable amount of confusion. Over the next 24-48 hours the Governor declared that he would only support extending the sunsets for 2 years, and wanted the reforms he had included in his budget and legislative priorities as part of the package.

In the end, the 2009 taxes were extended another two years with minor changes, and some of the budget cuts most hated by Democrats were ameliorated. Consumers will continue to pay the 0.35 percent sales tax increase, businesses with payrolls over $250,000 will pay the Modified Business Tax of 1.17%. The change from the 2009 package will have businesses with payrolls below $250,000 paying no MBT. The current business license fee will remain in effect, and the State will continue to redirect the proceeds of the Indigent Accident Fund (designed to be used to reimburse hospitals for major bills from uninsured patients).

The Budget
The 2012-13 general fund budget totals $6.2 billion, and represents a decrease of $500 million from the current budget. The extension of the sunsets removed the most tenuous budget tricks used to balance the Governor’s proposed budget, and is a significant improvement for Washoe and Clark counties who stood to lose more than $100 million in property tax funds. The final budget also preserves most of the school district bond reserve accounts, and includes a modest increase in per pupil funding over the biennium.

Higher Education will see its proposed cut decreased from $167 million to about $85 million. That will be further offset by tuition increases of at least 13%, but there will still be salary cuts, layoffs and program cuts system-wide. The Millennium Scholarship received a one-time infusion of $10 million to help sustain the program for the coming biennium.

K-12 education will see a small increase in per pupil funding from the State. When factored into their decreased local sources of funds, most districts will see further budget and staff reductions.

Reforms
The Governor and Legislative Republicans outlined a series of reforms in education, public employee salaries and benefits, collective bargaining and construction defects lawsuits. This Session and the budget crisis presented a unique opportunity to enact reforms that the Democratic majorities would never have considered in a more normal session. While neither side was happy in the end, reforms were made in the following areas:

Education: Teacher layoffs can now be determined by factors other than last in, first out. Tenure can now be withheld for up to three years based on evaluations, and tenured teachers can be placed back on probationary status. Reviews can be weighted 50% on student achievement. One of the important reforms successfully demanded by the Governor would prohibit collective bargaining agreements from trumping state law on these reforms. The composition of the State Board of Education will now include a mix of elected and appointed members, and the Governor will now appoint the Superintendent of Public Instruction. Teachers will likely see a pay cut of 2.5%, and will for the first
time make a contribution towards their pensions (these benefits can be altered in contract negotiations with school districts).

**State employees:** State workers will have a mix of 2.5% pay cuts and 6 furlough days a year, equaling another 2.3% reduction. This was a minor reduction from the proposed 5% pay cut sought by the Governor, but presents agencies with some of the same challenges they face now in managing furloughed employees in their operations. New employees will no longer be eligible for a health insurance subsidy upon retirement, but will get a $700 per year State contribution to health savings accounts to which they may also contribute. While this does little to lessen the serious unfunded liability of the current benefit, it finally enacts reforms first proposed in 2005.

**Local governments:** Local government employees will see some limits on the ability of supervisors to join unions, and union contracts will be somewhat more transparent to the public. Local governments could also reopen contracts in a financial emergency. While the reforms fall short of what some of the business community had hoped for, they do represent changes that might have been impossible in any other session in memory.

**Construction defects:** This was an area of tremendous importance to the construction and related industries, and pitted them squarely against the trial lawyers and their staunch allies among Democrats, particularly in the Assembly. While Assembly Republicans demanded defects reform as a part of their support for taxes, the Supreme Court decision dramatically changed the bargaining dynamic. Because defects reform had not been negotiated before the ruling, and many other issues had been, the clock quickly ran out on efforts to include meaningful reform as part of the budget deal. The desire to pass a budget and go home on time ultimately won out over finalizing reforms. The end of the session was marked by a heated, and ultimately successful, battle to defeat Speaker Oceguera’s bill that was sold as “reform”, but would have actually made the current horrible situation even worse.

**Healthcare and Insurance**

Hospitals, nursing homes and other providers faced a major cut to reimbursement rates that would almost certainly have resulted in the closure of some facilities/programs and the loss of doctors and other providers in the Medicaid arena. The 5% hospital cuts were restored, and nursing homes will see their cuts decreased from $20 per day to $5. The continued sweep of the Indigent Accident Fund could present a real problem in the coming biennium, particularly for rural hospitals already under significant financial pressure. The cost of uncompensated care will continue to burden hospitals and add to the cost of insurance and care for paying patients and employers.

The issue of emergency room balance billing and de facto hospital rate setting was brought forward again this session by the Culinary Union and their healthcare coalition insurance plan. Because of their problems with members using out of network emergency rooms and the benefits their plan provides, the coalition has long sought to have the Legislature mandate reimbursement rates for hospitals and providers in emergency room settings. SB 115 would have shifted the unreimbursed costs from the coalition and its members to the rest of the patient population, or to the bottom line of hospitals and doctors forced to absorb the loss. While the Democratic majorities passed the bill, Governor Sandoval listened to the concerns of hospitals, doctors and the other patient populations that would have absorbed these added costs and vetoed the bill. **SB 115 Veto Message**
Speaker Oceguera introduced AB 309, a health insurance regulation bill. The bill would have created a new Consumer Advocate and authorized the Commissioner of Insurance to conduct rate hearings on proposed rate increases or decreases (jobs currently done by the Commissioner). It would also have exempted insurers in the Medicaid managed care and the children’s health insurance program from the normal financial suitability and other regulation provisions of the current law. The bill further removed the confidentiality provisions regarding trade secrets included in rate filings. The Governor saw that the bill was duplicative and would have resulted in increased costs to consumers and vetoed the bill. AB 309 Veto Message

Boards and Commissions
State licensing boards and commissions were the subject of considerable scrutiny during the session. A variety of bills and proposals to sunset all boards, review all boards and provide greater gubernatorial control over appointed members were discussed. The Governor appointed his own panel to review boards and commissions created by executive order, and the bulk of the Legislative proposals melded into one Assembly (Debbie Smith’s AB 474) and one Senate bill (Ben Kieckhefer’s SB 251).

While the bills were somewhat different, in the final days SB 251 was amended to be almost identical to AB 474, and Senator Kieckhefer’s bill was the vehicle to finally pass. (It would be more than coincidental to note that Sen. Kieckhefer was also an important swing vote on the final budget deal.) The final legislation will have a special panel review each statutory board and commission to evaluate whether it should be modified, eliminated, consolidated or continued. Any tax abatements, incentives or funds set aside for the Board or Commission will also be evaluated. Each entity will be subject to review every 10 years. The panel will be a sub-committee of the Legislative Commission and review at least 20 boards or commissions each year.

Redistricting and Reapportionment
The Legislature is tasked with this process each decade, and this year saw Nevada once again gain a new Congressional seat. The process, always very political, was complicated by the resignation of Senator John Ensign and the appointment of Congressman Dean Heller to his seat. This necessitates a special election, and that process is currently in the courts and could remain unresolved for several more weeks.

Democratic majorities twice passed their own plans over the unanimous objections of their Republican colleagues, and the Governor greeted each plan with a veto. While there was some talk that the late-session collegiality over the budget might make a redistricting compromise possible, the Legislature apparently decided that much détente was more than they could deliver. A variety of lawsuits now wait for court action that could include choosing one of the Legislative plans, some hybrid of those plans, a new plan designed by the judge, or even an order for the Legislature to reconvene and finish their job.

Other Issues
While the mining industry spent the bulk of the session under frontal assault in the Legislature, they ended up with only modest increases in their final tax bills. A variety of sports arena proposals battled ferociously during the session, with the Legislature ultimately doing very little except siding with MGM over Caesar’s in placing competing ballot questions before voters. The three arena proposals that emerged in the last days of the Session all died on the last night. A bill allowing the Reno City Council to enact room fees and baseball stadium surcharges did pass late on the final night.
The Session saw a record number of freshmen, and their influence was felt in many ways. They brought new perspective to the process, and faced some challenges learning a complicated process in a tight timeframe. Term limits that brought in this class also marked the final session for four Senators and Speaker Oceguera, and set off an unusually public battle for leadership of the Assembly in 2013. We will see the impacts of term limits and a quickly changing Legislature for many sessions to come.

Attached are bills that we monitored and worked on for the Nevada State Board of Pharmacy. Obviously we are not pleased with AB1 however it is the responsibility of the Legislative Council Bureau to develop a form to be used when requesting this financial information. Please let us know when you receive a request for that information. Although AB474 failed, the provisions of that bill were included in SB251 which did pass. Please pay special attention to the enrolled version of Assembly Bill 199. Senator Schneider amended this bill very late in the session to include his repeal of the absolute prohibition against the use of the letters “RX”. If you have any questions concerning any of these bills, please let us know.

Bill List Attached
FLH/MDH/jcm
NEVADA STATE BOARD OF PHARMACY

Bills that Passed:

AB1  Requires periodic reporting of financial information by certain governmental entities. (BDR S-49) http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB1.pdf
1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB1_R1.pdf
Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB1_EN.pdf

AB59  Makes various changes to the Open Meeting Law. (BDR 19-288) http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB59.pdf
1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB59_R1.pdf
2nd reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB59_R2.pdf
Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB59_EN.pdf

AB63  Revises provisions relating to the duties of, and services provided by, the Office of the Attorney General. (BDR 18-203) http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB63.pdf
1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB63_R1.pdf
Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB63_EN.pdf

AB199  Revises provisions governing the practice of pharmacy. (BDR 54-875) http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB199.pdf
1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB199_R1.pdf
2nd reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB199_R2.pdf
Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB199_EN.pdf

AB201  Revises provisions pertaining to informational statements provided for the adoption of administrative regulations. (BDR 18-83) http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB201.pdf
1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB201_R1.pdf
Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB201_EN.pdf

AB240  Revises provisions governing contracts for services entered into by certain public employers. (BDR 23-149) http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB240.pdf
1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB240_R1.pdf
2nd reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB240_R2.pdf
Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB240_EN.pdf

2/22/2011
AB257 Revises provisions relating to the Open Meeting Law. (BDR 19-107)
http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB257.pdf
1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB257_R1.pdf
2nd reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB257_R2.pdf
Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB257_EN.pdf

AB537 Revises provisions governing prohibited acts for certain health care practitioners.
(BDR 54-1115)
http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB537.pdf
1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB537_R1.pdf
Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB537_EN.pdf

SB7 Revises provisions governing the adoption of emergency regulations. (BDR 18-13)
http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB7.pdf
Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB7_EN.pdf

SB37 Makes various changes concerning complaints received by a health care licensing board.
(BDR 54-106) http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB37.pdf
Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB37_EN.pdf

SB43 Makes various changes relating to electronic health records. (BDR 40-443)
http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB43.pdf
1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB43_R1.pdf
Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB43_EN.pdf

SB89 Revises provisions governing audits and reviews of financial statements of common-interest communities. (BDR 10-595)
http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB89.pdf
1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB89_R1.pdf
Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB89_EN.pdf

SB114 Revises provisions relating to controlled substances. (BDR 40-190)
http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB114.pdf
1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB114_R1.pdf
Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB114_EN.pdf

SB168 Makes various changes concerning public health. (BDR 54-837)
http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB168.pdf
1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB168_R1.pdf
2nd reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB168_R2.pdf
Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB168_EN.pdf

2/22/2011
SB251 Creates the Nevada Sunset Commission to evaluate certain governmental programs and services. (BDR 18-745)
http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB251.pdf
1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB251_R1.pdf
2nd reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB251_R2.pdf
Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB251_EN.pdf

SB267 Revises provisions governing personal information. (BDR 52-110)
http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB267.pdf
1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB267_R1.pdf
2nd reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB267_R2.pdf
Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB267_EN.pdf

SB329 Revises provisions governing prescriptions. (BDR 54-904)
http://www.leg.state.nv.us/Session/76th2011/BDR/BDR76_54-0904.pdf
2nd reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB329_R2.pdf
Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB329_EN.pdf

SB411 Provides for the regulation of certified medication aides. (BDR 54-1104)
http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB411.pdf
1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB411_R1.pdf
Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB411_EN.pdf

SB419 Establishes provisions relating to safe injection practices. (BDR 40-518)
http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB419.pdf
1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB419_R1.pdf
2nd reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB419_R2.pdf
Enrolled: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB419_EN.pdf

Bills that Failed:

AB21 Makes certain occupational licensing boards and commissions subject to the same requirements as other agencies of the Executive Department of the State Government. (BDR 31-409) http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB21.pdf Failed first house committee passage deadline

AB221 Establishes provisions governing certain acts of pharmacists. (BDR 54-1015)
http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB221.pdf Failed First House Passage Deadline

2/22/2011
AB239  Requires public bodies to post on their websites, if any, certain material and records related to meetings of the public body. (BDR 19-527)
http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB239.pdf  Failed first house committee passage deadline

AB323  Requires the establishment and maintenance of an Internet website to provide information concerning consumer fraud in this State. (BDR 52-313)
http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB323.pdf
1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB323_R1.pdf - Exempt 6/6/11 – No further action taken

AB335  Imposes excise tax on use of certain services in this State and extends prospective expiration of certain sources and allocations of tax revenue. (BDR 32-882)
http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB335.pdf  Failed first house committee passage deadline

AB336  Imposes a tax on certain income of business entities engaged in business in this State. (BDR 32-623)
http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB336.pdf 6/6/11 – No further action taken

AB339  Requires certain substances known as synthetic marijuana to be included on the list of schedule I controlled substances. (BDR 40-546)
http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB339.pdf Failed First House Passage Deadline

AB349  Revises provisions relating to controlled substances. (BDR 40-1043)
http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB349.pdf
Failed first house committee passage deadline

AB389  Revises provisions regarding the Open Meeting Law. (BDR 19-226)
http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB389.pdf
1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB389_R1.pdf
Failed second house committee passage deadline

AB406  Creates the Evaluation and Sunset Advisory Commission. (BDR 18-584)
http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB406.pdf
1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB406_R1.pdf - Exempt
2nd reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB406_R2.pdf
6/7/11 – No further action taken

AB421  Revises provisions governing dispensing of certain drugs and medications. (BDR 54-768)
http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB421.pdf Failed first house committee passage deadline
AB438  Revises provisions governing the medical use of marijuana. (BDR 40-1066)
http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB438.pdf
Failed first house committee passage deadline

AB474  Creates the Sunset Subcommittee of the Legislative Commission to review certain boards and commissions. (BDR 18-889)
http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB474.pdf
1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB474_R1.pdf - Exempt
2nd reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/AB/AB474_R2.pdf
6/6/11 – No further action taken

SB56  Revises provisions governing the entities required to use the services and equipment of the Department of Information Technology. (BDR 19-426)
http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB56.pdf Failed first house committee passage deadline

SB203: Revises provisions relating to the classification and dispensing of certain precursors to methamphetamine. (BDR 40-648)
http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB203.pdf Failed first house committee passage deadline

SB224  Requires certain substances known as fake cocaine to be included on the list of schedule I controlled substances. (BDR 40-990)
http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB224.pdf Failed first house committee passage deadline

SB228  Requires certain substances known as synthetic marijuana to be included on the list of schedule I controlled substances. (BDR 40-698)
http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB228.pdf Failed first house committee passage deadline

SB270  Revises provisions governing qualifications for licensure for certain health care practitioners. (BDR 54-379) http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB270.pdf
Failed first house committee passage deadline

SB336  Revises certain provisions relating to prescription drugs. (BDR 40-234)
http://www.leg.state.nv.us/Session/76th2011/BDR/BDR76_40-0234.pdf - Exempt
6/7/11 – No further action taken

SB354  Makes various changes to regulatory bodies of professions, occupations and businesses. (BDR 54-254) http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB354.pdf
Failed second house committee passage deadline

2/22/2011
SB359 Revises provisions relating to contracts with a governmental entity. (BDR 23-973)
http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB359.pdf
1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB359_R1.pdf - Exempt
6/7/11 – No further action taken

SB367 Requires certain health care practitioners to communicate certain information to the
public. (BDR 54-625) http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB367.pdf
1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB367_R1.pdf
Failed second house committee passage deadline

SB391 Revises provisions relating to ethics in government. (BDR 23-1116)
http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB391.pdf
1st reprint: http://www.leg.state.nv.us/Session/76th2011/Bills/SB/SB391_R1.pdf
Failed second house committee passage deadline
MEMORANDUM

TO:        LARRY PINSON, PHARMD
FROM:      DEBRA ETLIN WYNN, PPRA SECRETARY AND IPPE/APPE ASSISTANT
           IDAHO STATE UNIVERSITY
           COLLEGE OF PHARMACY
           PHONE: (208) 282-2586
SUBJECT:   PRECEPTOR EVALUATION
DATE:      6/3/2011

I have enclosed a summary sheet for the online evaluations that were completed by your P4 Advanced Pharmacy Practice Experience students during the 2010-2011 APPE year. As well as a blank copy of the instrument used in the evaluation process. Comments are printed exactly as typed by the students without any attempt to correct spelling, grammar, or inconsistencies. This copy is for your records. A copy will be put in your preceptor file as well.
<table>
<thead>
<tr>
<th>Question</th>
<th>Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Adequately oriented me to the practice site.</td>
<td>1.00</td>
</tr>
<tr>
<td>2. Clearly identified the goals of the session, the performance</td>
<td></td>
</tr>
<tr>
<td>expectations, and the approach to evaluation.</td>
<td>1.00</td>
</tr>
<tr>
<td>3. Appropriately oriented me to each new activity and/or experiences.</td>
<td>1.00</td>
</tr>
</tbody>
</table>

**Completion of Objectives.**

<table>
<thead>
<tr>
<th>Question</th>
<th>Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The practice site provided sufficient opportunity for me</td>
<td>1.00</td>
</tr>
<tr>
<td>to meet all of the core experience objectives.</td>
<td></td>
</tr>
<tr>
<td>2. The practice site provided sufficient opportunity for me</td>
<td>1.00</td>
</tr>
<tr>
<td>to meet all of the site-specific objectives.</td>
<td></td>
</tr>
<tr>
<td>3. Resources were readily available on site to complete the</td>
<td>1.00</td>
</tr>
<tr>
<td>objectives.</td>
<td></td>
</tr>
<tr>
<td>4. The instructor was sufficiently present and/or accessible</td>
<td>1.00</td>
</tr>
<tr>
<td>to facilitate attainment of the objectives.</td>
<td></td>
</tr>
<tr>
<td>5. Estimated number of hours per week spent in direct contact with</td>
<td>40.00</td>
</tr>
<tr>
<td>instructor.</td>
<td></td>
</tr>
</tbody>
</table>

**Fostering Independent Practice -- My Instructor:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrated the integration of didactic knowledge into practice.</td>
<td>1.00</td>
</tr>
<tr>
<td>2. Provided sufficient experience opportunities to foster my</td>
<td>1.00</td>
</tr>
<tr>
<td>independence.</td>
<td></td>
</tr>
</tbody>
</table>

**As a Mentor -- My Instructor:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Regularly and in a timely manner informed me of my overall</td>
<td>1.00</td>
</tr>
<tr>
<td>progress.</td>
<td></td>
</tr>
<tr>
<td>2. Was able to recognize my areas of weakness.</td>
<td>1.00</td>
</tr>
<tr>
<td>3. Was aware and could interpret my concerns and frustrations.</td>
<td>1.00</td>
</tr>
<tr>
<td>4. Could suggest useful mechanisms to enhance my strengths and</td>
<td>1.00</td>
</tr>
<tr>
<td>fortify areas of weakness.</td>
<td></td>
</tr>
<tr>
<td>5. Served in a manner I would emulate given a similar</td>
<td>1.00</td>
</tr>
<tr>
<td>position and environment.</td>
<td></td>
</tr>
</tbody>
</table>

**Overall -- My Instructor:**
1. Motivated me to do my best work. | 1.00
2. Was able to assist in my career development. | 1.00

**Site Strengths**

- overall a great experience. Glad I could do it! Opened my eyes to the pharmacy from the regulation standpoint

**Preceptor Strengths**

- Excellent, could not have asked for a better preceptor
Advanced Pharmacy Practice Experience
Preceptor Evaluation Form

Practice Site:
Practice Instructor:

Please read each statement carefully, then select the alternative that best corresponds with your evaluation of the statement – such that:

1=Strongly Agree 2=Agree 3=Neutral 4=Disagree 5=Strongly Disagree

Orientation to the Session – My Instructor:
1. Adequately oriented me to the practice site.
2. Clearly identified the goals of the session, the performance expectations, and the approach to evaluation.
3. Appropriately oriented me to each new activity and/or experiences.

Completion of Objectives.
1. The practice site provided sufficient opportunity for me to meet all of the core experience objectives.
2. The practice site provided sufficient opportunity for me to meet all of the site-specific objectives.
3. Resources were readily available on site to complete the objectives.
4. The instructor was sufficiently present and/or accessible to facilitate attainment of the objectives.
5. Estimated number of hours per week spent in direct contact with instructor.

Fostering Independent Practice – My Instructor:
1. Demonstrated the integration of didactic knowledge into practice.
2. Provided sufficient experience opportunities to foster my independence.

As a Mentor – My Instructor:
1. Regularly and in a timely manner informed me of my overall progress.
2. Was able to recognize my areas of weakness.
3. Was aware and could interpret my concerns and frustrations.
4. Could suggest useful mechanisms to enhance my strengths and fortify areas of weakness.
5. Served in a manner I would emulate given a similar position and environment.

Overall – My Instructor:
1. Motivated me to do my best work.
2. Was able to assist in my career development.
Please identify the primary strengths and weaknesses of the site and the Instructor/Instruction and, where applicable, factors that might have enhanced your experience (particularly helpful where “5” or “6” responses were given to evaluation statements):

**SITE**

Strengths:

Weaknesses:

**Instructor/Instruction**

Strengths:

Weaknesses:

Suggestions for enhancement:
Blank
May 11, 2011

I am the Gifted Education Specialist at our school, Glen Taylor ES. A few years ago, 2007, my students began working on a project to get a bill drafted and later to support an existing bill. The students recruited students and parents from other schools to get involved. The bill which is now a law was to allow the donation of unused cancer medication. In 2009 the students were able to see their hard work pay off with the passing of this legislation. Then in 2010 the students began a second campaign asking the State Board of Pharmacy why the program was not in place. Now in 2011, the third campaign of letters began which is included with this packet. We are in search of pharmacies that might sign up as providers where people can drop off their donations for people in need.

Thank you for reading these letters from my students. Although the kids are held to the highest standards, time restraints restricted the editing of these letters. Please excuse any grammatical or spelling errors as these letters were written from the heart.

At the request of the students, you were carefully chosen to be the recipient of these letters. Thank you so much for taking the time to read them. Please understand that many of the students have gone on to middle school and still return to ask about the status of our project.

We hope you can help!

Mrs. Ayala
Gifted Education Specialist
Glen Taylor ES
2655 Siena Heights Dr
Henderson NV 89052
April 27, 2011

Dear Costco Pharmacist:

Have you ever thought about the people with cancer and those who die from it? Have you ever thought that you can make a difference in their lives? Well, you can by going to:

http://bop.nv.gov/CancerDrugDonationProgram.htm

There, you can become a provider. If you would like to do this, we would be very grateful.

Sincerely,

Emerald Green

Emerald Green
Glen Taylor ES
Gifted Education Department
2655 Siena Heights Drive
Henderson, NV 89052

April 28, 2011

Dear Walmart Pharmacist:

Would you please be one of the first sponsors for the Cancer Drug Donation Program? This program lets people donate unused cancer medication for those who can't afford it. If you participate in this program you will save thousands of lives. People will not waste expensive cancer medication and that will save a lot of money! If you would like to participate go to http://bop.nv.gov/CancerDrugDonationProgram.htm. It is up to you to save those lives!!! So, what are you waiting for?

Sincerely,

Jaydon D. Ayache

Kyle T. Bowman

William T. Duran

Ages 10 and 11
Glen Taylor ES
Gifted Education Department
2655 Siena Heights Drive
Henderson NV 89052

April 27, 2011

Dear Walgreens Pharmacist,

We think it is important to bring this fact to your attention: the law that pharmacists can allow their customers to donate unused and unopened cancer medicine to citizens who cannot currently afford it has been passed. We strongly suggest that you should sign up for the Nevada State Cancer Donation Program as a drop off location. For more information about this program, please visit http://bop.nv.gov.

Thank you for all of your help!

Sincerely,

Julia, 9
Sydney, 10
Thomas, 10
Dear Pharmacist:

Each year, thousands become the victim of cancer. In Nevada alone, over 11,000 individuals contract some form of cancer and 4600 die of it. One reason some die is that needy cancer patients cannot afford proper treatment since most cancer drugs are often extremely expensive. Now, thanks to the Nevada Cancer Drug Donation Act, passed in 2009, cancer survivors or the families of deceased cancer patient can donate their unused cancer medication to the less fortunate, but only via participating Nevada pharmacies listed with the Nevada Board of Pharmacy, who then, in turn, prescribe the medication to a needy cancer patient. However, to date, the Board of Pharmacy has not provided a list of participating pharmacies in which to accept donations or prescribe donated medicine to needy patients.

As a concerned citizen, a teacher, and a former cancer patient, I am asking if you have applied to the Nevada Board of Pharmacy to add your business to the list of participating pharmacies. I have also enclosed letters from students at my school who are asking for your support of this very important cause. If you have, thank you, and I encourage you to get the word out to your customers and to potential cancer drug donors as soon as possible, as how to donate cancer medicines to you.

If you have not applied, I would urgently ask you to visit the State of Nevada Board of Pharmacy website, and apply to place your business name on the list. That website is:

http://bop.nv.gov/CancerDrugDonationProgram.htm

Much ballyhoo has been made about government-run health care and its inordinate costs. Now, via the Nevada Cancer Drug Donation Program, private individuals can make an impact upon the health care of needy Nevadans with cancer without spending millions of taxpayer dollars. We need Nevada pharmacies like yours to be good neighbors and to make this program work. Can we count on you? Lives are at stake.

Thank you.

Sincerely,

Mark R. Lyons
Dear Pharmacist,

Did you know people can donate their unopened cancer medicines to needy cancer patients? We need drug stores to volunteer to take the donated drugs and prescribe them to needy cancer patients. One of my uncles died of cancer when he had cancer this might had helped him. Can you please help? Go to http://bop.nv.gov/CancerDrugDonationProgram.

Thank you,

Casey Osburn
Dear Pharmacist,

Did you know people can donate their unopened cancer medicines to needy cancer patients? We need drug stores to voluteer to take the donated drugs and prescribe them to needy cancer patients. Can you please help? Go to http://bop.wri.gov/cancer-dr-donation-program.htm.

Thank you,
Sincerely,

Stevon Harris
Dear Pharmacist,

Did you know people can donate their unused cancer medicine to cancer patients we need to stock to volunteer to take the drugs and prescribe them to cancer patients. Can you please go to http://bcrp.org.gov/cancer-2k12

Thank you,

Jacob Smith
STOP THE PEOPLE WITH CANCER!!

Help Change The WORLD!!

Donate unused...

For more information visit the Nevada State Board of Pharmacy: Ask your local pharmacy to be a part of this program now! http://boe.nv.gov/CancerDrugDonationProgram.htm
You can save a life.

Donation Program. Hm. Cancer
http://hpop.nv.gov/

Donation.png
Dear Pharmacist,

Did you know people can donate their unopened cancer medicines to needy cancer patients? We need drug stores to volunteer to take the donated drugs and prescribe them to needy cancer patients. Can you please help? Go to http://60p.hv.gov/cancerDrugDonation program.htm. Thank you.

Bayden Milstead
May 31, 2011

Nevada State Board Of Pharmacy
431 W Plumb Ln
Reno, NV 89509

Dear Komen Supporter:

Thank you so much for your gift of $100.00 to Susan G. Komen for the Cure® in memory of Diane Hegeduis. Your generous gesture will go a long way toward helping us create a world without breast cancer.

With the help of friends like you, we have been able to invest more than $1.9 billion in the fight to end breast cancer forever. That makes us the world’s largest source of nonprofit funds dedicated to researching the causes and developing cures for breast cancer. In fact, dedicated friends like you have helped Susan G. Komen for the Cure support virtually every major advance in breast cancer research over the past 28 years.

But research is only one part of the fight.

At Komen, we’re also dedicated to empowering every woman and man with breast cancer to seek the quality breast health care and treatment they deserve. Across the nation, Komen serves the needs of millions of people by leading education programs and supporting thousands of community health organizations. Because the more resources are available to people, present and future, the better equipped they will be to win their fight.

Thank you for being a part of this vital effort. For believing in our promise to save lives and end breast cancer. And for your ongoing generosity. Our success is only possible with the continued support of loyal friends like you.

Sincerely,

LaSalle D. Leffall Jr.

LaSalle D. Leffall, Jr., M.D.
Chairperson, Komen Board of Directors

To comply with the IRS requirements regarding charitable donations, we affirm that no goods or services have been provided to you, in whole or in part, in consideration for your contribution. This letter will serve as confirmation of your donation for income tax purposes.

The greatest risk factors for breast cancer are being female and growing older.
NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

JUNE 1, 2011 BOARD MEETING HELD IN RENO, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the June, 2011 Board meeting.

Licensing Activity:

- 10 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 5 licenses were granted for Out-of-State pharmacies.
- 11 licenses were granted for Out-of-State wholesalers.
- 3 licenses were granted for a Nevada pharmacy (pending inspection).
- 1 license was granted for a Nevada MDEG company.
- 1 license was granted for a Nevada wholesaler.

Disciplinary Action:

- Pharmacist MM was ordered into Your Success Rx (remedial training) for the misfiling of two prescriptions and pharmacy SD was fined $750 and ordered to make policy & procedure changes as well as physical changes to their pharmacy to address the above.
- Pharmaceutical technician AB withdrew her application for reinstatement after the Board voiced their concerns about her methadone recovery program.
- Pharmaceutical technician in training NE was granted registration after satisfactorily answering questions about a past drug misdemeanor.
- Pharmaceutical technician HM was reinstated after demonstrating significant changes in her past behavior.
- Pharmacists JC and MC as well as RX Pharmacy were all ordered into Your Success Rx (remedial training) for filling for misfiling a prescription and failure to follow up on the patients concerns.
- Pharmacist SS was granted a request to reciprocate his license after satisfactorily completing a recovery program in Oregon.
- Pharmacist HP was denied a request to reciprocate his license due to past felony convictions for theft from his employer.
- Pharmacist ZB was granted reinstatement of his license however if he moves to Nevada, must enroll in the PRN-PRN recovery program before being allowed to practice.

Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements.
- The reporting of TB patients to the appropriate health department authorities by pharmacists was discussed.