

August 25, 2011

AGENDA

◆ PUBLIC NOTICE ◆

NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

at the

Airport Plaza Hotel
1981 Terminal Way
Reno

Wednesday, September 14, 2011 – 9:00 am

Thursday, September 15, 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.

Prior to the commencement and conclusion of a contested case or a quasi judicial proceeding that may affect the due process rights of an individual the board may refuse to consider public comment. See NRS 233B.126.

Please be aware that after the quasi-judicial board or commission had rendered a decision in the contested case and assuming this happens before adjournment, then you may advise the board or commission that it may **entertain public comment on the proceeding at that time.**

PUBLIC COMMENT

◆ CONSENT AGENDA ◆

The Consent Agenda contains matters of routine acceptance. The Board Members may approve the consent agenda items as written or, at their discretion, may address individual items for discussion or change.

1. Approval of July 13-14, 2011, Minutes for Possible Action
2. Applications for Out-of-State MDEG – Non Appearance for Possible Action:
 - A. Air Liquide Industrial U.S. LP – Rancho Cucamonga, CA
 - B. Balance and Support Dynamica, LLC – Maryville, TN
 - C. Beyond Medical USA – Delray Beach, FL
 - D. CCS Medical Health Services Division – Clearwater, FL
 - E. Diabetic Health Agency Inc. – Tequesta, FL
 - F. Kelley Medical Equipment – Durant, OK
 - G. Kinex Medical Company, LLC – Waukesha, WI
 - H. MediQuip International – McKinney, TX
 - I. Reliable Medical Supplies, Inc. – Boca Raton, FL
 - J. VQ Orthocare – Paramount, CA
 - K. VQ Orthocare – Vista, CA

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

- L. Cardinal Health 414, LLC – Colton, CA
- M. Center Pet Pharmacy – Washington, DC
- N. Fresenius Medica Care North America – Los Lunas, NM
- O. Hook's Apothecary – Evansville, IN
- P. Retail Pharmacy Customer Care Center – Cumberland, RI
- Q. Safety Drugs – Phoenix, AZ
- R. Sheffield Pharmacy & Homecare – Sheffield, AL

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

- S. Ace Pharmacy – Las Vegas
- T. Complex Care Hospital at Tenaya – Las Vegas
- U. Discount Pharmacy LLC – Las Vegas
- V. The Medicine Shoppe Pharmacy – Fallon
- W. True Care Pharmacy – Las Vegas

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

- X. Abbott Laboratories Inc. – Charlotte, NC
- Y. Aidarex Pharmaceuticals, LLC – Corona, CA
- Z. ANI Pharmaceuticals, Inc. – Baudette, MN
- AA. Exel Inc. – Fairburn, GA
- BB. Exel Inc. – Mt Vernon, IN
- CC. Exel Inc. – Vonore, TN
- DD. Genco I Inc. – Lebanon, PA
- EE. Genzyme Corporation – Framingham, MA
- FF. Genzyme Corporation – Northborough, MA
- GG. Genzyme Corporation – Ridgefield, NJ
- HH. Kuehne + Nagel Inc. – Rialto, CA
- II. Meda Pharmaceuticals Inc. – Lakewood, NJ
- JJ. NuPathe Inc. – Conshockocken, PA
- KK. PamLab, LLC – Shreveport, LA
- LL. Stat Rx USA, LLC – Gainesville, GA
- MM. True Science Holdings, LLC – Daytona Beach, FL
- NN. VWR International, LLC – Batavia, IL
- OO. Wright Medical Technology, Inc. – Arlington, TN

◆ 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. Russell E. Smith, R.Ph | (11-060-RPH-N) |
| B. Walgreens #04788 | (11-060-PH-N) |
| C. Chona Sabistina, R.Ph | (11-001A-RPH-N) |
| D. Rochelle Fernandez, R.Ph | (11-001B-RPH-N) |
| E. Wal-Mart #10-3254 | (11-001-PH-N) |
| F. Jonathan Corey Ray, R.Ph | (11-065-RPH-N) |
| G. Bill Curtis, R.Ph | (11-074-RPH-N) |
| H. Kelli Ramsey, R.Ph | (11-013-RPH-N) |
| I. CVS/pharmacy #9841 | (11-013-PH-N) |
| J. Sami S. Zamzam, MD | (11-061-CS-N) |

4. Application for Nevada Pharmacy – Appearance for Possible Action:

Ascend Specialty Rx – Las Vegas
5. Applications for Nevada MDEG – Appearance for Possible Action:
 - A. Global DME – Las Vegas
 - B. Mobility Sales – Carson City
6. Applications for Out-of-State Pharmacy – Appearance for Possible Action:
 - A. Equinox Healthcare – Ellicott City, MD
 - B. University of Utah Hospital Infusion Pharmacy – Salt Lake City, UT
7. Request for Pharmaceutical Technician in Training License – Appearance for Possible Action:

Chris M. Irwin
8. Requests for Pharmacist License – Appearance for Possible Action:
 - A. Fadi W. Atiya
 - B. Robert Brower II
9. Requested Appearance for Possible Action:

Medco Computer-Assisted Dispensing Systems (PVSV)
10. Prescription Drug Abuse Presentation:

Larry Pinson
11. Comprehensive Review of Regulations for Possible Action
12. Discussion and Determination for Possible Action:
 - A. Pharmaceutical Technician Discipline
 - B. Unlicensed Entities
13. General Counsel Report for Possible Action

14. Executive Secretary Report for Possible Action:
- A. Financial Report
 - B. Temporary Licenses
 - C. Staff Activities
 - 1. Address Board of Directors of “Good Neighbor Pharmacies” (Amerisource-Bergen)
 - D. Reports to Board
 - 1. Your Success Rx Report
 - A. Matt Christensen
 - B. James Christensen
 - C. Rex Drug
 - D. Tom Traynor
 - E. Mike Martinez
 - 2. 2012 Board Meeting Dates
 - 3. Medi-Spa Issues
 - A. Board of Cosmetology Inspector Training
 - 4. Anthem Tech School Background Checks
 - 5. SB 37
 - E. Board Related News
 - 1. e-rx Information Sheet
 - 2. 2011 Bowl of Hygeia Recipient
 - F. Activities Report

W O R K S H O P for Possible Action
Thursday, September 15, 2011 – 9:00 am

15. **Proposed Regulation Amendment Workshop** – The purpose of the workshop is to solicit comments from interested persons on the following general topics that may be addressed in the proposed regulations.

Amendment of Nevada Administrative Code 639.510 Schedule 1 Bath Salts
Because of the increasing popularity and abuse of a variety of synthetic compounds that produce stimulant effects when ingested, snorted or injected, sold under the guise of “bath salts” or “plant food” in retail outlets or on the internet, and at the request of law enforcement and at least one legislator, the Board of Pharmacy proposes placing these compounds in Schedule I. In addition there are several spelling corrections.

- 16 . Next Board Meeting:

October 12-13, 2011 – Las Vegas

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



Nevada State Board of Pharmacy

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

BOARD MEETING

at the

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

July 13 and 14, 2011

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

Board Members Present:

Keith Macdonald
Russell Smith
Cheryl Blomstrom

Beth Foster
Jody Lewis

Kirk Wentworth
Kam Gandhi

Board Members Absent:

Board Staff Present:

Larry Pinson

Jeri Walter

Carolyn Cramer

Rose Marie Reynolds

PUBLIC COMMENT

President Foster asked for public comment before the agenda items were addressed and there were no public comments.

CONSENT AGENDA

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

Discussion:

The consent agenda applications and supporting documents were reviewed.

Board Action:

Motion: Cheryl Blomstrom found the consent agenda application information to be accurate and complete and moved for approval including approval of Items 2V and 2QQ upon receipt of additional information.

Second: Kam Gandhi

Action: Passed Unanimously.

Discussion:

Motion: Kam Gandhi found the minutes accurate and complete and moved for approval.

Second: Keith Macdonald

Action: Passed Unanimously.

REGULAR AGENDA

3. Discipline for Possible Actions:

- | | | |
|----|------------------|----------------|
| A. | Yvonne Jett, PT | (11-044-PTT-S) |
| B. | Walgreens #04855 | (11-044-PH-S) |
| C. | Walgreens Co. | (11-044-PH-S) |

NOTE: Russ Smith recused from participation on this matter as he is employed by Walgreens.

Yvonne Jett appeared and was sworn by President Foster prior to answering questions or offering testimony.

Rob Graham was present to represent Walgreens and Ms. Jett.

Carolyn Cramer advised the Board that a Stipulated Agreement had been signed by all parties. Ms. Cramer read the Agreement into the record.

Regarding the First Cause of Action, for Ms. Jett working for 108 days without having renewed her registration, Ms. Jett's license will be suspended for 120 days, and she will pay a fine of \$2,500.00.

Regarding the Second and Third Causes of Action, Walgreens will require the managing pharmacist or staff pharmacist on duty to personally verify that the personnel they are working with are properly licensed or registered before they begin work. Walgreens will ensure that pharmacy staff is trained on the licensing computer program that is in place in Nevada. If a pharmacist fails to ensure proper licensure, they will be disciplined by Walgreens and will be subject to disciplinary action by the Board.

Board Action:

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

Second: Cheryl Blomstrom

Action: Passed Unanimously

D.	Jennifer Chan, R.Ph	(10-032-RPH-S)
E.	Walgreens #04137	(10-032-PH-S)

NOTE: Russ Smith recused from participation on this matter as he is employed by Walgreens.

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

Rob Graham was present to represent Walgreens and Ms. Chan.

Carolyn Cramer advised the Board that a Stipulated Agreement had been signed by all parties. Ms. Cramer read the Agreement into the record.

Regarding the First and Second Causes of Action, Ms. Chan filled a prescription for metoprolol for a heart bypass patient with incorrect dosing directions which caused the patient to ingest 10 times the amount of metoprolol than was prescribed for him. Ms. Chan will participate in the Your Success Rx program and be placed on probation for a period of two years with conditions.

Regarding the Third Cause of Action, Walgreens #04137 will receive a letter of reprimand.

Board Action:

Motion: Cheryl Blomstrom moved to approve the Stipulated Agreement as presented.

Second: Jody Lewis

Action: Passed Unanimously

F. Walgreens #04854

(10-073-PH-S)

NOTE: Russ Smith recused from participation on this matter as he is employed by Walgreens.

Rob Graham was present to represent Walgreens.

Carolyn Cramer advised the Board that a Stipulated Agreement had been signed by all parties. Ms. Cramer read the Agreement into the record.

Regarding the First Cause of Action, Walgreens allowed an untrained cashier to sell a prescription before advising the pharmacist that counseling was necessary. Walgreens will implement a policy that pharmacists who clear the hard-stop counseling screen are held responsible for all the processes up to and including the counseling of a patient. Regarding the Second Cause of Action, Walgreens maintained inaccurate counseling records that reflected that the patient was counseled when they were not. Walgreens will pay a fine of \$750.00. Regarding the Third Cause of Action, Walgreens will receive a letter of reprimand.

Board Action:

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

Second: Kam Gandhi

Action: Passed Unanimously

G. Joseph Overmire, R.Ph

(11-055-RPH-S)

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

Carolyn Cramer advised the Board that Mr. Overmire was not present. Ms. Cramer presented the Certified Mail Receipt as Exhibit 1 showing that Mr. Overmire had received the Accusation. Also, Mr. Overmire sent a note which was received on July 11, 2011 advising Board staff that he is 80 years old and has no plans to practice pharmacy in the future because of a failing health issue and he did not want a hearing which was presented as Exhibit 2. Both Exhibits were accepted into the record.

Ms. Cramer indicated that Mr. Overmire admitted to taking six tablets of SOMA from his employing pharmacy for his wife who was suffering from muscle spasms. Mr. Overmire is also a medical doctor and indicated that he was going to let his wife try the SOMA and if they worked he would write a prescription for her and deduct the six tablets he

took from the pharmacy. In a report from Wal-Mart it was noted that they retrieved the SOMA from Mr. Overmire that he had taken.

Board Action:

Motion: Kam Gandhi moved to find Mr. Overmire guilty of the alleged violations.

Second: Kirk Wentworth

Action: Passed Unanimously

Motion: Kam Gandhi moved to revoke Mr. Overmire's pharmacist license.

Second: Cheryl Blomstrom

Action: Passed Unanimously

H. Rudolph Thompson, PT (11-054-PT-S)

Rudolph Thompson appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Cramer advised the Board that Mr. Thompson was present to make a statement.

Mr. Thompson admitted that he stole controlled substances from his employing pharmacy but noted that he did not want to lose his pharmaceutical technician registration.

Board Action:

Motion: Kam Gandhi moved to find Mr. Thompson guilty of the alleged violations.

Second: Jody Lewis

Action: Passed Unanimously

Motion: Kirk Wentworth moved to revoke Mr. Thompson's pharmaceutical technician registration.

Second: Cheryl Blomstrom

Action: Passed Unanimously

I. Christopher J. Wintch, PT (11-005-PT-S)

NOTE: Kam Gandhi recused from participation in this matter as Mr. Wintch worked for him. Jody Lewis disclosed that she knew Mr. Wintch when she worked for Sav-On years ago, however it would not affect her judgment.

Carolyn Cramer advised that Mr. Wintch was not present and submitted the returned, unclaimed Accusation that was sent to Mr. Wintch's last known address as Exhibit 1. She also provided a copy of the letter sent regular mail to Mr. Wintch's last known address advising him of the hearing and marked it Exhibit 2. Both Exhibits were accepted into the record.

Stuart Koszer, managing pharmacist for Sav-On #6016, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Koszer explained the process taken to determine who was responsible for controlled substance losses in the pharmacy. There were huge losses of hydrocodone and various other controlled substances including 5,868 ml. of promethazine/codeine syrup. It was found that Mr. Wintch was doing manual adjustments for several months to the controlled substance inventory.

Carolyn Cramer presented three more Exhibits as follows:

Exhibit 3 text messages between Mr. Koszer and Mr. Wintch.

Exhibit 4 Manual Inventory Adjustment Report.

Exhibit 5 invoice records.

These Exhibits were accepted into the record.

Kam Gandhi appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Gandhi testified that Mr. Koszer contacted him regarding the losses at Sav-On #6016. Mr. Gandhi obtained information from their central processing center and began an investigation. He explained the steps Albertson/Sav-On has taken to ensure that losses like these do not happen again.

The Board found it difficult to understand how Mr. Wintch was able to take large bottles of cough syrup and 500 count bottles of hydrocodone out of the pharmacy without being noticed.

Board Action:

Motion: Russ Smith moved to find Mr. Wintch guilty of the alleged violations.

Second: Keith Macdonald

Action: Passed Unanimously

Motion: Kirk Wentworth moved to revoke Mr. Wintch's pharmaceutical technician registration.

Second: Jody Lewis

Action: Passed Unanimously

J. Timeka Mitchell, PT

(11-051-PT-S)

NOTE: Jody Lewis recused from participation in this matter as she is employed by CVS.

Carolyn Cramer advised the Board that Ms. Mitchell was not present and submitted two Exhibits. The Certified Mail Receipt was marked Exhibit 1 and Ms. Mitchell's letter of explanation was marked Exhibit 2. Both Exhibits were accepted into the record.

Ms. Cramer noted that Ms. Mitchell had stolen approximately 26 hydrocodone stock bottles of 500 from CVS #8794. She sold the stock bottles for \$500.00 each to supplement her salary because her husband lost his job. Ms. Mitchell estimated that they profited by the sale of the stolen drugs by approximately \$12,500.00.

Board Action:

Motion: Kirk Wentworth moved to find Timeka Mitchell guilty of the alleged violations.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Motion: Kirk Wentworth moved to revoke Ms. Mitchell's pharmaceutical technician registration.

Second: Russ Smith

Action: Passed Unanimously

K. Deangela Johnson, PT

(11-039A-PT-S)

L. Vannesa Robeson, PT

(11-039B-PT-S)

NOTE: Jody Lewis recused from participation in this matter as she is employed by CVS.

Carolyn Cramer advised the Board that neither Ms. Johnson nor Ms. Robeson were present for hearing. She presented four Exhibits. Exhibit 1 the Certified Mail Receipt

showing Ms. Johnson received her Accusation. Exhibit 2 the letter sent to Ms. Johnson advising her of the hearing time. Exhibit 3 the returned Accusation marked Unclaimed by the post office that was sent to Ms. Robeson. Exhibit 4 the letter sent to Ms. Robeson advising her of the hearing time. All Exhibits were accepted into the record.

Ms. Cramer noted that Ms. Johnson and Ms. Robeson devised a scheme to divert controlled substances from CVS #5144. One of them would fill a prescription for hydrocodone and put the stock bottle with the remaining tablets in the trash. The other would take the hydrocodone stock bottle from the trash, remove the tablets and conceal them on her person. They would take turns with this activity. Ms. Johnson admitted to stealing between 3,000 and 4,500 dosage units. She indicated in her written statement that she would consume some of the hydrocodone and sell the remainder to four other people for \$1.00 to \$2.00 per tablet and she estimated that she profited from this activity by approximately \$3,000.00. Ms. Robeson indicated Ms. Johnson would pay her for her participation and she profited from this practice between \$800.00 and \$900.00.

Board Action:

Motion: Russ Smith moved to find Deangela Johnson guilty of the alleged violations.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Motion: Cheryl Blomstrom moved to revoke Ms. Johnson's pharmaceutical technician registration.

Second: Kam Gandhi

Action: Passed Unanimously

Motion: Kam Gandhi moved to find Vannesa Robeson guilty of the alleged violations.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Motion: Cheryl Blomstrom moved to revoke Ms. Robeson's pharmaceutical technician registration.

Second: Kam Gandhi

Action: Passed Unanimously

M.	Emily De Witt, R.Ph	(11-034-RPH-S)
N.	CVS/pharmacy #8821	(11-034-PH-S)

NOTE: Jody Lewis recused from participation in this matter as she is employed by CVS.

Emily De Witt appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mike Dyer was present to represent CVS and Ms. De Witt.

Carolyn Cramer advised the Board that a Stipulated Agreement had been signed by all parties. Ms. Cramer read the Agreement into the record.

Regarding the First Cause of Action, Ms. De Witt mislabeled a prescription for dexamethasone with incorrect dosing instructions for a four year old leukemia patient causing him to ingest approximately 80% less medication than he was prescribed for his therapy. Ms. De Witt will be fined \$1,000.00. The Second Cause of Action regarding CVS will be dismissed.

Board Action:

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

Second: Kirk Wentworth

Action: Passed Unanimously

O.	Frank Alvarado	(11-036-PTT-N)
P.	CVS/pharmacy #8779	(11-036-PH-N)
Q.	CVS Pharmacy Corporation	(11-036-PH-N)

NOTE: Jody Lewis recused from participation in this matter as she is employed by CVS.

Frank Alvarado appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mike Dyer was present to represent CVS and Mr. Alvarado.

Carolyn Cramer advised the Board that a Stipulated Agreement had been signed by all parties. Ms. Cramer read the Agreement into the record.

Regarding the First Cause of Action, Mr. Alvarado worked without having renewed his pharmaceutical technician in training registration for approximately 521 hours. Mr. Alvarado will be on probation for 65 days, until September 15, 2011, and be fined \$1,000.00. None of the 521 hours that Mr. Alvarado worked unregistered will count toward his 1500 hours of training. Regarding the Second Cause of Action, CVS will send all Nevada CVS pharmacies an e-mail twice between October 1st and October 31st, reminding the managing pharmacist to verify that all personnel have the appropriate current license posted. The Third Cause of Action is dismissed.

Board Action:

Motion: Kirk Wentworth moved to accept the Stipulated Agreement as presented.

Second: Cheryl Blomstrom

Action: Passed Unanimously

4. Requests for Reinstatement of Pharmacist License – Appearance for Possible Action:

A. Scott T. James (06-048-RPH-S)

President Foster called Scott James to the table several times, however Mr. James was not present.

Board Action:

Motion: Cheryl Blomstrom moved to deny Mr. James request for reinstatement of his pharmacist license.

Second: Kam Gandhi

Action: Passed Unanimously

B. Christopher Peters (10-011-RPH-S)

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

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

Mr. Peters testified that he is remorseful for his actions. He indicated that when he went through the PRN-PRN program the first time he was cocky and even though he completed the program he did not learn what he knows now after re-joining the PRN-PRN program. Mr. Peters now has a sponsor that he is in touch with regularly, he

attends meetings, participates actively in the PRN-PRN program, and talks about his stressors now where before he would keep everything inside which led to his relapse. When he was working in Elko he had no support group but now he is home with his wife and family and feels he is ready to return to pharmacy. Mr. Peters also indicated that he has been keeping up with his continuing education and has recently completed 62 CE's.

Mr. Espadero recommends a ten year contract with PRN-PRN and that Mr. Peters work in a metropolitan area rather than a rural area like Elko. Mr. Espadero recommended that Mr. Peters pharmacist license be reinstated and stated that he would use Mr. Peters as his personal pharmacist with no reservations.

Board Action:

Motion: Russ Smith moved to reinstate Mr. Peters pharmacist license with the conditions Mr. Espadero outlined.

Second: Kam Gandhi

Action: Passed Unanimously

5. Requests for Pharmaceutical Technician in Training License – Appearance for Possible Action:

A. Nicholas D. Covington

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

Mr. Covington testified that when he was 19 he was arrested in Mojave City, Arizona, for possession of marijuana and alcohol. He stated he was living in an environment that was not conducive to good living conditions. Mr. Covington is now living with his brother and his family and has been working for two years here in Nevada. Mr. Covington is enrolled at Pima Institute and is requesting a pharmaceutical technician in training registration so he can complete the course.

Board Action:

Motion: Russ Smith moved to table the pharmaceutical technician in training application for Mr. Covington pending an evaluation by PRN-PRN and reappear with Larry Espadero with the results of the evaluation.

Second: Jody Lewis

Action: Passed Unanimously

B. Alexander G. Frankos

President Foster called Alexander Frankos to the table several times, however he was not present.

Board Action:

Motion: Russ Smith moved to deny Alexander Frankos request for a pharmaceutical technician in training registration.

Second: Keith Macdonald

Action: Passed Unanimously

C. Brian J. Katz

Brian Katz, Tijeria Delgado, Anthem PT course administrator, and Larry Espadero, PRN-PRN monitor appeared and were sworn by President Foster prior to answering questions or offering testimony.

Mr. Katz explained that he used marijuana in 2008, was stopped by Metro, his vehicle was searched, he was sobriety tested and arrested. Mr. Katz also indicated that he had broken his pelvis in a snowboarding incident and it took eight months to heal. In the meantime he became addicted to opiates. After these incidents he went into treatment with Larry Espadero and completed the program with him. Mr. Espadero testified that Mr. Katz did not have any issues when he was released from the program. Mr. Katz related that he was present to obtain a pharmaceutical technician in training registration so he can complete his course at Anthem Institute. Ms. Delgado testified on his behalf and noted that Mr. Katz is a good student and was ready to do his externship.

Board Action:

Motion: Kam Gandhi moved to approve the application for a pharmaceutical technician in training registration for Mr. Katz providing he has a PRN-PRN evaluation that result in a positive outcome.

Second: Jody Lewis

Action: Passed Unanimously

6. Requests for Pharmaceutical Technician License – Appearance for Possible Action:

A. Vanessa C. Kyles

Vanessia Kyles appeared and was sworn by President Foster prior to answering questions or offering testimony.

Ms. Kyles explained the lengthy history of misdemeanors she had been charged with and convicted of. None of the convictions were drug related and all took place in California. She has completed all of the requirements imposed upon her in those matters. Ms. Kyles has an active pharmaceutical technician registration in California and would like to work as a pharmaceutical technician in Nevada.

Board Action:

Motion: Keith Macdonald moved to approve the pharmaceutical technician application for Ms. Kyles.

Second: Russ Smith

Action: Passed Unanimously

B. Trina D. Trinidad

President Foster called Trina Trinidad to the table several times, however she was not present.

Board Action:

Motion: Keith Macdonald moved to deny Ms. Trinidad's request for a pharmaceutical technician registration.

Second: Cheryl Blomstrom

Action: Passed Unanimously

7. Request for Practitioner Dispensing Registration – Appearance for Possible Action:

Yvonne A. Barry, MD

Dr. Barry withdrew her application for a dispensing practitioner registration.

8. Requests for Controlled Substance Registration – Appearance for Possible Action:

A. Kent A. Swaine, MD

Kent Swaine and Peter Mansky, medical director for NPAP, appeared and were sworn by President Foster prior to answering questions or offering testimony.

Dr. Mansky provided an in-depth letter regarding Dr. Swaine's participation in the Nevada Physician Health Program (NPHP) and the Nevada Professionals Assistance Program (NPAP). Dr. Swaine's medical license had been revoked in 2008 and has recently been reinstated. Dr. Swaine has been sober for approximately three years after a six month in-patient treatment program and participation in NPHP and NPAP. Dr. Swaine has signed a ten year monitoring agreement with NPAP and has been compliant with his contract. Dr. Mansky feels comfortable with Dr. Swaine's return to practice since he is under observance by NPAP. NPAP reports progress in the program and screening results to the Board of Medical Examiners.

Board Action:

Motion: Keith Macdonald moved to approve the controlled substance application for Dr. Swaine providing that if there are any violations of his contract the Board of Pharmacy is notified.

Second: Kam Gandhi

Action: Passed Unanimously

B. Joel E. Washinsky, MD

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

Dr. Washinsky explained that he is on probation the Board of Medical Examiners for five years for ordering hydrocodone for his personal use without authorization. He is in the PRN-PRN program and is on a five year contract to parallel the Board of Medical Examiner's probation. He advised that he will be practicing with his brother which is why he is requesting a controlled substance registration and ultimately obtaining his DEA license.

Mr. Espadero testified that he had no problem with Dr. Washinsky getting a controlled substance registration.

Board Action:

Motion: Kam Gandhi moved to approve the application for a controlled substance registration for Dr. Washinsky.

Second: Keith Macdonald

Action: Passed Unanimously

9. Applications for Nevada MDEG – Appearance for Possible Action:

A. Amador Medical, LLC – Las Vegas

Andrea Vasquez-Sanchez and Donald Amador appeared and were sworn by President Foster prior to answering questions or offering testimony.

The Board discussed the qualifications of the Administrator for a MDEG facility with Ms. Vasquez-Sanchez. Certification in various areas of the business they would like to serve need to be complete to ensure patient needs are being met. It was determined that the only thing that Amador Medical LLC is qualified to serve at the moment is assistive equipment.

Board Action:

Motion: Cheryl Blomstrom moved to accept the application for Amador Medical LLC for assistive equipment only. As the Administrator is certified in other areas they may expand their business practice.

Second: Kam Gandhi

Action: Passed Unanimously

B. Caring Medical Supply LLC – Henderson

Debra Hicks and Greg Lambrecht appeared and were sworn by President Foster prior to answering questions or offering testimony.

After discussion, it was determined that the application for Caring Medical Supply LLC should be a change in ownership, not a new application and since they will be handling respiratory equipment, that needs to be added to the application. Ms. Hicks and Mr. Lambrecht described their facility and their procedures to the Board's satisfaction.

Board Action:

Motion: Kam Gandhi moved to accept the application the Caring Medical Supply LLC with the changes as indicated.

Second: Jody Lewis

Action: Passed Unanimously

C. Emerald Lake Inc. – Las Vegas

Kelechi Agwara and Michael Agwara appeared and were sworn by President Foster prior to answering questions or offering testimony.

The Agwara's discussed their practice model with the Board. It was determined that respiratory equipment and assistive equipment needed to be added to the application.

Board Action:

Motion: Kam Gandhi moved to accept the application for Emerald Lake Inc. with the addition of the referenced products.

Second: Jody Lewis

Action: Passed Unanimously

D. Pulmocare Respiratory Services – Las Vegas

President Foster called Pulmocare Respiratory Services to the table, however no one was present to represent them.

Board Action:

Motion: Kam Gandhi moved to table the application for Pulmocare Respiratory Services to the September or October Board meeting.

Second: Keith Macdonald

Action: Passed Unanimously

10. Application for Out-of-State Wholesaler – Appearance for Possible Action:

B & B Pharmaceuticals, Inc. – Aurora, CO

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

Mr. Dassinger reviewed his business model, the products he plans to ship into Nevada and the procedures for doing so to the Board's satisfaction.

Board Action:

Motion: Keith Macdonald moved to approve the application for B & B Pharmaceuticals Inc.

Second: Kirk Wentworth

Action: Passed Unanimously

11. Budget – Fiscal Year 2011-2012 for Possible Action

Larry Pinson and Keith Macdonald, the Board's treasurer, presented a budget for fiscal year 2011/2012. The Board is financially sound, fiscally responsible and will be spending less this year.

President Foster commended the Board's staff for their continued excellent management of the Board's finances, investments and spending.

Board Action:

Motion: Russ Smith moved to approve the 2011/2012 budget.

Second: Jody Lewis

Action: Passed Unanimously

12. Discussion and Determination for Possible Action:

A. Computerized Physician Order Entry in a Hospital

Larry Pinson explained that the Center for Medicare and Medicaid Services is requiring hospitals to move toward computerized physician order entry system (EMR). The Board's statutes and regulations addressing electronic signatures only pertain to prescriptions, not chart orders and our laws are quite clear that a chart order is not a prescription. NAC 639.484 specifically requires a signature on a chart order. Since there were so many restrictions on prescriptions, it was determined to separate chart orders from those restrictive prescription requirements.

President Foster indicated that this issue could be corrected when the Committee began updating the hospital regulations. Mr. Pinson agreed that perhaps it was time to get the Committee together.

B. Electronic Prescribing – C II's

Larry Pinson advised the Board that Mary Staples, representing NACDS, had requested an appearance on this topic.

Mr. Pinson explained that the DEA is still not ready to designate any company as a verification agent to certify practitioners to e-prescribe and it probably would not be until the end of the year.

Ms. Staples encouraged the Board to amend our regulations to allow CII prescriptions to be electronically prescribed. She presented a handout regarding a pilot program in California, Texas and Virginia. Ms. Staples asked the Board to be proactive and do a

Workshop in September to begin the process so Nevada would be ready when the DEA is ready to certify Surescripts.

After discussion, it was agreed that Board staff would invite a representative from Surescripts to make a Board appearance and discuss the security of allowing electronic prescribing of CII's.

13. Personnel Review for Possible Action

A. Personnel Evaluation

Larry Pinson commended the Las Vegas office for the turnaround in and the expedition of the disciplinary process as well as the general workload. Ray Seidlinger has been an excellent leader and Danny Garcia has stepped up and has been working diligently to get the backlog of investigations completed. The addition of Ken Sheuber to the staff has been an asset to the office and he has jumped right in to help with the backlog of investigations. Ron Shockey and Ray Seidlinger are working hard to get the inspections done in a timely manner and he thanks the team for their good work. Mr. Pinson indicated that Jenine Davis has been working well in the Reno office and has been helping Joe Depczynski with inspections and disciplinary cases. He is proud of his exceptional staff and feels that their hard work is obvious, not only to the Board, but to the general public as well.

Cheryl Blomstrom commended Larry Pinson on his leadership in accomplishing the cohesive bond the staff has in both offices. Without his direction, it would not be the excellent staff he has now.

B. Executive Secretary Evaluation

President Foster commended Larry Pinson on his performance as the Executive Secretary of the Board. She cited his responsiveness and fiscal responsibility as assets to the Board and staff. Mr. Pinson is well connected and speaks nationally and locally, keeps current on all pharmacy topics and partners with national organizations. He mentors pharmacy students on six week rotations in the Board office and teaches them that there is more to pharmacy than what they learn in school. Mr. Pinson never turns down an opportunity to do a CE to enlighten pharmacists and technicians on pertinent topics. President Foster acknowledged that Mr. Pinson's people skills are key to representing the Board in a professional manner. President Foster's only suggestion is to think about succession planning.

Keith Macdonald commended Mr. Pinson and the Board's staff for not taking pay raises for the last couple of years during these tough economic times and he appreciates Mr. Pinson's efforts.

Russ Smith thanked Mr. Pinson and the Board's staff for their openness and availability.

14. General Counsel Report for Possible Action:

Legislative Update

Carolyn Cramer gave a brief update on various bills that were passed during the Legislative session that would affect the Board of Pharmacy.

15. Executive Secretary Report for Possible Action:

A. Financial Report

This report was given with the presentation of the Budget.

B. Temporary Licenses

One temporary license was issued since the last Board meeting.

C. Staff Activities

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

Larry Pinson and Joe Depczynski gave a CE in Carson City that Russ Smith organized and it was well attended.

ii. DEA National Conference (6/14-6/15)

Mr. Pinson advised that he attended the annual DEA national conference. He reported that DEA realizes that the Controlled Substances Act needs updating. They further stated that Boards of Pharmacy may use their policy and state regulations to address many of the day to day issues that plague pharmacists and have been answered by DEA with conflicting responses over the years (e.g., whether a pharmacist can add a DEA number to a controlled substance prescription).

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

Mr. Pinson gave an overview of his experience at the University of Utah Alcohol and Drug Abuse School that he attended. He intends to do an in-depth presentation at a future Board meeting and will also use the presentation as a CE.

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

Larry Pinson spoke at the Philippine Medical Association and he found that not one of the physicians present had any knowledge about the Controlled Substance Abuse Prevention Task Force. The presentation was well received, and indeed necessary

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

- Carolyn Cramer spoke to the Nevada Osteopathic Association for Mr. Pinson as he had the speaking engagement discussed in item iv. Ms. Cramer also wrote a Newsletter article for them.

- Mr. Pinson also noted that he will be doing a presentation for NABP Districts I and II in Boston featuring the Nevada Board's proactive approach to the inspection process. Also he has been invited to address the Good Neighbor Pharmacy Board of Directors of AmeriSource Bergen.

D. Reports to Board

i. TB Reporting

Larry Pinson and Carolyn Cramer met with the state epidemiological officer and other Health Division personnel to discuss the reporting of TB patients to that division.

ii. Disciplinary actions other states

Mr. Pinson brought a copy of the Oklahoma State Board of Pharmacy's Newsletter and noted the fines for pharmacists and pharmacies in disciplinary matters comparing our ordering of the costs incurred by pharmacists and pharmacies for programs such as Your Success Rx are quite low.

iii. Your Success Rx Report

Mr. Pinson met with Katie Johnson and her clients to review the Your Success Rx reports for Mr. Romero and Mr. Thompson by telephone.

1. Enrique Romero

Very receptive to new ideas and completely participated in the program with Ms. Johnson.

2. James Thompson

Also, very receptive to new ideas suggested and is writing new policies and procedures for his pharmacy.

Mr. Pinson is pleased with the outcomes and progress in both cases.

iv. Hillerby Report

E. Board Related News

i. Idaho State University Preceptor Review

1. For Board of Pharmacy Rotation

Mr. Pinson shared the preceptor evaluation he received from Idaho State University that was completed by one of the students that did a rotation in the Board office and they felt that it was overall a great experience learning about pharmacy from a regulatory standpoint.

ii. Cancer Drug Donation Campaign

Larry Pinson provided letters and pictures written and drawn by children from Glen Taylor Elementary School asking pharmacies to become cancer drug donation locations. He reported that we now have two pharmacies who have applied to participate.

iii. Diana Hegeduis, Executive Director of Osteopathic Medicine

Mr. Pinson acknowledged the passing of Diana Hegeduis and advised the Board that he had made a donation in her honor to the Susan G. Komen for the Cure organization on their behalf.

F. Activities Report

- Mr. Pinson reported that Nevada's PMP has been selected and asked to participate in a study funded by the CDC to identify the effect of PMP unsolicited reports on the general health care of a "doctor shopper."

- He also advised that SB419 passed and was signed into law which now requires all pharmacists and intern pharmacists to certify that they have received safe injection practices training. He discussed how that would be obtained and how that would be communicated to our licensees.

- Larry Pinson personally and publicly thanked those that worked on and gave input on the compounding inspection process. (Ray Seidlinger, Beth Foster, Susan Holly, Ron Shockey, Katie Craven and others.)

16 . Next Board Meeting:

September 14-15, 2011 - Reno

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

Pharmacist Patti Jesinoski asked for clarification on several practice issues, which Board staff and Board members provided.

NEVADA STATE BOARD OF PHARMACY

555 Double Eagle Court #1100 • Reno, NV 89521 • (775) 850-1440

APPLICATION FOR OUT-OF-STATE MDEG WHOLESALER

PARTNERSHIP

FEE: \$300.00 (non-refundable and not transferable) -Application must be printed legibly

MP00817

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 Wholesaler ☒

Ownership Change ☐ Name Change ☐
(Please provide current license number if making change: MW)

FACILITY INFORMATION

Facility Name: Air Liquide Industrial U.S. LP

Physical Address: 12550 Arrow Route

Mailing Address: Quality & Process Improvement, PO Box 460229, Houston TX

City: Rancho Cucamonga State: CA Zip Code: 91739 77056

Telephone Number: 909-899-4670 Fax Number: 909-899-4646

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: ☐ to ☐ Tue: ☐ to ☐ Wed: ☐ to ☐ Thu: ☐ to ☐

Fri: ☐ to ☐ Sat: ☐ to ☐ Sun: ☐ to ☐ Holidays: ☐ to ☐

} 24/7

FACILITY ADMINISTRATOR INFORMATION

Name: David Paul

Address: 12550 Arrow Route

City: Rancho Cucamonga State: CA Zip Code: 91739

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

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

Board Use Only

Received AUG 23 2011 Check Number 259 Amount 300.00

57707

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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: Balance and Support Dynamics LLC

Physical Address: 847 Turner St. Maryville, TN.
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME

City: Maryville State: TN. Zip Code: 37801

Telephone Number: 865-984-5588 Fax Number: 865-273-8749

E-mail: DRAL93@yahoo.com Website:

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10^{AM} to 5:30^{PM} Tue: 10^{AM} to 5:30^{PM} Wed: 10^{AM} to 5:30^{PM} Thu: 10^{AM} to 5:30^{PM}

Fri: to Sat: to Sun: to Holidays: to

FACILITY ADMINISTRATOR INFORMATION

Name: David A. Terry D.C.

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

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

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☒ Orthotics and Prosthesis

Other: Custom Ankle Foot Orthoses

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: Telephone:

Board Use Only

Received

AUG 09 2011

Amount

500.00

Entity

57648

1

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: Am-med Diabetic Supplies, Inc dba Beyond Medical U.S.

Physical Address: 5180 W Atlantic Ave ste 107 Delray Beach FL 334
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5180 W Atlantic Ave ste 107

City: Delray Beach State: FL Zip Code: 33484

Telephone Number: 561-900-3590 Fax Number: 561-431-3938

E-mail: vmolina@beyondmedicalusa.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

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

Name: Keith Aronoff

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: see attached accreditation list

** 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: DAVID SOBlick Telephone: 800 787 6410

JUL 11 2017

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: KeyMed, Inc. dba CCS Medical Health Services Division

Physical Address: 625 S Ware Blvd., Tampa, FL 33619

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

Mailing Address: PO Box 17741

City: Clearwater State: FL Zip Code: 33762

Telephone Number: 813-628-8900 Fax Number: 727-507-2755

E-mail: ccsmed.licensing@ccsmed.com Website: www.ccsmed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8am to 6pm Sat: CLOSED Sun: CLOSED Holidays: CLOSED

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

Name: Nancy Clubb

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

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

- ☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosthesis
☒ Other: PT/INR Home Testing 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. Not necessary for the scope of services

Name: _____ Telephone: _____ Page 1-2010

57466

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: Diabetic Health Agency Inc.

Physical Address: 150 N US Hwy 1 Ste 22A
(This must be a business address, we can not issue a license to a home address)

Mailing Address: Po Box 3329

City: Tequesta State: FL Zip Code: 33469

Telephone Number: 800-820-4321 Fax Number: 800-817-4321

E-mail: Colin@dhamed.com Website: WWW.DHAMED.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: Colin Campbell

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

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

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

Name: _____ Telephone: _____ Page 1-2010

57708

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

Facility Name: Kelley Medical Equipment

Physical Address: 117 Market Square
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 117 Market Square

City: Durant State: OK Zip Code: 74701

Telephone Number: 855-920-2300 Fax Number: 855-920-2301

E-mail: Krystal@Kelleymed.net Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5:00pm 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: — to — Sun: — to — Holidays: — to —

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

Name: Kenneth Kelley

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: DME

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

Name: _____ Telephone: _____ Page 1-2010

57593

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE Medical Device, Equipment & Gases (MDEG) LICENSE - CORPORATION

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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 _____ MPO0023

FACILITY INFORMATION

Facility Name: Kinex Medical Company, LLC

Physical Address: 1801 Airport Road Suite D
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1801 Airport Road Suite D

City: Waukesha State: WI Zip Code: 53188

Telephone Number: 800-845-6364 Fax Number: 888-845-3342

E-mail: N/A Website: http://www.kinexmedical.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: N/A to N/A Sun: N/A to N/A Holidays: N/A to N/A

FACILITY ADMINISTRATOR INFORMATION

Name: Michael Buckholdt

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

- | | |
|--|---|
| <input type="checkbox"/> Medical Gases** | <input type="checkbox"/> Assistive Equipment |
| <input type="checkbox"/> Respiratory Equipment** | <input type="checkbox"/> Parenteral and Enteral Equipment** |
| <input type="checkbox"/> Life-sustaining equipment** | <input checked="" type="checkbox"/> Orthotics and Prosthetics |
| <input type="checkbox"/> Diabetic Supplies | Other: <u>CPM, TENS, NMES, IPC Devices, CT</u> |

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: N/A Telephone: N/A

Board Use Only
Received JUL 27 2011 Amount 500.00 Entity _____ 1

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

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

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

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

Facility Name: MediQuip International

Physical Address: 7290 Virginia Pkwy, Suite 3000, McKinney, TX 75071
(This must be a business address, we can not issue a license to a home address)

Mailing Address: PO Box 6589

City: McKinney State: Texas Zip Code: 75071

Telephone Number: 972.547.1400 Fax Number: 972.547.1425

E-mail: JSTANLEY@MEDIQUIP-INT.COM Website: WWW.MEDIQUIP-INT.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: John Stanley

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

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

- ☒ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☒ Orthotics and Prosthesis
- ☒ Other: Rehabilitative DME

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

Name: _____ Telephone: _____ Page 1-2010

57617

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: Reliable Medical Supplies, Inc
Physical Address: 902 Clint Moore Rd, Ste 114, Boca Raton FL 33487
(This must be a business address, we can not issue a license to a home address)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: 561 912 0087 Fax Number: 888 613 7751

E-mail: frank.michelin@reliablemedicalsupplies.net Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

Name: Frank Michelin

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

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

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

Name: _____ Telephone: _____ Page 1-2010

57710

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: VISION QUEST INDUSTRIES / dBA VQ ORTHOCARE

Physical Address: 14516 Garfield Ave, PARAMOUNT, CA 90723
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1390 Decision St, Suite A, #

City: VISTA State: CA Zip Code: 92081

Telephone Number: (760) 477-8201 Fax Number: (760) 727-5950

E-mail: mowerghi@vqorthocare.com Website: WWW.Vqorthocare.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: MORGAN LOWE / Distribution Manager

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

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

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☒ Orthotics and Prosthesis
- ☒ Other: CPM, ELECTROTHERAPY

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

Name: _____ Telephone: _____ Page 1-2010

57439

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: VQ ORTHOCARE

Physical Address: 1370 DECISION ST, Suite B
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1370 DECISION ST, Suite B

City: VISTA State: CA Zip Code: 92081

Telephone Number: (760) 477-8201 Fax Number: (760) 727-5950

E-mail: mouerghi@Vqorthocare.com Website: WWW.Vqorthocare.ca

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: JOHN EISELE (Operations Director)

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

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

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☒ Orthotics and Prosthesis
- ☐ Other: CPM, ELECTROTHERAPY

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

Name: _____ Telephone: _____ Page 1-2010

57440

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: Cardinal Health 414, LLC
Physical Address: 793 Via Lata Colton, CA 92324
Mailing Address: 7000 Cardinal Place
City: Dublin State: OH Zip Code: 43017
Telephone Number: (909) 824-1820 Fax Number: (909) 824-7381
Toll Free Number: 800-722-3144
E-mail: dawn.harmon@cardinalhealth.com Website: www.cardinalhealth.com
Managing Pharmacist: Robert Bellizzi License Number: 09429

Hours of Operation:

Monday thru Friday 2:00 am 6:00 pm Saturday 3:00 am 11:30 ^{AM} pm
Sunday 3:00 am 11:30 ^{AM} pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

Board Use Only

Received: AUG 03 2011 Check Number: CC Amount: 500.00

57628

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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: Center Pharmacy Inc. d/b/a Center Pet Pharm
Physical Address: 4900 Massachusetts Ave. NW Washington, DC 2001
Mailing Address: Same as physical address
City: _____ State: _____ Zip Code: _____
Telephone Number: 202-464-1911 Fax Number: 202-363-4312
Toll Free Number: 1-888-260-0801 (Required per NAC 639.708)
E-mail: license@centerpetpharmacy.com Website: www.Centerpetpharmacy.ci
Managing Pharmacist: Harold Kramm License Number: PHA1639

Hours of Operation:

Monday thru Friday 9 am 5 pm Saturday 10 am 2 pm
Sunday — am — pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

Board Use Only

Received: AUG 09 2011 Amount: 500.00 Entity: 57618 1

VIPPS

JUL 12 2011

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: Fresenius USA Manufacturing, Inc. aka Fresenius Medical Care
Las Lunas North America
Physical Address: 549 Sand Sage Road, NM 87031
Mailing Address: 920 Winter Street
City: Waltham State: MA Zip Code: 02451
Telephone Number: 955-565-8450 Fax Number: 505-565-8430
Toll Free Number: 866-577-8632
E-mail: Frank.Petrillo@fmc-na.com Website: www.fmcna.com
Managing Pharmacist: Barbara Lynn Michaels License Number: 5144 (NM)
Michael

Hours of Operation:

Monday thru Friday 7³⁰ am 4⁰⁰ 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 ☒ Distributing
- ☐ Parenteral (outpatient) Dialysis Products
- ☐ Outpatient/Discharge
- ☐ Mail Service
- ☐ Long Term Care

Board Use Only

Received: AUG 03 2011 Check Number: CC Amount: 500.00

57556

JUL 11 201

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: Hook's Apothecary

Physical Address: 6201 Vogel Road

Mailing Address: Same

City: Evansville State: IN Zip Code: 47715

Telephone Number: 812-476-6194 Fax Number: 812-473-3929

Toll Free Number: 866-466-5779

E-mail: hooks@hooksrx.com Website: www.hooksrx.com

Managing Pharmacist: John E Voliva RPh License Number: 26020035

Hours of Operation:
M+F - 9AM - 5PM
T+T - 10AM - 6PM
W - 9AM - 1PM

Monday thru Friday _____am _____pm Saturday _____am _____pm

Sunday _____am _____pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

Board Use Only

Received: 7-25-11 Check Number: CC Amount: 500

57468

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: CVS Rx Services, Inc. dba Retail Pharmacy Customer Care Center

Physical Address: 2100 Highland Corporate Park Drive, Cumberland, RI 02864

Mailing Address: 9501 E. Shea Blvd., MC024

City: Scottsdale State: AZ Zip Code: 85250

Telephone Number: Contact: 480.661.3692 Fax Number: Contact: 480.862.1354

Toll Free Number: 866.908.2343

E-mail: dianne.edwards@caremark.com Website: N/A

Managing Pharmacist: Donald F. Dean License Number: RPH04891

Hours of Operation:

Monday thru Friday 8:00 am 8:00 pm Saturday closed am closed pm
Sunday closed am closed pm 24 Hours Available 24/7

TYPE OF PHARMACY

SERVICES PROVIDED

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

- ☐ Off-site Cognitive Services
 - ☐ Parenteral
 - ☐ Parenteral (outpatient)
 - ☐ Outpatient/Discharge
 - ☐ Mail Service
 - ☐ Long Term Care
- X-Non-resident call
Center - mail order

Board Use Only

Received: AUG 22 2011 Check Number: CC Amount: 500.00

57718

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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: Safety Drugs
Physical Address: 20612 N. Cave Creek Road Suite F-150
Mailing Address: 20612 N. Cave Creek Road Suite F-150
City: Phoenix State: Arizona Zip Code: 85024
Telephone Number: 602-252-1299 Fax Number: 602-889-9702
Toll Free Number: 1-855-800-7233 (Required per NAC 639.708)
E-mail: info@safetydrugs.net Website: www.safetydrugs.net
Managing Pharmacist: Harvey Hill License Number: S012070

Hours of Operation:

Monday thru Friday 8 am 12 am Saturday 10 am 6 pm
Sunday 10 am 6 pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

Board Use Only

Received: AUG 22 2011 Amount: 500.00 Entity: 57716 1

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: Leighton Pharmacy Inc dba Sheffield Pharmacy ^{Home}
Physical Address: 400 S Montgomery Ave Suite 108
Mailing Address: 400 S Montgomery Ave Suite 108
City: Sheffield State: AL Zip Code: 35660
Telephone Number: 256-389-9900 Fax Number: 256-389-9096
Toll Free Number: 1-855-381-8466
E-mail: sheffieldpharmac@bellsouth.net Website: _____
Managing Pharmacist: Thomas C Embry Jr License Number: AL 7499

Hours of Operation:

Monday thru Friday 8 am 6 pm Saturday 8 am 2 pm
Sunday — am — pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

Board Use Only

Received: AUG 11 2011 Check Number: mo Amount: 500.00

57665

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: Pham's Sin City Care, LTD dba Ace Pharmacy

Physical Address: 6085 S. Fort Apache #160 Las Vegas, NV 89148

Mailing Address: 6085 S. Fort Apache #160 Las Vegas, NV 89148

City: Las Vegas State: NV Zip Code: 89148

Telephone Number: 702-275-7733 (temp) Fax Number: Pending

Toll Free Number: Pending

E-mail: rxdan@cox.net (temp) Website: Pending

Managing Pharmacist: Lynna Ho License Number: 16983

Hours of Operation:

Monday thru Friday 9 am 7 pm Saturday 10 am 6 pm
Sunday am pm 24 Hours

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

Board Use Only

Received: AUG 23 2011 Check Number: CC Amount: 500.00

57715

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 X Name Change X Location Change _____
(Please provide current license number if making changes: PH IB01550)

GENERAL INFORMATION

Pharmacy Name: LifeCare Hospital at Tenaya, LLC d/b/a Complex Care Hospital at Tenaya

Physical Address: 2500 North Tenaya Way

Mailing Address: 2500 North Tenaya Way

City: Las Vegas State: NV Zip Code: 89128

Telephone Number: 702-341-1369 Fax Number: 702-341-1415

Toll Free Number: N/A

E-mail: N/A Website: N/A

Managing Pharmacist: David Petiprin License Number: 16505

Hours of Operation:

Monday thru Friday 8:00 am 9:30 pm Saturday 8:00 am 4:00 pm
Sunday 8:00 am 4:00 pm 24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

- ☐ Retail
- ☒ Hospital (# beds 70)
- ☐ Internet
- ☐ Nuclear
- ☐ Out of State
- ☐ Ambulatory Surgery Center

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

Board Use Only

Received: AUG 23 2011 Check Number: CC Amount: 500.00

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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: Discount Pharmacy LLC
Physical Address: 4089 Spring Mountain Road Las Vegas, NV 89
Mailing Address: 4089 Spring Mountain Road
City: Las Vegas State: NV Zip Code: 89102
Telephone Number: (702) 876-2273 Fax Number: (702) 871-2755
Toll Free Number: N/A
E-mail: discountpharmacyllc@yahoo.com Website: N/A
Managing Pharmacist: Tran, Bao License Number: 16284

Hours of Operation:

Monday thru Friday 10:00 am 6:00 pm Saturday Closed am _____ pm
Sunday Closed am _____ pm 24 Hours No

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

Board Use Only

Received: AUG 03 2011 Amount: 500.00 Entity: 57627 1

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

APPLICATION FOR NEVADA PHARMACY LICENSE
PARTNERSHIP

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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: PH00557)

GENERAL INFORMATION

Pharmacy Name: THE MEDICINE SHOPPE PHARMACY
Physical Address: 870 West Williams Ave
Mailing Address: SAME
City: FALLON State: NV Zip Code: 89406
Telephone Number: 775-423-3194 Fax Number: 775-423-8770
Toll Free Number: _____
E-mail: BOBTUCKER@NUPHARMACY.COM Website: NONE
Managing Pharmacist: DENNIS GALEY License Number: 7111

Hours of Operation:

Monday thru Friday 9 am 6 pm Saturday 0 am 0 pm
Sunday 0 am 0 pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

Board Use Only

Received: AUG 23 2011 Amount: 500.00 Entity: _____

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

\$500.00 Fee made payable to: Nevada State Board of Pharmacy
(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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: TRUE CARE PHARMACY
Physical Address: 3525 S. FORT APACHE RD UNIT #165 LV, NV 89147-344
Mailing Address: 9619 DESERT DAISY COURT
City: LAS VEGAS State: NEVADA Zip Code: 89178
Telephone Number: 702 944 9727 Fax Number: N/A
Toll Free Number: N/A
E-mail: sarif.chor@yahoo.com Website: N/A
Managing Pharmacist: SHIVANI PATEL License Number: 17455

Hours of Operation:

Monday thru Friday 9 am 6 pm Saturday 9 am 6 pm
Sunday 10 am 6 pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

Board Use Only

Received: 8/3/11 Amount: CE Entity: 500- 1

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: _____ Abbott Laboratories Inc.
c/o Bonded Logistics
Physical Address: _____ 7320 Statesville Rd.
Charlotte, NC 28269
Mailing Address: **Abbott Laboratories Inc.**
100 Abbott Park Rd
City: _____ **D-GS02 Bldg AP5** Zip Code: _____
Telephone Number: **Abbott Park, IL 60064** Number: _____
Toll Free Number: **847-935-9197** **847-937-1708**

E-mail: denise.stollenwerk@abbott.com Website: www.abbott.com

Facility Manager: Maureen Bryson

Professional qualifications and experience of facility manager: 25 years experience in customer service + 12 yrs. in distribution operations

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers

veterinarians & universities

Type of Products to be handled or wholesaled:

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

☐ Hypodermic Devices
☒ Veterinary Legend Drugs
☐ Parenterals

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

Board Use Only

Received: AUG 20 2011 Check Number: 954 Amount: 500-

57714

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: Aidarex Pharmaceuticals, LLC

Physical Address: 595 N. Smith Street, Unit B

Mailing Address: 595 N. Smith Street, Unit B

City: Corona State: CA Zip Code: 92880

Telephone Number: (951) 270-0816 Fax Number: (951) 582-2693

Toll Free Number: _____

E-mail: d.garlow@aidarex.com Website: aidarex.com

Facility Manager: Glenn Dale Garlow

Professional qualifications and experience of facility manager: see attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
Military

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: AUG 03 2011 Check Number: CC Amount: 500.00

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

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

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

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

GENERAL INFORMATION

Facility Name: ANIP Acquisition Company db/a ANI Pharmaceuticals, Inc
Physical Address: 210 Main Street West or Bay Pharmacy #5312011

Mailing Address: 210 Main Street West, PO Box 370

City: Baudette State: mn Zip Code: 56623

Telephone Number: 218-634-3500 Fax Number: 218-634-3540

Toll Free Number: 800-346-5040

E-mail: ani.pharmaceuticals.com Website: ani.pharmaceuticals.com

Facility Manager: Jason Wilson

Professional qualifications and experience of facility manager: See Attached

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: JUL 13 2011 Check Number: mo Amount: 500.00

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

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

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

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

GENERAL INFORMATION

Facility Name: Exel Inc

Physical Address: 4795 Coates Dr

Mailing Address: Same

City: Fairburn State: GA Zip Code: 30243

Telephone Number: 770-268-4923 Fax Number: 770-306-2791

Toll Free Number: _____

E-mail: trisha.rubow@exel.com Website: www.exel.com

Facility Manager: Trisha Rubow

Professional qualifications and experience of facility manager: Quality Manager
with exel for 13 years

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers

Type of Products to be handled or wholesaled:

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

☐ Hypodermic Devices
☐ Veterinary Legend Drugs
☐ Parenterals

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

Board Use Only

Received: AUG 09 2011 Check Number: CC 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 _____ Ownership Change ☒ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH00507)

GENERAL INFORMATION

Facility Name: Exel Inc
Physical Address: 6400 William Keck Bypass, Mt Vernon IN 47620
Mailing Address: 570 POLARIS PARKWAY
City: Westerville State: OH Zip Code: 43082
Telephone Number: 812-434-6318 Fax Number: 812-838-4289
Toll Free Number: N/A
E-mail: teri.D.goedde@exel.com Website: WWW.exel.com
Facility Manager: DAVID FISHER

Professional qualifications and experience of facility manager: FACILITY Manager oversees all day today operations at the facility and he has been with Exel for

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: AUG 09 2011 Check Number: CC Amount: 500.00

57619

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

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

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

New Wholesaler ☒ Ownership Change ☒ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH 00995)

GENERAL INFORMATION

Facility Name: Exel Inc

Physical Address: 98 Excellence Way

Mailing Address: Same as above

City: Vonore State: TN Zip Code: 37895

Telephone Number: 423-884-1706 Fax Number: 423-884-1701

Toll Free Number: _____

E-mail: jim.kenyon@exel.com Website: www.exel.com

Facility Manager: Jim Kenyon

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: OTC w/ list 1 Chemical (Pseudoephedrine)

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

Board Use Only

Received: AUG 09 2011 Check Number: CC Amount: 500 -

57621

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

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

Application must be printed legibly

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

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

GENERAL INFORMATION

Facility Name: GENCO I Inc

Physical Address: 1629 Willow STREET

Mailing Address: _____

City: LEBANON State: PA Zip Code: 17046

Telephone Number: 717-228-3338 Fax Number: 717-228-3340

Toll Free Number: _____

E-mail: SIMONR@GENCO.COM Website: www.gencoatc.com

Facility Manager: REGE SIMON

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: AUG 11 2011 Check Number: CC Amount: 500.00

57671

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: WH00900)

GENERAL INFORMATION

Facility Name: Genzyme Corporation

Physical Address: 80 New York Avenue, Framingham, MA 01701

Mailing Address: Genzyme Corporation, Attn: Regulatory Affairs, 500 Kendall Street

City: Cambridge State: MA Zip Code: 02142

Telephone Number: 508-424-4451 Fax Number: 508-424-4464

Toll Free Number: 800-326-7002

E-mail: anthony.aliberti@genzyme.com Website: www.genzyme.com

Facility Manager: Anthony Aliberti

Professional qualifications and experience of facility manager: Anthony Aliberti is the Distribution Supervisor.
He is responsible for overseeing the shipping of all finished goods. He has been employed by Genzyme Corporation for sixteen (16) years.

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. See Attachment D

Board Use Only

Received: AUG 3 2011

Check Number: 941

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 _____ Ownership Change ☒ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH01685)

GENERAL INFORMATION

Facility Name: Genzyme Corporation

Physical Address: 11 Forbes Road, Northborough, MA 01532

Mailing Address: Genzyme Corporation, Attn: Regulatory Affairs, 500 Kendall Street

City: Cambridge State: MA Zip Code: 02142

Telephone Number: 508-872-8400 Fax Number: 617-374-7470

Toll Free Number: 800-326-7002

E-mail: barry.bedard@genzyme.com Website: www.genzyme.com

Facility Manager: Barry Bedard

Professional qualifications and experience of facility manager: Barry Bedard is the Distribution Manager.

He is responsible for receiving, production support, inventory control, and shipping for all Genzyme warehouses and distribution centers in Massachusetts. He has been employed by Genzyme Corporation for nine (9) years.

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. See Attachment D

Board Use Only

Received: AUG 03 2011 Check Number: 941 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 _____ Ownership Change ☒ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH01533)

GENERAL INFORMATION

Facility Name: Genzyme Corporation

Physical Address: 1125 Pleasant View Terrace, Ridgely, NJ 07657

Mailing Address: Genzyme Corporation, Attn: Regulatory Affairs, 500 Kendall Street

City: Cambridge State: MA Zip Code: 02142

Telephone Number: 201-402-5500 Fax Number: 201-313-8808

Toll Free Number: 888-859-2292

E-mail: steve.mottola@genzyme.com Website: www.genzyme.com

Facility Manager: Stephen Mottola

Professional qualifications and experience of facility manager: Stephen Mottola is the Vice President of Operations. He is responsible for product manufacturing, product quality, safety, cost and personnel responsibility at site. He has been employed by Genzyme Corporation for thirteen (13) years.

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. See Attachment D

Board Use Only

Received: 2011 03 21 Check Number: 941 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 ☒ Ownership Change _____ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH _____)

GENERAL INFORMATION

Facility Name: Kuehne + Nagel Inc.

Physical Address: 2580 W. Walnut Ave, Rialto, CA 92376
Address on license

Mailing Address: Legal Department, Kuehne + Nagel Inc. 10 Exchange Place, 19mflc

City: Jersey City State: NJ Zip Code: 07302

Telephone Number: 909-574-2301 Fax Number: 909-574-2390

Toll Free Number: _____

E-mail: margaret.geneau@kuehne-nagel.com Website: www.kuehne-nagel.com

Facility Manager: Charles Graham

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

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers

Type of Products to be handled or wholesaled:

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

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

Board Use Only

Received: AUG 09 2011 Check Number: 858 Amount: 500.00

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

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

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

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

GENERAL INFORMATION

Facility Name: Meda Pharmaceuticals Inc.

Physical Address: 745 Airport Road, Lakewood, NJ 08701

Mailing Address: Meda Pharmaceuticals Inc., Attn: Elena Slade, 265 Davidson Avenue, Suite 300

City: Somerset State: NJ Zip Code: 08873

Telephone Number: 732-564-2562 Fax Number: 732-564-2377

Toll Free Number: N/A

E-mail: Ronald.torlini@meda.us Website: www.medapharma.us

Facility Manager: Ronald P. Torlini

Professional qualifications and experience of facility manager: See Attachment E

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: AUG 23 2011 Check Number: 271 Amount: 500-

57713

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: NuPathe Inc

Physical Address: 227 Washington Street, Suite 200

Mailing Address: 227 Washington Street, Suite 200

City: Conshohocken State: PA Zip Code: 19428

Telephone Number: 484-567-0130 Fax Number: 484-567-0136

Toll Free Number: n/a

E-mail: statelicense@nupathe.com Website: www.nupathe.com

Facility Manager: Keith A. Goldan

Professional qualifications and experience of facility manager: 15+ years executive experience in life sciences and pharmaceutical industries, focus on strategic and operational planning, budgeting and financial planning and analysis
CPA, MBA (Wharton School of Business)

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: AUG 11 2011 Check Number: CC Amount: 500.00

10-K report
on file

57664

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: Pamlab, L.L.C.

Physical Address: 2008 Claiborne Avenue Shreveport, LA 71133

Mailing Address: PO Box 8950 Attn: Joyce Perkins Davis

City: Mandeville State: LA Zip Code: 70470

Telephone Number: 985-893-4097 Fax Number: 985-867-5773

Toll Free Number: _____

E-mail: jperkinsdavis@pamlab.com Website: www.pamlab.com

Facility Manager: Dale R. Scotten

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: 7-25-11 Check Number: cc Amount: 500.00

57465

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: Stat Rx USA, LLC

Physical Address: 2481 Hilton Drive Unit 5, Gainesville, GA 30501

Mailing Address: 4345 Southpoint Blvd. Attn: Elaine Stutman

City: Jacksonville State: FL Zip Code: 32214

Telephone Number: 770-653-3824 Fax Number: 904-332-3349

Toll Free Number: n/a

E-mail: estutman@pssd.com Website: n/a

Facility Manager: Robert Ridge

Professional qualifications and experience of facility manager: see attachment

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: AUG 03 2011 Check Number: ec Amount: 500-

57554

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

GENERAL INFORMATION

Facility Name: True Science Holdings, LLC

Physical Address: 771 Fentress Blvd. Suite 1F

Mailing Address: 771 Fentress Blvd. Suite 1F

City: Daytona Beach State: Florida Zip Code: 32114

Telephone Number: (386) 675-0699 Fax Number: (386) 675-0701

Toll Free Number: _____

E-mail: compliance@truescienceholdings.com Website: www.truescienceholdings.com

Facility Manager: Vernon Hess, RPh

Professional qualifications and experience of facility manager: Registered Pharmacist;
years of managing and overseeing pharmaceutical operations.

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: AUG 28 2011 Check Number: 66 Amount: 500.00

JUL 12 2011

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR OUT-OF-STATE WHOLESALE LICENSE
CORPORATION

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

Application must be printed legibly

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

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

GENERAL INFORMATIONFacility Name: VWR International, LLCPhysical Address: 800 E. Fabryen Parkway, Batavia, IL 600510 60510Mailing Address: 100 Metsonford Road, Building one, Suite 200City: Rosdner State: PA Zip Code: 19087Telephone Number: 610 386 1353 Fax Number: 484 881 5984Toll Free Number: 800 548 6245E-mail: ryn-blanton@vwr.com Website: vwr.comFacility Manager: Mark Buttrum

Professional qualifications and experience of facility manager: 7+ years experience
with the company. Facility is VAWD accredited and licensed by over 35 state Boards of 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? ☐ Yes ☒ No, If yes include a copy of the FDA registration.

Board Use Only

Received: AUG 03 2011 Check Number: CC Amount: 500.00

VAWD

57647

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

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

Application must be printed legibly

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

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

GENERAL INFORMATION

Facility Name: Wright Medical Technology, Inc.
Physical Address: 5677 Airline Road
Mailing Address: 5677 Airline Road
City: Arlington State: TN Zip Code: 38002
Telephone Number: 901-867-9971 Fax Number: 901-867-4788
Toll Free Number: 800-238-7188
E-mail: ddaurer@wmt.com Website: wmt.com
Facility Manager: Deborah D. Daurer
Professional qualifications and experience of facility manager: See Attachment C

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: JUL 13 2011 Check Number: 211 Amount: 500.00

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BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

v.

**RUSSELL E. SMITH, R.PH
Certificate of Registration No. 16233**

Case No. 11-060-RPH-N

**Walgreens #04788
Certificate of Registration No. PH06006
Respondents.**

Case No. 11-060-PH-N

_____ /

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents because Respondent Russell E. Smith, R.Ph, (Certificate Number 16233) is a registered pharmacist with the Board and Respondent Walgreens #04788 is a pharmacy licensed by the Board, located at 1465 East Williams Street, Carson City, Nevada.

II.

On or about March 29, 2011, Dr. Delia Wessels wrote a prescription for Adderall for Nicholas Cormany. On April 1, 2011, Carrie Cormany tendered the Adderall prescription to Walgreens #04788. Ms. Cormany instructed Walgreens #04788 to hold the prescription until May 30, 2011 before filling. On June 6, 2011, Ms. Cormany used the drive up window at Walgreens #04788 to pick up Nicholas' prescription. Ms. Cormany was told the prescription had already been picked up on June 4, 2011.

III.

Ms. Cormany had been filling this prescription at this pharmacy every month for the last two years and was familiar with the procedures at Walgreens regarding picking

up controlled substance prescriptions. Ms. Cormany always had to show her driver's license and sign a log before she could pick up her son's Adderall prescription. Ms. Cormany asked who picked up the prescription and was told by the person at the drive up window that they had not asked for identification on that prescription when it was picked up. Ms. Cormany was told the managing pharmacist would contact her the following day.

IV.

According to Ms. Cormany, Mr. Smith called her the next day and immediately "attacked" her. Mr. Smith told her that a young female with blond hair picked up the prescription, and she drove a blue or gray sedan. When Ms. Cormany denied knowing anyone by that description, Mr. Smith accused her of lying suggesting that her son or one of his friends or his sister picked up the prescription. Ms. Cormany tried to explain that her daughter had pink hair, the only car in their family was not a blue or gray sedan, her son was deaf and did not have friends and he did not know what medication he takes because she gives it to him, but Ms. Cormany indicated that Mr. Smith did not believe her and told her that if he heard any more about this situation he would call the police. Ms. Cormany told Mr. Smith that would not be necessary because she would be calling the police and reporting this incident to the Board of Pharmacy.

V.

On June 8, 2011 a Carson City Sheriff's deputy contacted Mr. Smith regarding a theft complaint filed by Ms. Cormany. At this point, Mr. Smith no longer doubted Ms. Cormany's claim and began to investigate the missing prescription. The following day, Mr. Smith located a prescription in the will-call bin with a similar patient name and drug type. Patient MC is a 14 year old boy who was prescribed Vyvanse 70 mg. capsules. Mr. Smith called Patient MC's mother who confirmed that she had picked up her son's prescription at approximately noon on June 6, 2011. Even though the medication looked different than what she normally gave her son, she assumed that it was a different manufacturer. Mr. Smith asked Ms. C to check the prescription bottle and Ms. C confirmed that the label indicated it was generic Adderall and the name on the bottle was Nicholas Cormany. Patient MC had ingested four dosage units of Nicholas' medication, however Ms. C indicated that her son had not experienced any adverse

side effects from the ingestion.

VI.

During the investigation of this matter it was learned that on June 4, 2011, the day the Adderall prescription was dispensed, Mr. Smith was the only pharmacist on duty and he was assisted by a pharmaceutical technician. It was a busy morning and Mr. Smith had to work all four of the inside and drive up register stations. The Walgreens Electronic Journal Report identified Mr. Smith as signed on to the register at the time of the transaction. Ms. C was not asked for identification nor did she sign a log when she picked up her sons medication which she thought was unusual because it was always required in the past. Ms. C indicated that she was not counseled, and did not expect to be counseled as her son had taken this medication in the past, however the Walgreens Rx History indicated that counseling was accepted.

FIRST CAUSE OF ACTION

VII.

By dispensing Nicholas Cormany's prescription for Adderall to Ms. C, instead of her son's prescription for Vyvanse, Mr. Smith violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(i).

SECOND CAUSE OF ACTION

VIII.

By causing Patient MC to ingest Adderall that was not prescribed for him for four days by dispensing Nicholas Cormany's prescription to Ms. C, Mr. Smith violated NRS 639.210(4) and/or NAC 639.945(i).

THIRD CAUSE OF ACTION

IX.

By creating a false record, indicating that Ms. C was counseled when she picked up what she thought was her son's prescription for Vyvanse when she was not counseled, Mr. Smith violated NRS 639.210(4) and/or NAC 639.945(1)(i).

FOURTH CAUSE OF ACTION

X.

At its regularly scheduled Board meeting on June 4, 2008 in Reno, Nevada, the Board heard another matter (Case No. 08-017A-RPH-N) which involved Mr. Smith. Mr.

Smith did not contest that he was responsible for verifying a prescription for ortho cyclen that was filled with ortho tri cyclen. The patient ingested the wrong medication for 28 days before it was discovered when the prescription was refilled.

XI.

In being repeatedly negligent for having verified a misfilled prescription in Case No. 08-017A-RPH-N that was heard at the June 4, 2008 Board meeting, Mr. Smith violated NRS 639.210(4) and/or (16) and/or NAC 639.945(1)(i).


FIFTH CAUSE OF ACTION

XII.

In owning and operating the pharmacy in which Mr. Smith committed the above violations, Walgreens #04788 violated NRS 639.210(4) and/or NAC 639.945(1)(i) and (2).

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

Signed this 7th day of August, 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**

**RUSSELL E. SMITH, R.PH
Certificate of Registration No. 16233**

Case No. 11-060-RPH-N

Respondent.

_____ /

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

I.

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

II


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

The Board has reserved Wednesday, September 14, 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 4th day of August, 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. RUSSELL E. SMITH Certificate of Registration No: 16233; WALGREENS #04788 Certificate of Registration No: PH06006 Respondents	 Case No: 11-060-RPH-N Case No: 11-060-PH-N
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ANSWER TO INTENDED ACTION AND ACCUSATION

COME NOW, RUSSELL E. SMITH, Certificate of Registration No: 16233;
WALGREENS #04788, Certificate of Registration No: PH06006; by and through attorney
Robert C. Graham, Esq. of the Law Firm of Rob Graham & Associates and do hereby Answer
the Intended Action and Accusation as follows:

1. As to Paragraph I, Respondent admits this allegation.
2. As to Paragraph II, Respondent admits this allegation.
3. As to Paragraph III, Respondent admits this allegation, however, as to the assertion that Walgreens always requires proof of identification at the drive through for all transactions, Walgreens denies this assertion.
4. As to Paragraph IV, Respondent denies this allegation. Respondent asserts in Respondent's defense, that while admitting that a heated conversation ensued between Smith and the Customer, Smith denies that he started the accusations, but rather asserts that the Customer was agitated when told that another member of her family must have

picked up the prescription. Smith asserts that it was his belief that someone had come at the direction of the Customer, or someone acquainted with the Customer had come to pick up the medication, because at the time it was only known that the prescription had been distributed out of the pharmacy to a "blue" car. As diversion of medications is a continual problem at this location, Smith believed the matter might need a referral to the police as they would investigate further. Smith was then accused by the Customer of either diverting the drugs himself or that a member of his staff had taken the controlled substance. This escalated the tension of the conversation and the underlying question of who had the medications was not then resolved.

5. As to Paragraph V, Respondent denies this allegation. Respondent asserts that though the appearance of the police certainly brought the matter front-and-center for Smith, research into the matter was already ongoing as either a diversion case or an unexplained disappearance of the medication. Smith had an express recollection of the vehicle that retrieved the prescription, so it was a question of who picked up the medications, a representative of the Customer or potentially someone posing as the Customer's representative. It is incorrect to assert that the matter was not being investigated. It was already considered a reportable incident at the time the police appeared. Smith had been out of the pharmacy for much of the time prior to the time the police came and had not yet had an opportunity to advance the matter. That should not be confused with not taking the matter seriously. As diversion is a problem with this location, the initial assumption was that it was a family friend or someone who knew that the prescription was available. It was not known who owned the blue car at the time the police came to investigate. If there was any error, it was that the possibility that the medication was given out to another Customer was not readily considered or investigated at that juncture.

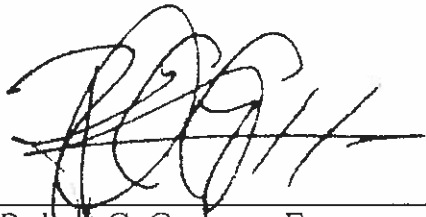
6. As to Paragraph VI, Respondent denies this allegation. Respondent asserts that the other Customer, Ms. C, who received the prescription by accident was refilling a prescription and *did not require counseling*. The counseling screen was marked as "counseled" for this prescription as it was the best choice to clear the hard-stop screen and release the prescription. As Ms. C indicated, she had previously had the medication and it was a refill for the prescription and she did not expect to be counseled during that visit. To that end, it is likely that Smith saw that counseling was not required for the customer in the drive up, but marked counseled on the prescription as a reflection that the client (in the drive through) had been previously counseled and did not require further instruction.
7. As to Paragraph VII, Respondent denies this allegation. Smith is uncertain as to all the facts underlying this incident and as such only asserts that the evidence against him appears to support a position that he cannot defend.
8. As to Paragraph VIII, Respondent denies this allegation. Smith is uncertain as to all the facts underlying this incident and as such only asserts that the evidence against him appears to support a position that he cannot defend.
9. As to Paragraph IX, Respondent denies this allegation. Smith is uncertain as to all the facts underlying this incident and as such only asserts that the evidence against him appears to support a position that he cannot defend.
10. As to Paragraph X, Respondent admits this allegation.
11. As to Paragraph XI, Respondent denies the allegations contained therein.
12. As to Paragraph XII, Respondent denies the allegations implying Walgreens is in any manner negligent or not in compliance with the laws and statutes of the State of Nevada.

Walgreens has all necessary policies and procedures in place that if followed would prevent these types of incidents from occurring.

WHEREFORE, Respondent(s) request a hearing on this matter to determine what transpired and the factual circumstances surrounding the alleged incident, so as to address mitigating circumstances, as well as to receive direction to take corrective actions to avoid such an incident from occurring in the future. In the alternative, and as the Board may agree, Respondent(s) will attempt to come to a Stipulated Agreement of Action with the Board's Staff prior to any hearing and make a presentation to the Board regarding an agreed course of corrective, and where necessary, disciplinary action.

DATED THIS 23rd day of August, 2011.

ROB GRAHAM & ASSOCIATES

A handwritten signature in black ink, appearing to read 'R. C. Graham', written over a horizontal line.

Robert C. Graham, Esq.
10000 W. Charleston #140
Las Vegas, Nevada 89135
(702) 255-6161
(702) 255-8383 (fax)
rgraham@lawyerswest.net

Attorney for Respondent(s)

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

v.

**RUSSELL E. SMITH, R.PH
Certificate of Registration No. 16233**

Case No. 11-060-RPH-N

**Walgreens #04788
Certificate of Registration No. PH06006
Respondents.**

Case No. 11-060-PH-N

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents because Respondent Russell E. Smith, R.Ph, (Certificate Number 16233) is a registered pharmacist with the Board and Respondent Walgreens #04788 is a pharmacy licensed by the Board, located at 1465 East Williams Street, Carson City, Nevada.

II.

On or about March 29, 2011, Dr. Delia Wessels wrote a prescription for Adderall for Nicholas Cormany. On April 1, 2011, Carrie Cormany tendered the Adderall prescription to Walgreens #04788. Ms. Cormany instructed Walgreens #04788 to hold the prescription until May 30, 2011 before filling. On June 6, 2011, Ms. Cormany used the drive up window at Walgreens #04788 to pick up Nicholas' prescription. Ms. Cormany was told the prescription had already been picked up on June 4, 2011.

III.

Ms. Cormany had been filling this prescription at this pharmacy every month for the last two years and was familiar with the procedures at Walgreens regarding picking

up controlled substance prescriptions. Ms. Cormany always had to show her driver's license and sign a log before she could pick up her son's Adderall prescription. Ms. Cormany asked who picked up the prescription and was told by the person at the drive up window that they had not asked for identification on that prescription when it was picked up. Ms. Cormany was told the managing pharmacist would contact her the following day.

IV.

According to Ms. Cormany, Mr. Smith called her the next day and immediately "attacked" her. Mr. Smith told her that a young female with blond hair picked up the prescription, and she drove a blue or gray sedan. When Ms. Cormany denied knowing anyone by that description, Mr. Smith accused her of lying suggesting that her son or one of his friends or his sister picked up the prescription. Ms. Cormany tried to explain that her daughter had pink hair, the only car in their family was not a blue or gray sedan, her son was deaf and did not have friends and he did not know what medication he takes because she gives it to him, but Ms. Cormany indicated that Mr. Smith did not believe her and told her that if he heard any more about this situation he would call the police. Ms. Cormany told Mr. Smith that would not be necessary because she would be calling the police and reporting this incident to the Board of Pharmacy.

V.

On June 8, 2011 a Carson City Sheriff's deputy contacted Mr. Smith regarding a theft complaint filed by Ms. Cormany. At this point, Mr. Smith no longer doubted Ms. Cormany's claim and began to investigate the missing prescription. The following day, Mr. Smith located a prescription in the will-call bin with a similar patient name and drug type. Patient MC is a 14 year old boy who was prescribed Vyvanse 70 mg. capsules. Mr. Smith called Patient MC's mother who confirmed that she had picked up her son's prescription at approximately noon on June 6, 2011. Even though the medication looked different than what she normally gave her son, she assumed that it was a different manufacturer. Mr. Smith asked Ms. C to check the prescription bottle and Ms. C confirmed that the label indicated it was generic Adderall and the name on the bottle was Nicholas Cormany. Patient MC had ingested four dosage units of Nicholas' medication, however Ms. C indicated that her son had not experienced any adverse

side effects from the ingestion.

VI.

During the investigation of this matter it was learned that on June 4, 2011, the day the Adderall prescription was dispensed, Mr. Smith was the only pharmacist on duty and he was assisted by a pharmaceutical technician. It was a busy morning and Mr. Smith had to work all four of the inside and drive up register stations. The Walgreens Electronic Journal Report identified Mr. Smith as signed on to the register at the time of the transaction. Ms. C was not asked for identification nor did she sign a log when she picked up her sons medication which she thought was unusual because it was always required in the past. Ms. C indicated that she was not counseled, and did not expect to be counseled as her son had taken this medication in the past, however the Walgreens Rx History indicated that counseling was accepted.

FIRST CAUSE OF ACTION

VII.

By dispensing Nicholas Cormany's prescription for Adderall to Ms. C, instead of her son's prescription for Vyvanse, Mr. Smith violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(i).

SECOND CAUSE OF ACTION

VIII.

By causing Patient MC to ingest Adderall that was not prescribed for him for four days by dispensing Nicholas Cormany's prescription to Ms. C, Mr. Smith violated NRS 639.210(4) and/or NAC 639.945(i).

THIRD CAUSE OF ACTION

IX.

By creating a false record, indicating that Ms. C was counseled when she picked up what she thought was her son's prescription for Vyvanse when she was not counseled, Mr. Smith violated NRS 639.210(4) and/or NAC 639.945(1)(i).

FOURTH CAUSE OF ACTION

X.

At its regularly scheduled Board meeting on June 4, 2008 in Reno, Nevada, the Board heard another matter (Case No. 08-017A-RPH-N) which involved Mr. Smith. Mr.

Smith did not contest that he was responsible for verifying a prescription for ortho cyclen that was filled with ortho tri cyclen. The patient ingested the wrong medication for 28 days before it was discovered when the prescription was refilled.

XI.

In being repeatedly negligent for having verified a misfilled prescription in Case No. 08-017A-RPH-N that was heard at the June 4, 2008 Board meeting, Mr. Smith violated NRS 639.210(4) and/or (16) and/or NAC 639.945(1)(i).

FIFTH CAUSE OF ACTION

XII.

In owning and operating the pharmacy in which Mr. Smith committed the above violations, Walgreens #04788 violated NRS 639.210(4) and/or NAC 639.945(1)(i) and (2).

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

Signed this 14th day of August, 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
v. NOTICE OF INTENDED ACTION
 AND ACCUSATION
 RIGHT TO HEARING**

**Walgreens #04788
Certificate of Registration No. PH06006**

Case No. 11-060-PH-N

Respondent.

_____/

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

I.

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

II.

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


III.

The Board has reserved Wednesday, September 14, 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 1st day of August, 2011.



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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY, Petitioner, v. RUSSELL E. SMITH Certificate of Registration No: 16233; WALGREENS #04788 Certificate of Registration No: PH06006 Respondents	 Case No: 11-060-RPH-N Case No: 11-060-PH-N
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ANSWER TO INTENDED ACTION AND ACCUSATION

COME NOW, RUSSELL E. SMITH, Certificate of Registration No: 16233;
WALGREENS #04788, Certificate of Registration No: PH06006; by and through attorney
Robert C. Graham, Esq. of the Law Firm of Rob Graham & Associates and do hereby Answer
the Intended Action and Accusation as follows:

1. As to Paragraph I, Respondent admits this allegation.
2. As to Paragraph II, Respondent admits this allegation.
3. As to Paragraph III, Respondent admits this allegation, however, as to the assertion that Walgreens always requires proof of identification at the drive through for all transactions, Walgreens denies this assertion.
4. As to Paragraph IV, Respondent denies this allegation. Respondent asserts in Respondent's defense, that while admitting that a heated conversation ensued between Smith and the Customer, Smith denies that he started the accusations, but rather asserts that the Customer was agitated when told that another member of her family must have

picked up the prescription. Smith asserts that it was his belief that someone had come at the direction of the Customer, or someone acquainted with the Customer had come to pick up the medication, because at the time it was only known that the prescription had been distributed out of the pharmacy to a “blue” car. As diversion of medications is a continual problem at this location, Smith believed the matter might need a referral to the police as they would investigate further. Smith was then accused by the Customer of either diverting the drugs himself or that a member of his staff had taken the controlled substance. This escalated the tension of the conversation and the underlying question of who had the medications was not then resolved.

5. As to Paragraph V, Respondent denies this allegation. Respondent asserts that though the appearance of the police certainly brought the matter front-and-center for Smith, research into the matter was already ongoing as either a diversion case or an unexplained disappearance of the medication. Smith had an express recollection of the vehicle that retrieved the prescription, so it was a question of who picked up the medications, a representative of the Customer or potentially someone posing as the Customer's representative. It is incorrect to assert that the matter was not being investigated. It was already considered a reportable incident at the time the police appeared. Smith had been out of the pharmacy for much of the time prior to the time the police came and had not yet had an opportunity to advance the matter. That should not be confused with not taking the matter seriously. As diversion is a problem with this location, the initial assumption was that it was a family friend or someone who knew that the prescription was available. It was not known who owned the blue car at the time the police came to investigate. If there was any error, it was that the possibility that the medication was given out to another Customer was not readily considered or investigated at that juncture.

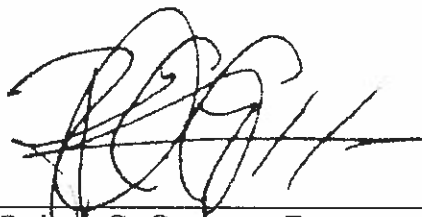
6. As to Paragraph VI, Respondent denies this allegation. Respondent asserts that the other Customer, Ms. C, who received the prescription by accident was refilling a prescription and *did not require counseling*. The counseling screen was marked as "counseled" for this prescription as it was the best choice to clear the hard-stop screen and release the prescription. As Ms. C indicated, she had previously had the medication and it was a refill for the prescription and she did not expect to be counseled during that visit. To that end, it is likely that Smith saw that counseling was not required for the customer in the drive up, but marked counseled on the prescription as a reflection that the client (in the drive through) had been previously counseled and did not require further instruction.
7. As to Paragraph VII, Respondent denies this allegation. Smith is uncertain as to all the facts underlying this incident and as such only asserts that the evidence against him appears to support a position that he cannot defend.
8. As to Paragraph VIII, Respondent denies this allegation. Smith is uncertain as to all the facts underlying this incident and as such only asserts that the evidence against him appears to support a position that he cannot defend.
9. As to Paragraph IX, Respondent denies this allegation. Smith is uncertain as to all the facts underlying this incident and as such only asserts that the evidence against him appears to support a position that he cannot defend.
10. As to Paragraph X, Respondent admits this allegation.
11. As to Paragraph XI, Respondent denies the allegations contained therein.
12. As to Paragraph XII, Respondent denies the allegations implying Walgreens is in any manner negligent or not in compliance with the laws and statutes of the State of Nevada.

Walgreens has all necessary policies and procedures in place that if followed would prevent these types of incidents from occurring.

WHEREFORE, Respondent(s) request a hearing on this matter to determine what transpired and the factual circumstances surrounding the alleged incident, so as to address mitigating circumstances, as well as to receive direction to take corrective actions to avoid such an incident from occurring in the future. In the alternative, and as the Board may agree, Respondent(s) will attempt to come to a Stipulated Agreement of Action with the Board's Staff prior to any hearing and make a presentation to the Board regarding an agreed course of corrective, and where necessary, disciplinary action.

DATED THIS 23rd day of August, 2011.

ROB GRAHAM & ASSOCIATES

A handwritten signature in black ink, appearing to be 'R. C. Graham', written over a horizontal line.

Robert C. Graham, Esq.
10000 W. Charleston #140
Las Vegas, Nevada 89135
(702) 255-6161
(702) 255-8383 (fax)
rgraham@lawyerswest.net

Attorney for Respondent(s)

tablet by mouth every bedtime. Ms. McPherson took her prescription to Wal-Mart #10-3254 to be filled.

III.

Ms. McPherson's prescription was given to a pharmaceutical technician for input into the pharmacy computer system. During input, the pharmaceutical technician erroneously entered 100 mg. amitriptyline instead of 10 mg. amitriptyline.

IV.

The first Wal-Mart Four Point Check was initiated by Ms. Sabistina. During the Four Point Check Ms. Sabistina failed to notice the drug strength error. Ms. Sabistina subsequently approved the input without modification and forwarded it to the fill queue. A pharmaceutical technician filled Ms. McPherson's prescription and Ms. Sabistina performed the visual check. During that check she failed to note the strength error and approved the filled prescription, despite a scanned image of the original prescription on the screen, then staged it for customer pickup. A pharmacy activity report indicates that counseling was provided, however the strength error was still not identified.

V.

Ms. McPherson took the medication as directed, one tablet by mouth at every bedtime for one month and had the prescription refilled on October 10, 2010. A pharmaceutical technician printed the label, pulled the stock bottle, counted the drug and staged it for visual check. During the visual check Ms. Sabistina failed to note the strength error, again despite a scanned image of the original prescription on the screen.

VI.

Ms. McPherson took the medication as directed for another month and had the prescription refilled on November 5, 2010. A pharmaceutical technician printed the

label, pulled the stock bottle, counted the drug and staged it for visual check. Rochelle Fernandez performed the visual check and the failed to note the strength error, despite a scanned image of the original prescription on the screen.

VII.

On December 2, 2010 during a follow up appointment with Dr. McHugh, he wrote a prescription for Ms. McPherson for a 90 day supply of 10 mg. amitriptyline. The prescription was presented to Wal-Mart #10-3254 on or about December 9, 2010 and had it filled on that day. When Ms. McPherson returned home with the new prescription she noticed that not only were the tablets different in color and size but the label now read 10 mg. instead of 100 mg. After contacting the pharmacy and the prescriber for clarification, Ms. McPherson learned that Wal-Mart #10-3254 had dispensed the wrong dose for approximately three months.

FIRST CAUSE OF ACTION

VIII.

In filling Ms. McPherson's prescription for 10 mg. amitriptyline as prescribed by her physician, Dr. McHugh, with 100 mg. amitriptyline, Ms. Sabistina and Ms. Fernandez each 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

IX.

In failing to completely check the original prescription to verify the prescribed drug strength, Ms. Sabistina and Ms. Fernandez each violated NRS 639.210(4) and/or NAC 639.945(1)(d) and/or (i).

THIRD CAUSE OF ACTION

XII.

In owning and operating the pharmacy in which Ms. Sabistina and Ms. Fernandez misfiled Ms. McPherson's prescription with 100 mg. tablets of amitriptyline instead of 10 mg. tablets of amitriptyline as prescribed, Wal-Mart #10-3254 violated NRS 639.210(4) and/or NAC 639.945(1)(d),(e) and/or (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 7th day of July, 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**

**CHONA SABISTINA, R.Ph.,
Certificate of Registration #11231,**

Case No. 11-001A-RPH-N

Respondent.

_____ /

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

I.

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

II

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


III.

The Board has reserved Wednesday, September 14, 2011 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 7th day of July, 2011.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND
NOTICE OF DEFENSE

CHONA SABISTINA, R.Ph.,
Certificate of Registration #11231,
Respondent.

Case No. 11-001A-RPH-N

_____/

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

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

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

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

DATED this _____ day of _____, 2011.

Chona Sabistina, R.Ph

tablet by mouth every bedtime. Ms. McPherson took her prescription to Wal-Mart #10-3254 to be filled.

III.

Ms. McPherson's prescription was given to a pharmaceutical technician for input into the pharmacy computer system. During input, the pharmaceutical technician erroneously entered 100 mg. amitriptyline instead of 10 mg. amitriptyline.

IV.

The first Wal-Mart Four Point Check was initiated by Ms. Sabistina. During the Four Point Check Ms. Sabistina failed to notice the drug strength error. Ms. Sabistina subsequently approved the input without modification and forwarded it to the fill queue. A pharmaceutical technician filled Ms. McPherson's prescription and Ms. Sabistina performed the visual check. During that check she failed to note the strength error and approved the filled prescription, despite a scanned image of the original prescription on the screen, then staged it for customer pickup. A pharmacy activity report indicates that counseling was provided, however the strength error was still not identified.

V.

Ms. McPherson took the medication as directed, one tablet by mouth at every bedtime for one month and had the prescription refilled on October 10, 2010. A pharmaceutical technician printed the label, pulled the stock bottle, counted the drug and staged it for visual check. During the visual check Ms. Sabistina failed to note the strength error, again despite a scanned image of the original prescription on the screen.

VI.

Ms. McPherson took the medication as directed for another month and had the prescription refilled on November 5, 2010. A pharmaceutical technician printed the

label, pulled the stock bottle, counted the drug and staged it for visual check. Rochelle Fernandez performed the visual check and the failed to note the strength error, despite a scanned image of the original prescription on the screen.

VII.

On December 2, 2010 during a follow up appointment with Dr. McHugh, he wrote a prescription for Ms. McPherson for a 90 day supply of 10 mg. amitriptyline. The prescription was presented to Wal-Mart #10-3254 on or about December 9, 2010 and had it filled on that day. When Ms. McPherson returned home with the new prescription she noticed that not only were the tablets different in color and size but the label now read 10 mg. instead of 100 mg. After contacting the pharmacy and the prescriber for clarification, Ms. McPherson learned that Wal-Mart #10-3254 had dispensed the wrong dose for approximately three months.

FIRST CAUSE OF ACTION

VIII.

In filling Ms. McPherson's prescription for 10 mg. amitriptyline as prescribed by her physician, Dr. McHugh, with 100 mg. amitriptyline, Ms. Sabistina and Ms. Fernandez each 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

IX.

In failing to completely check the original prescription to verify the prescribed drug strength, Ms. Sabistina and Ms. Fernandez each violated NRS 639.210(4) and/or NAC 639.945(1)(d) and/or (i).

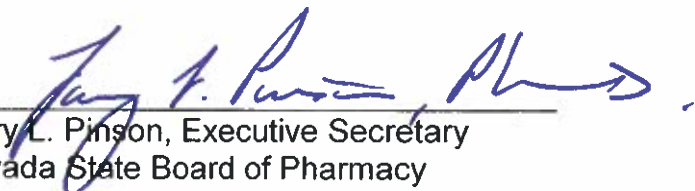
THIRD CAUSE OF ACTION

XII.

In owning and operating the pharmacy in which Ms. Sabistina and Ms. Fernandez misfiled Ms. McPherson's prescription with 100 mg. tablets of amitriptyline instead of 10 mg. tablets of amitriptyline as prescribed, Wal-Mart #10-3254 violated NRS 639.210(4) and/or NAC 639.945(1)(d),(e) and/or (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 7th day of July, 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**

**ROCHELLE FERNANDEZ, R.Ph.
Certificate of Registration #16907**

Case No. 11-001B-RPH-N

Respondent.

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

I.

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

II

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


III.

The Board has reserved Wednesday, September 14, 2011 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 7th day of July, 2011.



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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND
NOTICE OF DEFENSE

ROCHELLE FERNANDEZ, R.Ph.
Certificate of Registration #16907
Respondent.

Case No. 11-001B-RPH-N

_____/

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

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

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

First, I want to thank the Nevada State Board of Pharmacy for allowing me to explain myself.

I did not intend to cause any harm to Ms. Sandra McPherson and her loved ones and I apologize for the mistakes that I have made.

On November 5, 2010 at about 11:27 AM, due to the typing error done by the technician originally when it was first inputed into the pharmacy computer system, I visual verified the prescription treating it no different than other refills. I can not remember but unfortunately, I misread the scanned image of the original script on the screen.

Due to this incident, I have taken extra precautions and treating refills as a new prescription. Making sure that I do not make the same mistake again.

This experience has taught me to take my time and acknowledge the visual verification of all prescription.

I would like to thank the Nevada State Board of Pharmacy once again. I know that I can be a better pharmacist and I can improve.

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 25th day of July, 2011.



Rochelle Fernandez, R.Ph

tablet by mouth every bedtime. Ms. McPherson took her prescription to Wal-Mart #10-3254 to be filled.

III.

Ms. McPherson's prescription was given to a pharmaceutical technician for input into the pharmacy computer system. During input, the pharmaceutical technician erroneously entered 100 mg. amitriptyline instead of 10 mg. amitriptyline.

IV.

The first Wal-Mart Four Point Check was initiated by Ms. Sabistina. During the Four Point Check Ms. Sabistina failed to notice the drug strength error. Ms. Sabistina subsequently approved the input without modification and forwarded it to the fill queue. A pharmaceutical technician filled Ms. McPherson's prescription and Ms. Sabistina performed the visual check. During that check she failed to note the strength error and approved the filled prescription, despite a scanned image of the original prescription on the screen, then staged it for customer pickup. A pharmacy activity report indicates that counseling was provided, however the strength error was still not identified.

V.

Ms. McPherson took the medication as directed, one tablet by mouth at every bedtime for one month and had the prescription refilled on October 10, 2010. A pharmaceutical technician printed the label, pulled the stock bottle, counted the drug and staged it for visual check. During the visual check Ms. Sabistina failed to note the strength error, again despite a scanned image of the original prescription on the screen.

VI.

Ms. McPherson took the medication as directed for another month and had the prescription refilled on November 5, 2010. A pharmaceutical technician printed the

label, pulled the stock bottle, counted the drug and staged it for visual check. Rochelle Fernandez performed the visual check and the failed to note the strength error, despite a scanned image of the original prescription on the screen.

VII.

On December 2, 2010 during a follow up appointment with Dr. McHugh, he wrote a prescription for Ms. McPherson for a 90 day supply of 10 mg. amitriptyline. The prescription was presented to Wal-Mart #10-3254 on or about December 9, 2010 and had it filled on that day. When Ms. McPherson returned home with the new prescription she noticed that not only were the tablets different in color and size but the label now read 10 mg. instead of 100 mg. After contacting the pharmacy and the prescriber for clarification, Ms. McPherson learned that Wal-Mart #10-3254 had dispensed the wrong dose for approximately three months.

FIRST CAUSE OF ACTION

VIII.

In filling Ms. McPherson's prescription for 10 mg. amitriptyline as prescribed by her physician, Dr. McHugh, with 100 mg. amitriptyline, Ms. Sabistina and Ms. Fernandez each 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

IX.

In failing to completely check the original prescription to verify the prescribed drug strength, Ms. Sabistina and Ms. Fernandez each violated NRS 639.210(4) and/or NAC 639.945(1)(d) and/or (i).


THIRD CAUSE OF ACTION

XII.

In owning and operating the pharmacy in which Ms. Sabistina and Ms. Fernandez misfiled Ms. McPherson's prescription with 100 mg. tablets of amitriptyline instead of 10 mg. tablets of amitriptyline as prescribed, Wal-Mart #10-3254 violated NRS 639.210(4) and/or NAC 639.945(1)(d),(e) and/or (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 7th day of July, 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**

WAL-MART #10-3254

Certificate of Registration PH01893

Respondent.

Case No. 11-001-PH-N

_____/

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

I.

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

II

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


III.

The Board has reserved Wednesday, September 14, 2011 as the date for a hearing on this matter at the Airport Plaza Hotel, 1981 Terminal Way, Reno, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 7th day of July, 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.

**CHONA SABISTINA, R.Ph.,
Certificate of Registration #11231**

Case No. 11-001A-RPH-N

**ROCHELLE FERNANDEZ, R.Ph.,
Certificate of Registration #16907**

Case No. 11-001B-RPH-N

**WAL-MART #10-3254
Certificate of Registration #PH01893**

Case No. 11-001-PH-N

Respondents.

RESPONDENT WAL-MART'S ANSWER

AND NOTICE OF DEFENSE

Respondent, WAL-MART #10-3254 ("Wal-Mart"), in answer to the Notice of Intended Action and Accusation in this matter, admits, denies, and alleges as follows:

I.

Admitted.

II.

Wal-Mart admits that the subject prescription was taken to Wal-Mart #10-3254 to be filled. Wal-Mart has no direct knowledge of the Patient's medical condition or treatment.

III.

Admitted. To the best of Wal-Mart's current knowledge, this is what occurred.

IV.

Admitted. To the best of Wal-Mart's current knowledge, this is what occurred.

V.

Admitted as to the activities of Wal-Mart personnel. To the best of Wal-Mart's current knowledge, this is what occurred. Wal-Mart has no direct knowledge of when the Patient took the medication.

VI.

Admitted as to the activities of Wal-Mart personnel. To the best of Wal-Mart's current knowledge, this is what occurred. Wal-Mart has no direct knowledge of when the Patient took the medication.

VII.

Admitted as to the activities of Wal-Mart personnel. To the best of Wal-Mart's current knowledge, this is what occurred. Wal-Mart has no direct knowledge of any appointments between the Patient and her doctor, or of the Patient's discovery of the dispensing error.

FIRST CAUSE OF ACTION

VIII.

These allegations do not require a response by Wal-Mart.

SECOND CAUSE OF ACTION

IX.

These allegations do not require a response by Wal-Mart.

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THIRD CAUSE OF ACTION

XII.

Wal-Mart admits that it owned and operated the pharmacy in which the alleged errors occurred.

Wal-Mart denies that the mere ownership and operation of this pharmacy made it guilty of unprofessional conduct or conduct contrary to the public interest in violation of NRS 639.210(4).

Wal-Mart denies that the mere ownership and operation of this pharmacy resulted in the alleged failure to strictly follow the orders of the doctor in violation of NAC 639.945(1)(d).

Wal-Mart denies that the mere ownership and operation of this pharmacy resulted in any failure to confer with the doctor regarding this prescription in violation of NAC 639.945(1)(e).

Wal-Mart denies that the mere ownership and operation of this pharmacy were the cause of any incompetent, unskillful or negligent acts alleged herein in violation of NAC 639.945(1)(i).

Wal-Mart denies that it should be held strictly responsible as the owner and operator of this pharmacy for the acts of the licensees it employed absent any act by Wal-Mart that contributed to the alleged errors in this case in violation of NAC 639.945(2).

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AFFIRMATIVE DEFENSE

Had Wal-Mart's policies and procedures been followed, the errors alleged would not have occurred, and therefore Wal-Mart should not be held responsible for any violations alleged herein.

WHEREFORE, Respondent Wal-Mart #10-3254 prays for dismissal of the accusations against it.

I hereby declare, under penalty of perjury, that the foregoing Respondent Wal-Mart #10-3254 Answer and Notice of Defense, and all facts therein stated, are true and correct to the best of my knowledge.

Dated this 2 day of August, 2011.

Wal-Mart #10-3254 .

By: _____


Debbie Mack

Director of Professional Services - Nevada

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,
v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**JONATHAN COREY RAY, RPH,
Certificate of Registration No. 15170,**

Case No. 11-065-RPH-N

Respondent.

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and respondent because Respondent Jonathan Corey Ray, is a registered pharmacist with the Board (Certificate of Registration Number 15170).

II.

On June 20, 2011, the Nevada State Board of Pharmacy was notified by Larry Espadero, PRN-PRN monitor, that Mr. Ray had been arrested on December 14, 2010 for DUI. Mr. Ray was charged with being under the influence of Soma and Ultram and sentenced to a Level-2 DUI program.

III.

Mr. Ray went to court on May 5th, 2011 and is fulfilling his obligation by participating in the Level-2 DUI counseling program with John Glenn and Associates in Carson City. Mr. Ray is a participant in the PRN-PRN program and did not disclose his arrest to his PRN-PRN counselor until June 9, 2011. Mr. Ray's records were checked and he did not have valid prescriptions on file for Soma or Ultram.


FIRST CAUSE OF ACTION

IV.

By violating his PRN-PRN contract by being arrested for a DUI involving Soma and Ultram for which he did not have valid prescriptions, Mr. Ray violated Nevada Revised Statute (NRS) 639.210(1), and/or (2), and/or (4) and or Nevada Administrative Code (NAC) 639.945(1)(l).

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

Signed this 7th day of July, 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
v. NOTICE OF INTENDED ACTION
 AND ACCUSATION
 RIGHT TO HEARING**

**JONATHAN COREY RAY, RPH,
Certificate of Registration No. 15170,
Respondent.**

Case No. 11-065-RPH-N

_____/

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

I.

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

II.

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


III.

The Board has reserved Wednesday, September 14, 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 2nd day of July, 2011.



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

NEVADA STATE BOARD OF PHARMACY.

**MOTION TO DISMISS FOR
FAILURE TO STATE A
CLAIM, OR IN THE
ALTERNATIVE, MOTION FOR
SUMMARY JUDGMENT;
MEMORANDUM IN SUPPORT
THEREOF**

Case No. 11-065-RPH-N

Respondent.

Pursuant to Nevada Revised Statutes ("NRS") 639.241 *et seq.*, and NRS 233B.127(3) *et seq.*, Respondent JONATHAN COREY RAY, PHARM.D., R.PH., hereby moves to dismiss the First alleged Cause of Action against Respondent in Case No. 11-065-RPH-N in the Notice of Intended Action and Accusation, filed on July 7, 2011, ("Accusation") for failure to state a claim. In the alternative, Respondent moves for summary judgment as the plaintiff cannot prevail based upon the uncontroverted facts of the case.

Respondent requests that his Motion to Dismiss and Motion for Summary Judgment be heard in closed session, at the September 14, 2011, meeting of the Board prior to the disciplinary hearing on the Accusation.

Respondent seeks dismissal upon the following grounds: (a) the Plaintiff has failed to state a case since the Accusation contains allegations that are confusing, irrelevant and inflammatory, and for which erroneous inferences can be drawn against Respondent.

The Accusation asserts that the Board was notified in June 2011 that

Dr. Ray had been arrested in December 2010 for DUI and that he was "sentenced to a Level-2 DUI program." The Accusation clearly states the date Mr. Pinson notified the board and the date of the arrest but omits that the DUI program was not ordered until following his conviction in May 2011. The omission of this date is confusing and prejudicial against Respondent in that it appears that Respondent was sentenced in December 2010.

Allegations associated with Respondent's traffic violation are irrelevant to the PRN-PRN contract and are provocative.


Respondent seeks summary judgment upon the following: (a) that the Respondent's legal basis for the motion of summary judgment is that he did not violate the terms of his PRN-PRN contract.

Respondent asserts that the following facts are uncontroverted:

(a) defendant did not violate the terms of his contract by failing to provide copies of his valid prescriptions for Soma and Ultram. See: (1) email correspondence dated "Friday, Dec 10, 2010 at 1:40 PM, From Colin Hodgen" renegade counseling@gmail.com to Larry.espadero@psysolutions.com, subject identified as "Corey Ray," attached hereto as Exhibit A; and (2) email correspondence dated "Tue, 14 Dec 2010 10:23:44," from "Corey" to "renegade counseling@gmail.com, subject identified as "Jonathan Corey rays meds," attached hereto as Exhibit B.

This motion is based on the accompanying documents and files of record of the Respondent with the PRN-PRN program, Colin Hodgen and Larry Espadero, and on such evidence and argument as may be presented at the time of the hearings on this matter.

Respectfully submitted this 29th day of July, 2011.



Jonathan Corey Ray
Pharm.D., R.Ph., Respondent

----- Forwarded message -----

From: **Colin Hodgen** <renegade counseling@gmail.com>

Date: Fri, Dec 10, 2010 at 1:40 PM

Subject: Corey Ray

To: Larry <Larry.espadero@psysolutions.com>

Larry,

Corey has his med's changed from Norco to a non-narcotic pain reliever and soma.

Collette

--

RENEGADE COUNSELING

527 Humboldt St.

Reno, NV 89509

775.348.4900/348.4922fax

renegade counseling@gmail.com

MAIL: 316 California Ave., Box 146, Reno, NV, 89509

--

RENEGADE COUNSELING

527 Humboldt St.

Reno, NV 89509

775.348.4900/348.4922fax

renegade counseling@gmail.com

MAIL: 316 California Ave., Box 146, Reno, NV, 89509

Exhibit B

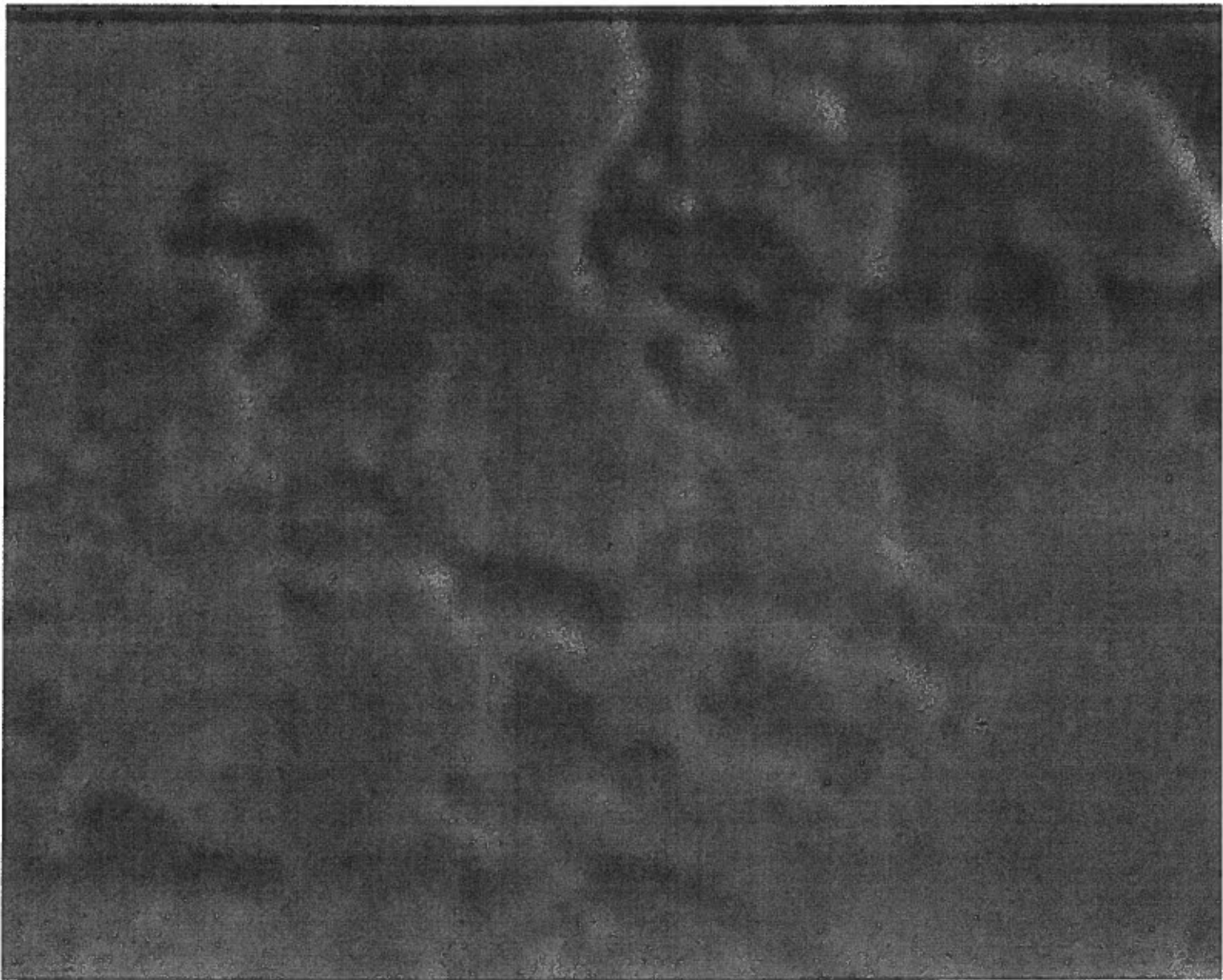
Print - Close Window

Subject: Jonathan Corey rays meds

From: Corey (dokray2@yahoo.com)

To: renegade counseling@gmail.com;

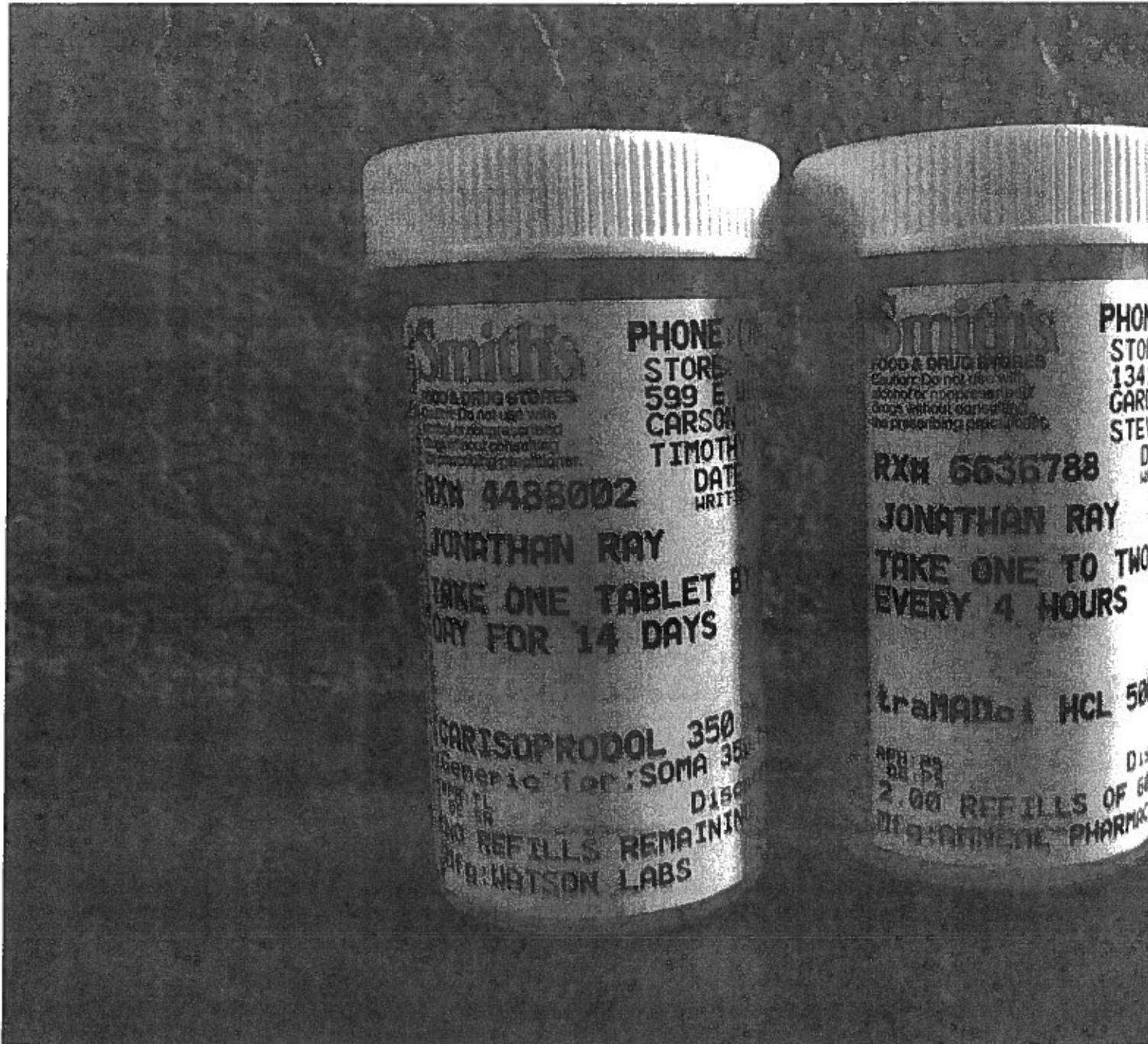
Date: Tue, 14 Dec 2010 10:23:44



Print - Close Window

Subject: Jonathan Corey reya meda
From: Corey (dot) ray2@ yahoo.com
To: renege@comcast.net@gmail.com;
Date: Tue, 14 Dec 2010 10:23:44

Exhibit B



Sent from my iPhone

MEMORANDUM OF POINTS AND AUTHORITIES IN SUPPORT OF DEFENDANTS' MOTION TO DISMISS, OR IN THE ALTERNATIVE, FOR SUMMARY JUDGMENT

Introduction

The Nevada State Board of Pharmacy ("Board") filed a notice of Intended Action and Accusation of July 7, 2011 ("Accusation") against Jonathan Corey Ray, Pharm.D., R.Ph. ("Respondent"). Through this action, the Board seeks to take disciplinary action with respect to his certificate of registration for alleged violations of Nevada Revised Statute ("NRS") Chapter 639 and Nevada Administrative Code ("NAC") Chapter 639.

Plaintiff bases its entire case on the fact that the Respondent violated the terms of his contract with Professionals Reaching Nevada – Pharmacists Recovery Network (PRN-PRN).

Plaintiff's contention is simply incorrect.

Factual Background

The PRN-PRN contract calls for Respondent to "abstain from mood-altering drugs except on Prescription from any family physician", and to provide copies of said prescriptions to PRN-PRN. In accordance with the PRN-PRN contract, Respondent contacted PRN-PRN to advise them of the prescriptions.

The PRN-PRN contract is silent to the issue of arrest and charges.

Statutory Background

Under NRCP 56(c), summary judgment is appropriate if there is no genuine issue of material fact and the moving party is entitled to judgment as a matter of law. See *Butler v. Bogdanovich*, 101 Nev. 449, 705 P.2d 662 (1985).

Argument

I. The Accusation fails to allege facts sufficient to state a claim in the First Cause of Action for a violation by Respondent of NRS 639.210(1) and/or (2) and/or (4) and/or NAC 639.945(1)(I).

The Accusation asserts that the Board was notified in June 2011 that Dr. Ray had been arrested in December 2010 for DUI and that he was "sentenced to a Level-2 DUI program." The Accusation omitted that the DUI program was not ordered until following his conviction in May 2011. The omission of this date is confusing and prejudicial against Respondent.

II. Plaintiff's Claims are Without Merit

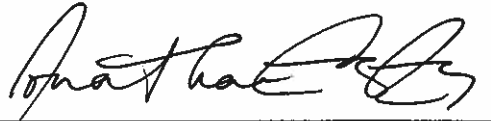
Evidence provided as attached Exhibit "A" indicate that Northern Nevada PRN-PRN (Renegade Counseling) sent an email to Larry Espadero on December 10, 2010 advising him of the prescriptions and Exhibit "B" clearly shows that PRN-PRN was given copies of the prescriptions for Tramadol (Ultram) and Carisoprodal (Soma) on December 14, 2010, at 10:23 in the morning. There is nothing contained in the contract that requires he report a traffic violation with resultant action.

III. Plaintiff Cannot Prove Breach of Contract

Evidence submitted as Exhibits "A" and "B" prove that Dr. Ray did not breach the contract with PRN-PRN.

CONCLUSION

For the foregoing reasons, Respondent's motion to dismiss or for summary judgment should be granted.



Jonathan Corey Ray
Pharm.D., R.Ph., Respondent

Exhibit A

----- Forwarded message -----

From: **Colin Hodgen** <renegade counseling@gmail.com>

Date: Fri, Dec 10, 2010 at 1:40 PM

Subject: Corey Ray

To: Larry <Larry.espadero@psysolutions.com>

Larry,

Corey has his med's changed from Norco to a non-narcotic pain reliever and soma.

Collette

--

RENEGADE COUNSELING

527 Humboldt St.

Reno, NV 89509

775.348.4900/348.4922fax

renegade counseling@gmail.com

MAIL: 316 California Ave., Box 146, Reno, NV, 89509

--

RENEGADE COUNSELING

527 Humboldt St.

Reno, NV 89509

775.348.4900/348.4922fax

renegade counseling@gmail.com

MAIL: 316 California Ave., Box 146, Reno, NV, 89509

Print - Close Window

Subject: Jonathan Corey rays meds

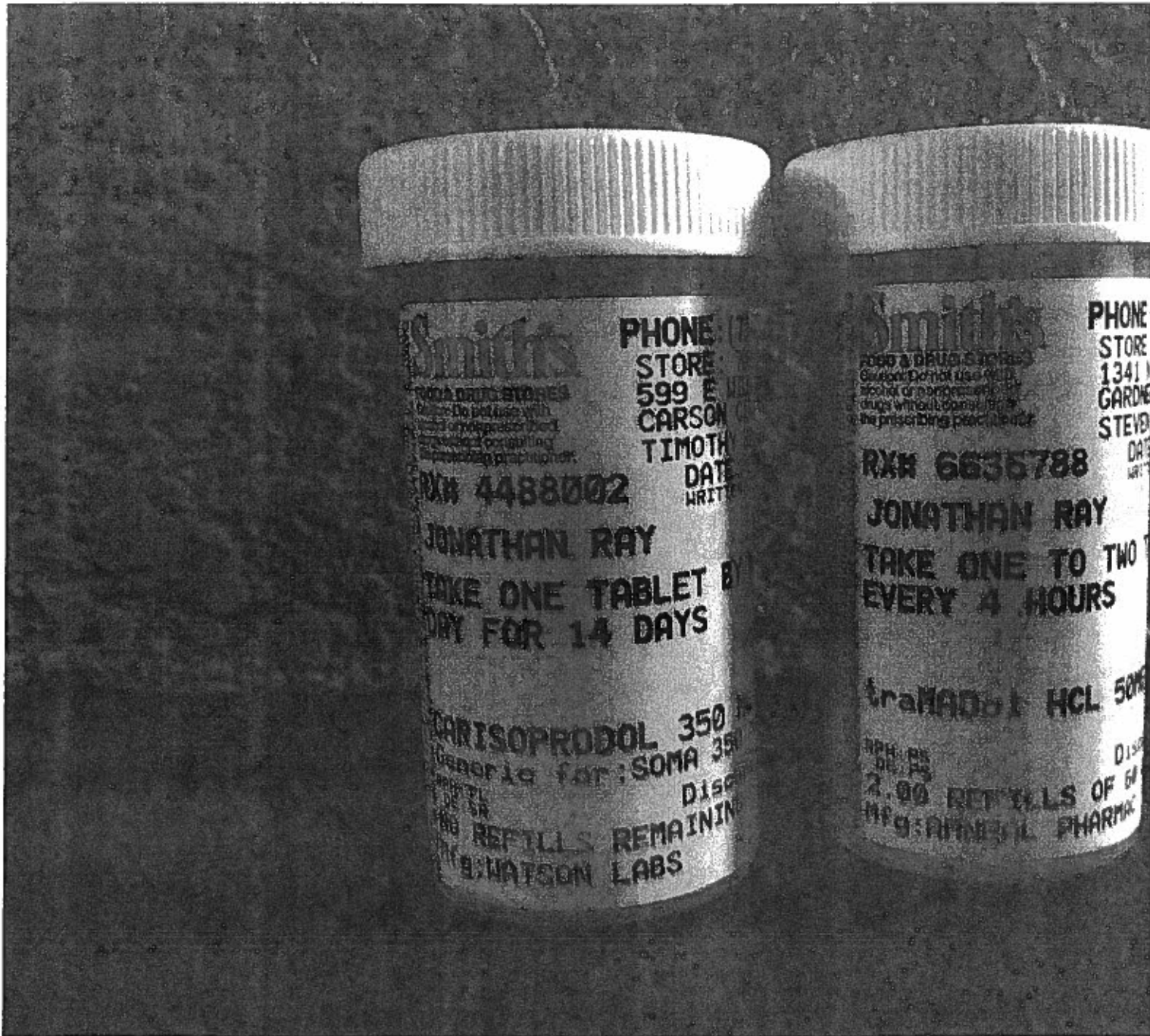
From: Corey (dokray2@yahoo.com)

To: renegadecounseling@gmail.com;

Date: Tue, 14 Dec 2010 10:23:44



Exhibit B



Respondent admits that he went to court on May 5, 2011.

Respondent admits that he went to court on May 5, 2011.

Respondent denies that he was continuing to fulfill his obligation of participating in a counseling program on July 7, 2011.

Respondent admits that he disclosed his arrest to his PRN-PRN counselor on June 9, 2011.

Respondent lacks information as to whether his records were checked therefore he denies this allegation.

Dr. Ray denies that he did not have valid prescriptions on file for Soma and Ultram.

FIRST CAUSE OF ACTION

IV.

Paragraph IV alleges that Respondent violated his PRN-PRN contract. Respondent did not violate the terms of his contract by being arrested for a DUI involving Soma and Ultram. Dr. Ray held a valid prescription for both Soma and Ultram. Northern Nevada (Reno) PRN-PRN notified Larry Espadero of the prescriptions on December 10, 2010, and was in possession of a copy of the prescription for these medications on December 14, 2010. Dr. Ray is of "good moral character" and he is not guilty of "habitual intemperance." On the contrary; he has willingly submitted to and paid for in excess of 120 random and unannounced urine samples for drug screening which he has never failed. He is a committed member of the PRN-PRN program. His conduct was neither "unprofessional" nor contrary to the "public interest," as those terms are used in NRS639.210(1), (2) and (4) and NAC 639.945(1)(I).

AFFIRMATIVE DEFENSES

FIRST AFFIRMATIVE DEFENSE

As a separate and distinct affirmative defense to the Notice of Intended Action, Respondent alleges that the Notice of Intended Action fails to state facts sufficient to constitute a cause of action, or any action, against Respondent.

SECOND AFFIRMATIVE DEFENSE

As a second and distinct affirmative defense to the Notice of Intended Action, Respondent alleges that at all relevant times hereto, Respondent has complied with the terms of the PRN-PRN contract.

THIRD AFFIRMATIVE DEFENSE

As a third and distinct affirmative defense to the Notice of Intended Action, Respondent alleges that he did have valid prescriptions on file with PRN-PRN for Soma and Ultram. Taking a valid prescription medication which is on file with the PRN-PRN program is not a violation of the terms of the PRN-PRN contract.


FOURTH AFFIRMATIVE DEFENSE

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

WHEREFORE, this answering Respondent prays as follows:

1. No actions or discipline be taken by way of this Action;
2. That the Notice of Intended Action be dismissed with prejudice as against Respondent;
3. For such other and further relief as may be deemed just and proper under the circumstances.

Dated this 29th day of July, 2011.


Jonathan Corey Ray, Pharm.D., R.Ph.
Respondent

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

v.

Petitioner,

**JONATHAN COREY RAY, RPH,
Certificate of Registration No. 15170,**

Respondent.

**BOARD STAFF'S OPPOSITION
TO MOTION TO DISMISS FOR
FOR FAILURE TO STATE A
CLAIM, OR IN THE
ALTERNATIVE, MOTION FOR
SUMMARY JUDGMENT**

Case No. 11-065-RPH-N

_____/

Staff for the Nevada Board of Pharmacy, by Carolyn J. Cramer, General Counsel, opposes the Motion to Dismiss for Failure to State a Claim, or in the Alternative Motion for Summary Judgment; Memorandum in Support Thereof filed by the Respondent. This opposition is based upon the record, pleadings before this Board in this matter and the following Points and Authorities.

I. POINTS AND AUTHORITIES

A. There is no legal authority to make a Motion to Dismiss in Chapter NRS 233B or Chapter NRS 639, the Practice Act for Pharmacists and Pharmacy

Respondent's motion to dismiss must be denied because motion practice is not provided for under NRS chapter 233B (the Nevada Administrative Procedure Act) or NRS chapter 639 (the Pharmacy Practice Act). Nothing in either of these two chapters of the NRS provide for motion practice in an administrative hearing before the Board of Pharmacy. Where there is no stated procedural practice none can be implied. Furthermore, the Nevada Rules of Civil Procedure specifically do not apply to Nevada administrative agencies. *Dutchess Business Services, Inc. and Legend*

Pharmaceuticals, Inc. v. Nevada Board of Pharmacy, 191 P. 3d 1159, 1165, 124 Nev. Adv. Rep. 63, ____ (2008). The Board, which has the ability to adopt regulations to further its practice act pursuant to NRS 233B.040(1), has not adopted rules providing for motion practice so the motion to dismiss that has been advanced by Respondent must fail, as it is not allowed. Prehearing motions to dismiss are not permitted under the law and must be denied.

B. The Board Has Jurisdiction over this Matter Because Respondent is Under a PRN-PRN Contract

It is a matter for the Board to determine whether Respondent violated the terms and conditions of his PRN-PRN contract and probation with the Board. Staff believes it will show that Respondent was arrested for Driving While under the Influence of a Controlled Substance First Offense on December 14, 2010 to which he plead guilty on May 5, 2011. Staff also believes that it will be able to show that Respondent was sentenced for that offense. What remains to be determined by the Board is whether Respondent's use of the controlled substance on December 14, 2010 violated the terms and conditions of the PRN-PRN and his probation with the Board. The Board will also have the opportunity to explore whether Respondent's failure to tell PRN-PRN of his arrest is a violation of his probation with the Board. Respondent's exhibits may be used at the hearing but any pre-hearing attempt to litigate this matter must fail. Simply

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put, the facts need to be decided by the Board as there is a dispute between the parties that needs to be heard.

Signed and effective this 29th day of August, 2011.



Carolyn J. Cramer
General Counsel

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

v.

BILL CURTIS, RPH

Certificate of Registration No. 08493,

Case No. 11-074-RPH-N

Respondent.

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Curtis is a registered pharmacist with the Board.

II.

On or about July 15, 2011, the Board of Pharmacy received a report from the Elko Police Department that the loss prevention manager for Golden Health Pharmacy, Ean Woodbury, had contacted them regarding diversion of controlled substances by one of its employees. (Note that Golden Health Pharmacy is owned by Walgreens.)

III.

Officer Sean Nolen reported to Golden Health Pharmacy on July 11, 2011 and met with Ean Woodbury and Bill Curtis. Mr. Curtis was read his Miranda rights and agreed to talk with Officer Nolen. Mr. Curtis admitted that he had taken controlled substances from Golden Health Pharmacy, in addition to what was prescribed for him, because the long hours of standing caused the pain in his legs to worsen and his prescribed medication was not adequate. Mr. Curtis also indicated that his job was

stressful and that he had taken the controlled substances for his personal use. Mr. Curtis provided a written statement to Officer Nolen estimating that he had taken 200 hydrocodone 7/325 tablets and 2600 hydrocodone 10/325 and 10/500 tablets over what was prescribed for him. Mr. Curtis also admitted that he had taken 10 Alprazolam 2 mg. tablets for job related anxiety and insomnia and two 16 oz bottles of promethazine with codeine to help him with allergies and stomach problems.

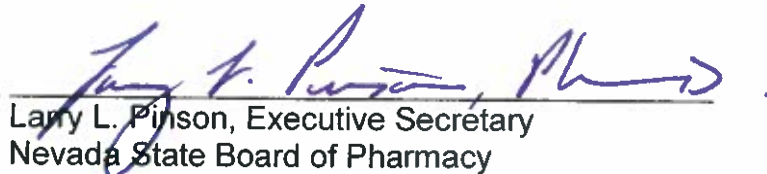
FIRST CAUSE OF ACTION

IV.

By obtaining controlled substances, referenced in averment III, without a lawful prescription therefore, Mr. Curtis violated Nevada Revised Statutes (NRS) 453.336(1), and/or 639.210(1),(4) 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 28th day of July, 2011.


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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

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

**BILL CURTIS, RPH,
Certificate of Registration No. 08493,**

Case No. 11-074-RPH-N

Respondent.

_____/

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

I.

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

II

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

The Board has reserved Wednesday, September 14, 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 28th day of July, 2011.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND NOTICE
OF DEFENSE

BILL CURTIS, RPH,
Certificate of Registration No. 08493,

Case No. 11-074-RPH-N

Respondent.

_____/

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

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

None

AUG 10 2011

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

I admit to the allegations against me.

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 6th day of August, 2011.

Bill Curtis RPh
Bill Curtis, RPh

August 6, 2011

To The Nevada State Board of Pharmacy,

I am guilty of taking and using drugs illegally while working for Walgreens. I would appreciate a opportunity to explain my situation with Walgreens. I do not want to justify my actions. They were wrong. I would like to explain my situation and receive some help or advice.

Thank You,
Bill Curtis

Blank

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

v.

**KELLI RAMSEY, R.PH
Certificate of Registration No. 12176**

Case No. 11-013-RPH-N

**CVS/Pharmacy #9841
Certificate of Registration No. PH01364
Respondents.**

Case No. 11-013-PH-N

_____ /

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents because Respondent Kelli Ramsey, R.Ph, (Certificate Number 12176) is a registered pharmacist with the Board and Respondent CVS/Pharmacy #9841 (CVS #9841) is a pharmacy licensed by the Board, located at 1695 Robb Drive, Reno, Nevada.

II.

Michael Braun is a two-year-old male who was prescribed prednisolone 15 mg./5 ml. liquid with directions to take 4 cc's twice daily for 3 days. Michelle Braun, Michael's mother, took the prescription to CVS #9841 on January 18, 2011 to be filled.

III.

John Braun, Michael's father, picked up the medication later that day. This was a new prescription for Michael and counseling was required, however the pharmaceutical technician affixed the label to the Prescription Pick-Up Log and obtained Mr. Braun's signature on the line indicating that the patient did not want counseling and sold him the medication without the pharmacist speaking to Mr. Braun.

The CVS Prescription Pick-up Log, which is also used as a counseling log, has no place for the pharmacist to initial whether counseling was provided or refused by the patient or their designated agent.

IV.

Ms. Braun immediately started the prednisolone therapy as indicated on the label. Approximately three weeks after Michael began taking the medication as directed on the label he began to display swelling of the face and extremities. On February 8, 2011, 21 days into the therapy, Ms. Braun telephoned CVS #9841 and spoke with a pharmaceutical technician regarding Michael's symptoms. Ms. Braun asked the pharmaceutical technician to check the prescription on the computer to ensure it was correct. The pharmaceutical technician asked Ms. Ramsey about the swelling and, without speaking with Ms. Braun, Ms. Ramsey indicated that the swelling "was totally normal" but added that if Ms. Braun was concerned she should contact Michael's physician.

V.

Ms. Braun telephoned Michael's physician, Dr. Tara Prokop, and informed her that after taking the prednisolone for 21 days, Michael was experiencing swelling of his face and extremities. At that time it was discovered that the dosing directions were incorrect. The label read, "Give 4cc by mouth twice a day for 30 days" not 3 days as prescribed by Dr. Prokop.

VI.

During the investigation of this matter it was learned that the original prescription was entered into the pharmacy computer by a pharmaceutical technician. During the input of the prescription, the pharmaceutical technician misread the dosing instructions and entered "Give 4cc by mouth twice a day for 30 days." The original prescription was filed and the prescription was entered into the fill queue. Ms. Ramsey retrieved the prescription from the fill queue, printed the label set and pulled the stock bottle of prednisolone. CVS stocks two brands of prednisolone 15 mg./5ml. The PAI brand selected at input is a pale yellow solution but is only stocked in the 237 ml. size bottle. The Teva brand is a pinkish red solution and is stocked in the 480 ml. size bottle.

Because the prescription called for 240 ml. of solution it is believed that in order to save time and production steps Ms. Ramsey scanned the PAI brand but used the Teva brand to fill the prescription. The label that printed had the description of the PAI brand prednisolone, which was pale yellow, however the prescription bottle contained Teva brand prednisolone which was pinkish red. Ms. Ramsey was the verifying pharmacist. Even though the First Alert DUR displayed red lettering advising the pharmacist to verify dosing, Ms. Ramsey failed to note the input error. The prescription was approved and staged for pick up.

VII.

It was found that the CVS Prescription Pick-up Log, which is also used as a counseling log, has no place for the pharmacist to initial whether counseling was provided or refused by the patient or their designated agent.

FIRST CAUSE OF ACTION

VIII.

In failing to strictly follow the directions of Michael Braun's physician by mislabeling his prescription for prednisolone with incorrect dosing instructions, namely "Give 4cc by mouth twice a day for 30 days" rather than 3 days, causing him to experience an adverse reaction, Ms. Ramsey 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

IX.

By mislabeling Michael Braun's prednisolone prescription identifying the contents of the bottle as a pale yellow solution, when in fact it contained a pinkish red solution, Ms. Ramsey violated NRS 639.210(4) and/or NAC 639.945(i).

THIRD CAUSE OF ACTION

In failing to maintain a counseling log that meets the requirements of Nevada law, specifically not having a place for the pharmacist to initial if counseling was provided or refused, CVS #9841 violated NRS 639.210(4) and/or NAC 639.707(6)(a) and/or 639.945(1)(i).

FOURTH CAUSE OF ACTION

X.

In owning and operating the pharmacy in which Ms. Ramsey committed the above violations, CVS #9841 violated NRS 639.210(4) and/or NAC 639.707(6)(a) and/or 639.945(1)(d) and/or (i) and (2).

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

Signed this 28th day of July, 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**

**KELLI RAMSEY, R.PH
Certificate of Registration No. 12176**

Case No. 11-013-RPH-N

Respondent.

_____ /

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

I.

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

II

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

The Board has reserved Wednesday, September 14, 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 28th day of July, 2011.



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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

ANSWER AND
NOTICE OF DEFENSE

KELLI RAMSEY, R.PH
Certificate of Registration No. 12176

Case No. 11-013-RPH-N

Respondent.

_____ /

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

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

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

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

DATED this _____ day of _____, 2011.

Kelli Ramsey, R.Ph

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

v.

**KELLI RAMSEY, R.PH
Certificate of Registration No. 12176**

Case No. 11-013-RPH-N

**CVS/Pharmacy #9841
Certificate of Registration No. PH01364
Respondents.**

Case No. 11-013-PH-N

_____ /

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter and these Respondents because Respondent Kelli Ramsey, R.Ph, (Certificate Number 12176) is a registered pharmacist with the Board and Respondent CVS/Pharmacy #9841 (CVS #9841) is a pharmacy licensed by the Board, located at 1695 Robb Drive, Reno, Nevada.

II.

Michael Braun is a two-year-old male who was prescribed prednisolone 15 mg./5 ml. liquid with directions to take 4 cc's twice daily for 3 days. Michelle Braun, Michael's mother, took the prescription to CVS #9841 on January 18, 2011 to be filled.

III.

John Braun, Michael's father, picked up the medication later that day. This was a new prescription for Michael and counseling was required, however the pharmaceutical technician affixed the label to the Prescription Pick-Up Log and obtained Mr. Braun's signature on the line indicating that the patient did not want counseling and sold him the medication without the pharmacist speaking to Mr. Braun.

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IV.

Ms. Braun immediately started the prednisolone therapy as indicated on the label. Approximately three weeks after Michael began taking the medication as directed on the label he began to display swelling of the face and extremities. On February 8, 2011, 21 days into the therapy, Ms. Braun telephoned CVS #9841 and spoke with a pharmaceutical technician regarding Michael's symptoms. Ms. Braun asked the pharmaceutical technician to check the prescription on the computer to ensure it was correct. The pharmaceutical technician asked Ms. Ramsey about the swelling and, without speaking with Ms. Braun, Ms. Ramsey indicated that the swelling "was totally normal" but added that if Ms. Braun was concerned she should contact Michael's physician.

V.

Ms. Braun telephoned Michael's physician, Dr. Tara Prokop, and informed her that after taking the prednisolone for 21 days, Michael was experiencing swelling of his face and extremities. At that time it was discovered that the dosing directions were incorrect. The label read, "Give 4cc by mouth twice a day for 30 days" not 3 days as prescribed by Dr. Prokop.

VI.

During the investigation of this matter it was learned that the original prescription was entered into the pharmacy computer by a pharmaceutical technician. During the input of the prescription, the pharmaceutical technician misread the dosing instructions and entered "Give 4cc by mouth twice a day for 30 days." The original prescription was filed and the prescription was entered into the fill queue. Ms. Ramsey retrieved the prescription from the fill queue, printed the label set and pulled the stock bottle of prednisolone. CVS stocks two brands of prednisolone 15 mg./5ml. The PAI brand selected at input is a pale yellow solution but is only stocked in the 237 ml. size bottle. The Teva brand is a pinkish red solution and is stocked in the 480 ml. size bottle.

Because the prescription called for 240 ml. of solution it is believed that in order to save time and production steps Ms. Ramsey scanned the PAI brand but used the Teva brand to fill the prescription. The label that printed had the description of the PAI brand prednisolone, which was pale yellow, however the prescription bottle contained Teva brand prednisolone which was pinkish red. Ms. Ramsey was the verifying pharmacist. Even though the First Alert DUR displayed red lettering advising the pharmacist to verify dosing, Ms. Ramsey failed to note the input error. The prescription was approved and staged for pick up.

VII.

It was found that the CVS Prescription Pick-up Log, which is also used as a counseling log, has no place for the pharmacist to initial whether counseling was provided or refused by the patient or their designated agent.

FIRST CAUSE OF ACTION

VIII.

In failing to strictly follow the directions of Michael Braun's physician by mislabeling his prescription for prednisolone with incorrect dosing instructions, namely "Give 4cc by mouth twice a day for 30 days" rather than 3 days, causing him to experience an adverse reaction, Ms. Ramsey 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

IX.

By mislabeling Michael Braun's prednisolone prescription identifying the contents of the bottle as a pale yellow solution, when in fact it contained a pinkish red solution, Ms. Ramsey violated NRS 639.210(4) and/or NAC 639.945(i).

THIRD CAUSE OF ACTION

In failing to maintain a counseling log that meets the requirements of Nevada law, specifically not having a place for the pharmacist to initial if counseling was provided or refused, CVS #9841 violated NRS 639.210(4) and/or NAC 639.707(6)(a) and/or 639.945(1)(i).

FOURTH CAUSE OF ACTION

X.

In owning and operating the pharmacy in which Ms. Ramsey committed the above violations, CVS #9841 violated NRS 639.210(4) and/or NAC 639.707(6)(a) and/or 639.945(1)(d) and/or (i) and (2).

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

Signed this 28th day of July, 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
v. NOTICE OF INTENDED ACTION
 AND ACCUSATION
 RIGHT TO HEARING**

**CVS/Pharmacy #9841
Certificate of Registration No. PH01364**

Case No. 11-013-PH-N

Respondent.

_____ /

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

I.

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

II.

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

III.

The Board has reserved Wednesday, September 14, 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 28th day of July, 2011.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,
v.

**ANSWER AND NOTICE
OF DEFENSE**

**CVS/Pharmacy #9841
Certificate of Registration No. PH01364**

Case No. 11-013-PH-N

Respondent.

_____ /

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

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

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

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

DATED this _____ day of _____, 2011.

type or print name

For CVS #9841

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**SAMI S. ZAMZAM, M.D.,
Controlled Substance Registration No: CS11213**

Case No. 11-061-CS-N

Respondent.

_____/

COMES NOW Larry L. Pinson, in his official capacity as Executive Secretary of the Nevada State Board of Pharmacy, and make the following that will serve as both a Notice of Intended Action under Nevada Revised Statutes (NRS) 233B.127(3) and as an Accusation under NRS 639.241, and as a notice of intent to deny under NRS 453.241(2).

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Sami S. Zamzam has a controlled substance registration issued by the Board.

II.

On or about May 27, 2011 Board staff received a complaint regarding possible unsafe practices at Radiance Medical Spa and Weight Loss Center (Radiance). One concern was when the patient asked to see the doctor, there was no doctor on site and she was advised a nurse would see her. The patient was told that Radiance was "medically owned and supervised." When the patient asked who the doctor was that owned the business she was told Dr. Sami Zamzam.

III.

Joe Depczynski, the Board's investigator, went to Radiance and met with the

office manager, Anica Relaford. Ms. Relaford confirmed that Dr. Sami Zamzam was the facility's medical director and supervising physician but she did not know how to contact him. When Board staff asked about the HCG diet, Human Chorionic Gonadotropin (HCG) and a Schedule III controlled substance, Ms. Relaford explained that Darci Page, a registered nurse, would examine patients and consult with Dr. Zamzam by telephone. After the consultation, Ms. Page would administer or dispense HCG per the doctor's instructions. Ms. Relaford was unaware of any licensing requirements for controlled substances or the dispensing of drugs and indicated that she had only been employed at Radiance for two months.

IV.

Mr. Depczynski made contact with Dr. Zamzam by telephone. Dr. Zamzam confirmed that he no longer resides in Nevada but he continued to provide supervision to Radiance through periodic telephone consults and quarterly visits. Dr. Zamzam also admitted that he did not normally examine the patients and his decision to dispense and administer HCG and other prescription drugs was primarily based on the patient's history and physical which was done by the nurse, Darci Page. Dr. Zamzam was also unaware of any controlled substance or dispensing registration requirements, nor was he aware of the bona fide therapeutic relationship requirements.

V.

Radiance and Darci Page were in possession of controlled substances and dangerous drugs without the authority to do so. Mr. Depczynski removed all controlled substances and dangerous drugs, copies of invoice and sales documents, HCG log for syringes, HCG log for tablets, Restylane/Juvederm log, and the Botox log from the premises.

FIRST CAUSE OF ACTION

VI.

By operating Radiance from another state without having a bona fide therapeutic relationship with patients, Respondent Zamzam violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(i) and/or (o) and/or (3).

SECOND CAUSE OF ACTION

By operating Radiance without having a controlled substance registration with the Board, Respondent Zamzam violated NRS 453.226(1) and/or 639.210(4) and/or NAC 639.945(1)(k).

THIRD CAUSE OF ACTION

By operating Radiance and dispensing controlled substances and dangerous drugs to patients without a dispensing practitioner registration, Respondent Zamzam violated NRS 639.23505 and/or 639.210(4) and/or NAC 639.945(1)(k).

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

Signed this 29th day of July, 2011.



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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

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

SAMI S. ZAMZAM, M.D.,
Controlled Substance Registration
No: CS11213

Case No. 11-061-CS-N

Respondent.

_____/

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

I.

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

II.

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

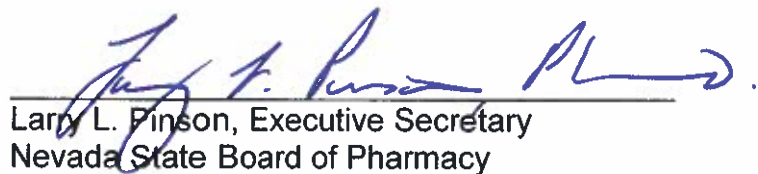
III.

The Board has reserved Wednesday, September 14, 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 29th day of July, 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.

SAMI S. ZAMZAM, M.D.,
Controlled Substance Registration
No: CS11213

ANSWER AND NOTICE
OF DEFENSE
Case No. 11-061-CS-N

Respondent.

_____/

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

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

Please attachment 1


AUG - 5 2011

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

Please see attachmat 2

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 3rd day of August, 2011.


Sami S. Zamzam, M.D.,

ATTACHMENT 1

Before the Nevada State Board of Pharmacy

RE: ANSWER AND NOTICE OF DEFENSE

Case No. 11-061-CS-N

FIRST CAUSE OF ACTION

Object as to operating Radiance from another state. I am neither the owner nor the operator of Radiance.

SECOND CAUSE OF ACTION

Object as to operating Radiance with having a controlled substance registration. I am neither the owner nor the operator of Radiance.

THIRD CAUSE OF ACTION

Object to operating Radiance and dispensing controlled substances and dangerous drugs to patients without a dispensing practitioner registration. I am neither the owner nor the operator of Radiance. I did not prescribe, dispense, or authorize the dispensing of any controlled or dangerous medications.

ATTACHMENT 2

Nevada Board of Pharmacy

431 W. Plumb Lane

Reno, NV 89509-3766

RE: Case No. 11-061-CS-N

Dear Mr. Pinson:

In my attempt to respond to the notice of intended action and accusation I would like to clarify my relationship with Radiance Medical Spa. I am neither the owner nor the operator/administrator of Radiance. This facility is in fact owned and operated by Lark P.L.L.C dba Radiance Medical Spa. Please see attached Secretary of State records. Its owners are recognized as Angela Lewis and Kelly Robertson. They employed me as an independent contractor to be their medical director. I am including a copy of a 1099 showing my independent contractor status. There was a clear misrepresentation of my relationship with the facility by the office manager, Anica Relaford, who by your records appeared to be a new employee. Radiance has never been "medically owned" or operated as the patient was told.

In regards to Ms. Relaford's statement that Darci Page, RN would consult with me by telephone after examining each patient and then administer or dispense HCG per my instructions, this is false. Darci Page was examining patients and administering and dispensing medication without consulting with me and without a written prescription. It appears that this approach of managing patients was requested by the owners of the facility.

In regards to my telephone discussion with Mr. Depczynski, I did confirm that I no longer resided in Nevada but that I continued to provide medical advice by telephone. I notified the owners of Radiance of my relocation to Michigan and they requested that I stay on as a medical consultant. I do not however make quarterly visits and never represented such. My discussion of the examining of HCG patients with Mr. Depczynski was misrepresented. I approved a protocol developed by the owners of Radiance for an HCG program that called for an appropriate clinician to examine, approve, and prescribe the use of HCG for each patient. It is obvious that an RN cannot examine a patient and prescribe medication, so clearly an RN is not an appropriate clinician for this program. The appropriate clinician would be an NP or a PA as intended by the program guidelines (please see attached HCG guidelines signed by myself). It is true that the RN, Darci Page, did contact me by phone on a couple of occasions, but only to ask if a particular patient would be a good candidate for the HCG program. It was still recommended by me that each patient go through the same program guidelines. I did not authorize the dispensing of HCG medication over the phone and no prescription was generated for any of these patients. In regards to the controlled substance or dispensing registration requirements of the facility, as an independent contractor the owners did not make that information

available to me whether they had one or not. I am also unaware of when these patients were treated or how many as this information was also not made available to me.

In response to the possession of controlled substances and dangerous drugs by Radiance, I agree that the owners should not have had access to these medications. In my review of these events, I have found that they purchased medications without my authorization or written consent. A local pharmacy confirmed the owners of Radiance purchased HCG weeks before we had even discussed the program. I am including a copy of an invoice from Don's Pharmacy which shows a first purchase date of 05/04/2010. If you will note, the date of my signature approving the HCG program protocol was 05/28/10. I am unsure how they were able to order HCG from any pharmacy without a prescription from me. It wasn't until the Board of Pharmacy contacted me that I also discovered that they had purchased Latisse (which was not mentioned in your complaint) without consulting with me and without my consent. I am unsure how they were able to obtain this without a prescription or authorization from me. When the owner, Angela Lewis, was confronted on this, she admitted to doing this without authorization. By these actions, the owners breached a signed written agreement that I put in place to protect my License and pharmacy registration in the event that they purchase any prescription medications without my consent or authorization. Please see attached written agreement signed by the owners of the facility.

Since these discoveries, I have asked Radiance to close all accounts associated with my license and severed my relationship with the facility. I have also asked them to return all copies of my license and pharmacy registration to me. They have yet to comply with these requests.

I am an anesthesiologist by trade and we practice under strict procedures and guidelines for handling medications. I am disappointed to find the owners of Radiance were dishonest and were not following the appropriate guidelines for their programs.

LARK P.L.L.C.

Business Entity Information			
Status:	Active	File Date:	12/20/2006
Type:	Foreign Limited-Liability Company	Entity Number:	E0951912006-9
Qualifying State:	AZ	List of Officers Due:	12/31/2011
Managed By:		Expiration Date:	
NV Business ID:	NV20061824294	Business License Exp:	12/31/2011

Additional Information	
Central Index Key:	

Registered Agent Information			
Name:	ANGELA LEWIS	Address 1:	1049 RIMFIELD DR
Address 2:		City:	FERNLEY
State:	NV	Zip Code:	89408
Phone:		Fax:	
Mailing Address 1:	PO BOX 516	Mailing Address 2:	
Mailing City:	FERNLEY	Mailing State:	NV
Mailing Zip Code:	89408		
Agent Type:	Noncommercial Registered Agent		

Financial Information	
No Par Share Count:	0
Capital Amount:	\$ 0
No stock records found for this company	

Officers		<input type="checkbox"/> Include Inactive Officers	
Managing Member - TONY LEWIS			
Address 1:	1049 RIMFIELD DRIVE	Address 2:	
City:	FERNLEY	State:	NV
Zip Code:	89408	Country:	USA
Status:	Active	Email:	
Managing Member - C. DAVID ROBERTSON			
Address 1:	1049 RIMFIELD DRIVE	Address 2:	
City:	FERNLEY	State:	NV
Zip Code:	89408	Country:	USA
Status:	Active	Email:	

Actions\Amendments			
Action Type:	Application for Foreign Registration		
Document Number:	20060820905-62	# of Pages:	3
File Date:	12/20/2006	Effective Date:	
(No notes for this action)			
Action Type:	Initial List		
Document Number:	20070046148-92	# of Pages:	1

File Date:	1/23/2007	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20080111181-13	# of Pages:	1
File Date:	2/19/2008	Effective Date:	
(No notes for this action)			
Action Type:	Reinstatement		
Document Number:	20100051943-05	# of Pages:	1
File Date:	1/28/2010	Effective Date:	
(No notes for this action)			
Action Type:	Acceptance of Registered Agent		
Document Number:	20100051946-38	# of Pages:	1
File Date:	1/28/2010	Effective Date:	
(No notes for this action)			
Action Type:	Annual List		
Document Number:	20110160198-09	# of Pages:	1
File Date:	3/02/2011	Effective Date:	
(No notes for this action)			
Action Type:	Amended List		
Document Number:	20110443879-49	# of Pages:	1
File Date:	6/15/2011	Effective Date:	
(No notes for this action)			

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. Lark PLLC 1049 Rimfield Lane Fernley, NV 89408 (775) 825-2727		1 Rents \$	OMB No. 1545-0115 2009 Form 1099-MISC		Miscellaneous Income
		2 Royalties \$			
		3 Other income \$	4 Federal income tax withheld \$		
PAYER'S federal identification number 20-4040040	RECIPIENT'S identification number	5 Fishing boat proceeds \$	6 Medical and health care payments \$	Copy B For Recipient This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
RECIPIENT'S name, address, city and ZIP code Sami Zamzam 6080 Cour St. Michelle Reno, NV 89511		7 Nonemployee compensation \$ 14999.92	8 Substitute payments in lieu of dividends or interest \$		
		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> \$	10 Crop insurance proceeds \$		
Account number (see instructions)		11	12		
		13 Excess golden parachute payments \$	14 Gross proceeds paid to an attorney \$		
15a Section 409A deferrals \$	15b Section 409A income \$	16 State tax withheld \$	17 State/Payer's state no.	18 State income \$	

Form 1099-MISC

(keep for your records)

Department of the Treasury - Internal Revenue Service

Lark P.L.L.C. dba
Radiance Medical Spa

3173

Service Period 11/21/09-12/4/09

Check Date: 12/10/09

1099 Independent Contractor

Sami Zamzam

576.92

DETACH BEFORE MAILING



STANDING MEDICAL ORDERS

Rules, Regulations and Procedures for HCG (Human Chorionic Gonadotropin) injections

1. Patient Consultation with either: R.N., P.A., or N.P. as appropriate.
 - a) Patient completes medical history form.
 - b) Patient reviews HCG information pamphlet.
 - c) Patient reviews, initials and signs consent form, then clinician.
 - d) Patient's Height and Weight are taken and recorded against standard weight charts. Clinician and Patient agree on a mutually set goal. Goal is set based on height, weight and the number of courses that the patient will be completing.
 - e) Patient must have a BMI of 25 or greater to participate or have the ability to lose 10 lbs or more and remain in the normal range of the BMI Scale.
 - f) No Patient with a history of Cancer or Gout will be allowed to participate.
 - g) Clinician takes vitals and records.
 - h) Course "A" is 26 days- 23 days of injections- 15 LBS or Less- Last 3 days patient must remain on strict VLCD of 500 calories.
 - i) Course "B" is 43 days- 40 days of injections- 16 LBS or More- Last 3 days patient must remain on strict VLCD of 500 calories.

*When a patient has more than 15 lbs to lose the treatment may take longer, once they lose 34 pounds the session is complete. The only exception is if you have a grossly obese patient then they are allowed to lose an additional 5 lbs.

The maximum number of injections allowed in a session is 40

The three days post treatment are the utmost important, if the VLCD is not followed, weight will be gained immediately.

2. Patient's body measurements are taken and recorded.
3. Clinician reviews medical history with patient and answers all questions.
4. Photos should be taken, if possible- abdomen, thighs, etc..
5. Clinician agrees to HCG injections for treatment.
6. Clinician outlines program, diet plan, daily diet logs and schedules next visit.
7. Client is taught how to inject 1cc 30g ½" into abdomen area.
8. Client is given supplies (filled syringes, alcohol swabs) for a MAXIMUM of 8 days, initially patient must be seen on Day 3 of treatment once loading process is complete.

9. Patient **MUST** be seen 1 time per week for staff to take measurements, counsel, evaluate progress and administer B-12 injection. Review food journal and answer all questions and concerns.

1- 200 IU per injection of HCG 1-time daily

10. Progress Notes and all treatments records must be completed immediately following treatment.
11. United State manufacturer of HCG is only approved supplier.
12. Patients must wait six (6) weeks between Courses.

Approved By:


Sami Zamzani Medical Director


Date

501 Ralston St. • Reno, Nevada 89503
 (775) 329-2000 • (800) 525-9111
 Fax (775) 329-6716
 dons@dontspharmacy.com

DON'S
 PHARMACY

#66

DATE

5/4/10

Angela
 dience Medical Spa

3 W. Plumb Ln. #B

no, NV 89509

☐ CHARGE ☐ PAID ON ACCOUNT

DESCRIPTION	AMOUNT
HCG 125IU/0.25ml	80

off quick
 regular + prolo

TOTAL 80

THANK YOU

501 Ralston St. • Reno, NV
 (775) 329-2000 • (800) 525-9111
 Fax (775) 329-6716
 dons@dontspharmacy.com

DON'S
 PHARMACY

DATE

6-9

NAME

Radiance Med Spa

ADDRESS

Angela
 825 2727

CITY

☐ CASH ☐ CHARGE ☐ PAID ON ACCOUNT

QTY.

DESCRIPTION

2x50ml HCG 125IU/0.25

No insulin shown 6/10

RECEIVED BY

[Signature]

TOTAL

THANK YOU

501 Ralston St. • Reno, Nevada 89503
 (775) 329-2000 • (800) 525-9111
 Fax (775) 329-6716
 dons@dontspharmacy.com

DON'S
 PHARMACY

DATE

9/6/10

NAME

Radiance Med Spa

ADDRESS

538 W Plumb Ln #B

CITY

☐ CASH ☐ CHARGE ☐ PAID ON ACCOUNT

QTY.

DESCRIPTION

121 HCG 125IU/0.25ml

RECEIVED BY

[Signature]

TOTAL

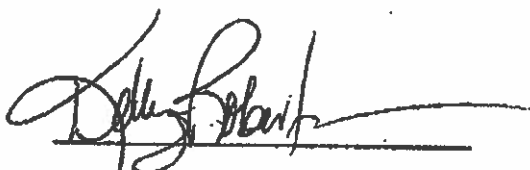
THANK YOU

Sami Zamzam, MD
2979 Eagle Rock Ct.
Reno, NV 89511
(775) 287-7174
sszamzam@hotmail.com

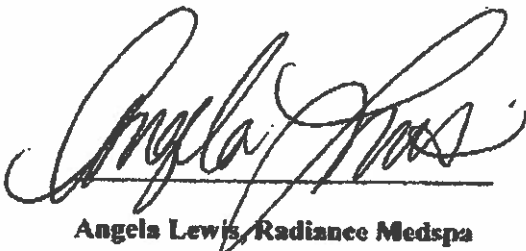
February 8, 2007

Release Agreement for Medical License and DEA Number

I agree that upon the release of the above mentioned medical license and DEA number belonging to the above mentioned physician, that I will use it with strict accordance to the operational guidelines of Radiance Medspa. This will restrict my use of the license and DEA number to purchasing necessary equipment and products for the daily activities of Radiance Medspa. This license/DEA number may not be used for medications requiring prescriptions or any other medications including schedule II and III medications (i.e. narcotics/sedatives) without the written consent of this physician. I also agree that any copies of the medical license and DEA number are the sole ownership of this physician and will be stored in a locked/protected cabinet. Upon termination of Physician and Radiance Medspa agreement these documents and all copies thereof will be promptly returned to Physician. Any violation of this agreement or any other use of this license by Radiance Medspa deemed inappropriate by this Physician or the Nevada State Medical Board will terminate this agreement and be prosecuted to the fullest extent of the law.



Kelly Robertson, Radiance Medspa



Angela Lewis, Radiance Medspa

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: Nevada IRX L.L.C. d/b/a (NV) Ascend Specialty Rx
Physical Address: 6330 South Sandhill Road; Las Vegas, NV 8912
Mailing Address: 2441 Warrenville Road - Suite 610 Attn: Frank
City: Lisle State: IL Zip Code: 60532-3642
Telephone Number: 630-577-4683 Fax Number: 630-288-9825
Toll Free Number: 800-850-9122
E-mail: _____ Website: www.ascendspecialtyrx.com
Managing Pharmacist: Margaret Bender License Number: 11016

Hours of Operation:

Monday thru Friday 9:00 am 2:00 pm Saturday N/A am _____ pm
Sunday N/A am _____ pm 24 Hours N/A

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

Board Use Only

Received: AUG 03 2011 Check Number: mo Amount: 500.00

57524

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: Delaware
Parent Company if any: informedRx, Inc.
Corporation Name: Nevada IRX L.L.C
Mailing Address: 2441 Warrenville Rd - Suite 610 ^{Attn: Frank Rowinski}
City: Lisle State: IL Zip: 60532-3642
Telephone: 630-577-4683 Fax: 630-288-9825
License Contact Person: Frank Rowinski
Professional Compliance Contact Person: Valerie Sullivan

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

<u>Officer or director name</u>	<u>Officer or director title</u>
<u>Mark Thierer</u>	<u>Director, President & CEO</u>
<u>Jeffrey Park</u>	<u>Director, CFO, EVP Finance, Secretary & Treasurer</u>

For any corporation non publicly traded, disclose the following:

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

a) <u>informedRx, Inc is sde member</u>	<u>2441 Warrenville Road</u>
Name	Address
	<u>Suite 610, Lisle, IL</u>
	<u>60532</u>
b) _____	_____
Name	Address
c) _____	_____
Name	Address
d) _____	_____
Name	Address

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

- 2) Provide the number of shares issued by the corporation. N/A
- 3) What was the price paid per share? \$100.00 = Initial Capital Contribution
By Sole Member
- 4) What date did the corporation actually receive the cash assets? May 31, 2011
- 5) Provide a copy of the corporations stock register evidencing the above information
(see Attached Operating Agreement)

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.

informed Rx, Inc., a Delaware corporation is the Sde Member

Mark Thierer

Jeffrey Park

Director + President + CEO

CFO, EVP-Finance, Secretary
+ Treasurer + Director

- 6) Has the firm or any owner(s), shareholder(s) hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

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

- a) _____
Name Address
Business
- b) _____
Name Address
Business
- c) _____
Name Address
Business
- d) _____
Name Address
Business

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

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

- a) Portland Professional Pharmacy Associates d/b/a Ascend
Name Address Specialty Rx
53 Darling Ave South Portland, ME 04106
Business
- b) NMHC Rx Mail Order, Inc. d/b/a informed Mail
Name Address
9994 Premier Parkway, Miramar, FL 33025
Business

Within the last five (5) years:

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

10) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry?

Yes ☐ No ☒

11) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances?

Yes ☐ No ☒

12) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)?

Yes ☐ No ☒

If the answer to any question 8 through 12 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

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

Signature of corporation officer

Date

7/21/2011

Jeffrey Park, CFO, EVP Finance, Secretary & Treasure

Print or Type name and title

STATEMENT OF RESPONSIBILITY
NON PUBLICLY TRADED CORPORATION

I, Jeffrey Park
Corporate Officer of Nevada IRX L.L.C.

hereby acknowledge and understand that in addition to the corporation's responsibilities, my fellow officers and I, as corporate officers of said corporation, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporate officers may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy or operation of a pharmacy in Nevada.

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

Signature


Jeffrey Park

Date

7/21/2011

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: MARGARET BENDER

License #: 11016

Pharmacy Name: Nevada IRX L.L.C. d/b/a CNO Ascend Specialty Rx

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

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

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

	Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If you marked YES to any of the numbered questions above, please include the following information		
Board Administrative Action:	State: _____	Date: _____ Case #: _____
And/or Criminal Action:	State: _____	Date: _____ Case #: _____
	County: _____	Court: _____

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)**LICENSE – NON PUBLICLY TRADED CORPORATION**

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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: Global DME
Physical Address: 4440 South Eastern Ave, Las Vegas NV
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 4440 South Eastern Ave, Las Vegas NV
City: Las Vegas State: NV Zip Code: 89119
Telephone Number: (702) 487-6000 Fax Number: (702) 487-6006
E-mail: _____ Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

FACILITY ADMINISTRATOR INFORMATIONName: Barbie Holt**TYPE OF MDEG PRODUCTS THAT WILL BE SOLD (CHECK ALL APPLICABLE)**

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

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis

Other: CPAP & BiPAP Machines

**If providing these types of services you are required to have in place a mechanism to ensure continued care in the event of an emergency. Provide name and telephone number of Nevada contact. Name: _____ Telephone: _____

Board Use Only
Received AUG 23 2011 Amount 500 Entity 57709 1

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: California
Parent Company if any: N/A
Corporation Name: Global DME, Inc.
Mailing Address: 10921 Wilshire Blvd Ste #410
City, State and Zip: Los Angeles, CA 90024
Telephone Number: (310) 208-6104 Fax Number: _____
License Contact Person: Isaac Verbukh
Professional Compliance Contact Person: Gordon Merrick

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

<u>Officer or director name</u>	<u>Officer or director title</u>
<u>Isaac Verbukh</u>	<u>CEO / Director</u>
_____	_____

For any corporation non publicly traded, disclose the following:

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

a) <u>N/A</u>	_____
Name	Address
b) _____	_____
Name	Address
c) _____	_____
Name	Address
d) _____	_____
Name	Address

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

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

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

N/A

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) _____
Name Address

Business

b) _____
Name Address

Business

c) _____
Name Address

Business

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

<input type="checkbox"/> Practitioner	Name: _____
<input type="checkbox"/> Advanced Practitioner of Nursing	Name: _____
<input type="checkbox"/> Physician's Assistant	Name: _____
<input type="checkbox"/> Physical Therapist	Name: _____
<input type="checkbox"/> Occupational Therapist	Name: _____
<input type="checkbox"/> Registered Nurse	Name: _____
<input type="checkbox"/> Respiratory Therapist	Name: _____

None

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.

Original Signature of Corporate Officer, no stamps or copies

Date

Isaac Verbukh , CEO & President

Type name and title

APPLICATION TO BE THE MDEG ADMINISTRATOR**Person who runs the facility on a daily basis**Date 8/18/11

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 CPAP and BiPAP machines and supplies
Nature of MDEG
Global DME Inc - 4440 S. Eastern Ave Las Vegas NV 89119
Name and Address of Business for Which MDEG Administrator is Requested
N/A

.....
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Henion Richard Joshua
Last Name First Name Middle Name

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

1440 E. Hacienda AVE APT B Las Vegas NV 89119
Present Residence Address-Street or RFD City State/Zip

N/A N/A N/A
Present Business Address Dates City State/Zip

N/A N/A
Present Position with the MDEG Dates

Phone: N/A Fax: N/A

Email address: N/A

San Diego, CA
Place of Birth (City, County, State)

29 Male
Age Sex

Blue Brown 210 6'0
Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics Yes. Tattoo of heart
on chest. Eagle on arm.

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.

07/09 - 08/11	Oband Med. Group 4440 S. Eastern Ave ^{Las Vegas} Las Vegas NV, 89119	3600 hrs
Month and Year	Name/ Address of Employer/Business	No of Employed Hours

Sleep tech	Run sleep studies	Barbie Holt
Title	Description of Duties	Name of Supervisor

04/11 - 08/11	Zeeba Sleep Center 2481 Professional Ct Las Vegas NV 89128	500 hrs
Month and Year	Name/ Address of Employer/Business	No of Employed Hours

Sleep tech	Run sleep studies	John DeCorte
Title	Description of Duties	Name of Supervisor

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

	N/A	
Title	Description of Duties	Name of Supervisor

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

	N/A	
Title	Description of Duties	Name of Supervisor

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

Title	Description of Duties	Name of Supervisor

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

Title	Description of Duties	Name of Supervisor

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

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

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

a) Board Administrative Action:

State:

N/A

b)

Date:

N/A

Case Number:

N/A

c) Criminal Action:

State:

California

Date:

04/2002

Case Number:

unknown

County:

San Bernardino

Court:

Victorville Courthouse

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 8-18-11

I, Richard Henion, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.



Original Signature of Applicant

Date 8-18-11

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made 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 Devices (CPAP/BiPAP Machines)
Global DME Inc. ^{Nature of License} 4440 S. Eastern Ave. Las Vegas NV 89119
 Name and Address of Establishment for Which License is Requested
N/A
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Henion Richard Joshua
 Last Name First Name Middle Name
Josh Henion
 Alias(es, Nicknames, maiden Name, Other Name Changes, Legal or Otherwise)
1440 East Hacienda Ave Apt B Las Vegas NV 89119
 Present Residence Address-Street or RFD City State/Zip
N/A N/A N/A
 Present Business Address Dates City State/Zip
N/A N/A
 Occupation Dates Phone: Residence Business Fax
N/A N/A N/A
San Diego CA
 Place of Birth (City, County, State)
29 male
 Age Sex
Blue Brown White 210 N/A 6'0
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics Yes. Tattoo on chest of a heart.
And an eagle on R arm.

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 RD Page 1

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

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

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State
<u>N/A</u>				

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

Name	Street	City	State	Zip	Telephone
<u>N/A</u>					

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
<u>Brianne Henion</u>	<u>7-19-02</u>		

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial: AD

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

Name N/A
 Address N/A
 Contact person N/A

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

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

Name (Maiden)	Birth Date	Address	Occupation
Gerald Henion	N/A	N/A	N/A

Father

Susan Tillman	15 arcata RD #1	N/A	
---------------	-----------------	-----	--

Mother

Father-in-Law N/A

Mother-in-Law N/A

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
Danielle Henion	N/A	N/A	N/A

Spouse

N/A

Spouse N/A

N/A

Spouse N/A

N/A

Spouse N/A

N/A

Spouse N/A

N/A

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School Adelanto Elementary School	Adelanto, CA	N/A	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School Mojave Youth Basin	Adelanto, CA	2001	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College			Yes <input type="checkbox"/> No <input type="checkbox"/>
University			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any N/A

College or university where obtained N/A

Applicant's initial



A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☒

County _____ State _____ Date registered _____

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☒ No ☐ If yes, give details in space provided below. List all cases without exception.

Date of Arrest	Age	Charge	Location-City and State	Deposition/Date	Arresting Agency
4/2002	20		Adelanto, CA	N/A	N/A

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☐ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you 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, furnish details on page 10.

Name	Relationship	Charge	Location	Date
N/A				
N/A				
N/A				

Applicant's initial



Yes ☐ No ☒ (Other than divorces)

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

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

[illegible]

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.

07/09 - 8/11	Obama 4440 S. Eastern, Las Vegas NV 89119	Still employed
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Sleep tech	Run sleep studies	Barbie Holt
Title	Description of Duties	Name of Supervisor
04/11 - 8/11	Zeebus sleep center 2481 Professional Ct Las Vegas NV 89128	Still employed
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Sleep tech	Run sleep studies	John DeCorte
Title	Description of Duties	Name of Supervisor
10/08 - 2/09	Sleep nastics	Family Reasons
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Sleeptech	Run sleep Studies	Mark Beltran
Title	Description of Duties	Name of Supervisor
09/06 - 10/08	Unemployed	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
06/05 - 08/06	Domino's Pizza Adelanto CA	moved to NV
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
COOK	N/A	Trude Fleeman
Title	Description of Duties	Name of Supervisor
08/04 - 04/05	Unemployed	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
03/04 - 08/04	City of Adelanto, CA Grounds Keeper	Season over
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Grounds Keeper	for the local single A Baseball team	Tino
Title	Description of Duties	Name of Supervisor
2003	Unemployed	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial



List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Ryan Provenzano</u>	Home	<u>Apple Valley</u>	<u>CA</u>			<u>YRS</u>
Employer	<u>N/A</u>	Business	<u>N/A</u>			
Name <u>Jamal Collins</u>	Home	<u>1440 E. Hacienda</u>	<u>Las Vegas NV</u>	<u>89119</u>		<u>YRS</u>
Employer	<u>N/A</u>	Business	<u>N/A</u>			
Name <u>Dorinda Ford</u>	Home	<u>Henderson NV</u>				<u>YRS</u>
Employer	<u>N/A</u>	Business	<u>N/A</u>			
Name <u>Steven Christie</u>	Home	<u>Livermore CA</u>	<u>94550</u>			<u>YRS</u>
Employer	<u>N/A</u>	Business	<u>N/A</u>			
Name <u>Milton Reyes</u>	Home	<u>Las Vegas NV</u>	<u>89119</u>			<u>YRS</u>
Employer	<u>N/A</u>	Business	<u>N/A</u>			

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
<u>N/A</u>			
<u>N/A</u>			
<u>N/A</u>			

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☐ No ☒

If yes, state type, where and years held

12. Have you ever applied for a city, county 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



14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

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

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

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

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 8-18-11

Applicant's initial

RD

ss.

COUNTY OF Clark

I, Richard J. Henion, 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 manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.



Original Signature of Applicant

Subscribed and Sworn to before me this 19th day of

August, 2011.
Martha Palomera
Notary Public



(seal)

Applicant's Initial



pg 10 cont. 2002 03-09 maurice stadium Adelanto, CA
cashier, season over
2000-2002 unemployed
98-99 Dairy Queen Adelanto CA

Applicant's initial



Blank

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA Medical Device, Equipment & Gases (MDEG)

LICENSE – SOLE OWNER

\$500.00 Fee made payable to: Nevada State Board of Pharmacy

(non-refundable and not transferable money order or cashier's check only)

Application must be printed legibly or typed

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: Mobility Sales -

Physical Address: 101 Hot Springs Rd #5E
(This must be a business address, we cannot issue a license to a home address)

Mailing Address: 101 Hot Springs Rd #5E

City: Carson City State: NV Zip Code: 89706

Telephone Number: 775-884-9024 Fax Number: 775-884-9024

E-mail: N/A Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 10a to 4p Tue: 10a to 4p Wed: 10a to 4p Thu: 10a to 4p
Fri: 10a to 4p Sat: — to — Sun: — to — Holidays: — to —

FACILITY ADMINISTRATOR INFORMATION

Name: Charles Owens

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

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

Board Use Only

Received AUG 09 2011 Amount 500.00 Entity: 57596 1

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

Owner's Name: Sue A. Councilman

List all previous names: Sue Linnecke

Social Security Number: _____

Date of Birth: _____

Place of Birth: City: Reno State: NV Country: USA

Citizenship: USA ☒ other N/A

If applicable, list Naturalization Number: N/A Passport Number: N/A

Current residence address: 905 Brenda Way

City: Washoe Valle. State: NV Zip Code: 89704

Telephone Number: _____ Fax Number: _____

Previous address (last 5 years): N/A

Address: N/A City: N/A State: N/A Zip Code: N/A

Address: N/A City: N/A State: N/A Zip Code: N/A

Address: N/A City: N/A State: N/A Zip Code: N/A

Business Name: mobility sales

Current Business Address: 101 Hot Springs Rd #5E

City: Carson City State: NV Zip Code: 89706

Telephone Number: 775-884-9024 Fax Number: 775-884-9024

Previous Employment (last 5 years):

Name: City of Carson City Address: 885 E. Musser #2080

City: Carson City State: NV Zip Code: 89701

Name: Keller Williams Realty Address: 1610 Sierra Rose Dr

City: Reno State: NV Zip Code: 89511

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

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

N/A

- 1) Do you hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒ If yes, list the persons, their address and their business names.

a) _____
Name Address

Business

b) _____
Name Address

Business

c) _____
Name Address

Business

d) _____
Name Address

Business

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

a) _____
Name Address

Business

b) _____
Name Address

Business

c) _____
Name Address

Business

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

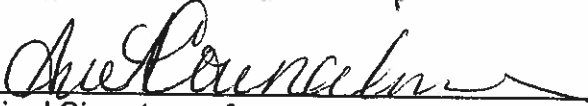
___ Practitioner	Name: <u>N/A</u>
___ Advanced Practitioner of Nursing	Name: _____
___ Physician's Assistant	Name: _____
___ Physical Therapist	Name: _____
___ Occupational Therapist	Name: _____
___ Registered Nurse	Name: _____
___ Respiratory Therapist	Name: _____

Within the last five (5) years:

- 4) Have you ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 5) Have you ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 6) Have you ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 7) Have you, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 8) Have you ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to any question 4 through 8 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider may be grounds for the revocation of this permit. I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees, to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.


Original Signature of owner

7-30-11
Date

Sue A. Councilman
Type name

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 7-14-11

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 DME + MDEG

Nature of MDEG
Mobility Sales 101 Hot Springs Carson City Nv 89706

Name and Address of Business for Which MDEG Administrator Is Requested

same as above (ownership change)

If applicable, Name Under Which It Is Now Operated

[Signature]
7/14/11

1. PERSONAL INFORMATION:

Owens Charles Gary
Last Name First Name Middle Name

N/A

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

1000 Blue Ridge ct. Carson City Nv. 89705
Present Residence Address-Street or RFD City State/Zip

101 Hot Springs #5E 06/2011 to
Dates present Carson City Nv. 89706
Present Business Address City State/Zip

owner 12/04 to
Dates present
Present Position with the MDEG

Fe

Email address: charliegowens@gmail.com

60 Fowler, Fresno, Ca. U.S.
Date of Birth Place of Birth (City, County, State)

60 M
Age Sex

green brown/grey 205 72"
Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics tattoo L shoulder

Capricorn goat

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.

12/04 to
present

Mobility Sales
101 Hot Springs Carson City 89706

13,000

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

owner

administrative/sales

self

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

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

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

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

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

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

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

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

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

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

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

[Signature]
7/14/11

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

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

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

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

Date: _____

Case Number: _____

c) Criminal Action: State: Calif.

Date: 08/1995 or 1996

Case Number: CR S 95-237-LKK

County: Sacramento

Court: Federal

4 . Will you be actively involved in and aware of the daily operation of the MDEG? Yes ☒ No ☐

5 .Will you be employed fulltime with the MDEG? Yes ☒ No ☐

6 .Will you be present at the site of the MDEG during its normal operating hours? Yes ☒ No ☐

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



ATTACH PHOTOGRAPH

TAKEN WITHIN LAST

30 DAYS HERE

Date of photograph 07/14/2011

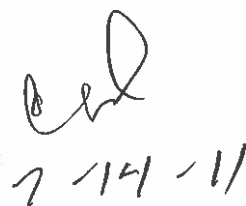
I, Charles G. Owens, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.



.....
Original Signature of Applicant

Charles Owens



Statement

In March of 1995 I, Charles Owens, was charged with mail fraud, a class D felony, in Sacramento, Ca. U.S. district court.

Through a plea agreement, I was convicted of afore mentioned crime. As a result of this conviction I served 8 months in a Federal Prison camp and 8 months in a federal half way house. In 2001 I successfully completed 3 years of probation. There have been no legal encumbrances since then.

All of this was disclosed in 2004 when I applied for a MDEG license.

Mobility Sales has been a thriving business since then and I appreciate you giving me a "second chance" then and wish the new owners of Mobility Sales all the best.

A handwritten signature in black ink, appearing to be 'Charles Owens', written in a cursive style.

Charles Owens
July 14, 2011

PERSONAL HISTORY RECORD

Date 8-1-11

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for Medical Devices Equipment + Gases
mobility Sales 101 Hot Springs Rd #5E Carson City NV 89706
mobility Sales
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Councilman First Name Sue Middle Name Ann
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)

Sue A Linnecke
 Present Residence Address-Street or RFD 497 - current City State/Zip NV 89704

905 Brenda Way Dates Washoe Valley City NV State/Zip 89704

Present Business Address 101 Hot Springs Rd #5E Dates Carson City City NV State/Zip 89706

Occupation DUI Case Manager Phone: Residence Business Fax

Date of Birth 4/97 Place of Birth (City, County, State) Reno, Washoe, NV

Age 48 Sex Female

Color of Eyes Brown Color of Hair Blonde Weight 180 Build Medium Height 5'6"

Scars, tattoos or distinguishing marks and/or characteristics None

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 DC

Page 1

A. **Current Marriage** 11-25-95 Reno, Washoe NV
Date City, County and State
 Spouse's full name (Maiden) Daniel Louis Councilman S.S. No.
 Date of Birth Place of Birth Westwood, CA
 Resident address 905 Brenda Way Washoe Valley, NV 89704
Street City State Zip
 Telephone: Residence (775) 849-2334 Business (775) 722-1897
 Spouse's employer Nelson Electric Occupation Electrician
 Address of employer 1410 Freepoint Blvd Sparks NV 89431
Street City State Zip

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

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

N/A

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

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

N/A

3. FAMILY INFORMATION:

A. Children and Dependents:

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

Name	Birth Date	Birth Place	Residence Address
------	------------	-------------	-------------------

<u>Kyle Councilman</u>	<u>8-3-92</u>	<u>Reno, NV</u>	<u>905 Brenda Way</u>
<u>Dakota Councilman</u>	<u>4-24-97</u>	<u>Reno, NV</u>	<u>905 Brenda Way</u>
<u>Nicholas Councilman</u>	<u>11-27-99</u>	<u>Reno, NV</u>	<u>905 Brenda Way</u>

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial DL

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

Name N/A
Address N/A
Contact person N/A

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

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

Name (Maiden)	Birth Date	Address	Occupation
Father			Electrician
<u>Harry Kinnerke</u>		<u>Summit Ridge Dr Reno, NV 89523</u>	
Mother			Nurse
<u>Norma Kinnerke</u>		<u>2 Summit Ridge Dr Reno, NV 89523</u>	
Father-in-Law			University teacher
<u>Samuel Councilman</u>		<u>738 McNab Ave Long Beach CA 90808</u>	
Mother-in-Law			Nurse
<u>Ettie Councilman</u>		<u>738 McNab Ave Long Beach, CA 90808</u>	

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

Name (Maiden)	Birth Date	Address	Occupation
<u>Judy O'Neil</u>		<u>1220 Mineral Flat Rd, Reno, NV 89506</u>	Checker
Spouse			
<u>Carl Kinnerke</u>		<u>215 S. Monarch</u>	CPA/money manager
Spouse		<u>Aspen Co 81611</u>	
<u>Donna Kinnerke</u>		<u>215 S. Monarch</u>	Home maker
		<u>Aspen Co 81611</u>	
Spouse			
Spouse			

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>Huffer</u>	<u>Reno, NV</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School <u>Woodster</u>	<u>Reno, NV</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College <u>Tmcc</u>	<u>Reno, NV</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
University <u>Pittsburg State University</u>	<u>Pittsburg, KS</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other			
Type of degree obtained, if any	<u>AA in Criminal Justice BA Poli Sci</u>		
College or university where obtained	<u>Tmcc Pittsburg State University</u>		

Applicant's initial

AC

A. Have you ever served in any armed forces? Yes ☐ No ☒

Branch N/A Date of entry-active service N/A

Date of separation N/A Type of discharge N/A

Rating at separation N/A Serial number N/A

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on page 10. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☒

County N/A State N/A Date registered N/A

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below. List all cases without exception.

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

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒ If yes, furnish details on page 10.

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒

F. Have you 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, furnish details on page 10.

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

Applicant's initial He

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

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

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

List all residences you have had for the last 25 years:

Month and Year (From-To)	Street and Number	City	State or County
6/99 - Current	905 Brenda Way	Cobleshire Valley	NV
8/95 - 6/99	3095 Holly Ln	Washoe Valley	NV
11/91 - 8/95	7646 Platt Crde	Reno	NV
1/80 - 11/91	3310 Davis Ln	Reno	NV

Applicant's initial

HE

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
<i>See Attached</i>		
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial *AC* Page 6

Mar-10	Current	City of Carson City	885 E. Musser St. #2080, Carson City, NV 89701
Present	DUI Case Manager	Manage DUI 3rd Offenders and probationers	Rory Planeta
Nov-10	Apr-11	Mt. Rose Ski Resort	Mt Rose Ski Resort, Reno, NV 89511
Seasonal	Sales associate	Ticket Sales	Griselda
Sep-08	Mar-10	City of Carson City	1545 E. 5th St., Carson City, NV 89701
Full time position	On-Call Youth Advisor	Supervise in custody youth	June James
Mar-08	Apr-09	Coldwater Creek	Summit Mall, Reno, NV 89521
Down sizing	Sales associate	Merchandise sales	Terry
Sep-06	Sep-09	Washoe County School District	9th Street, Reno, NV 89509
Temporary position	Substitute Teacher	Substitute teacher in class	
Aug-06	Feb-06	Student	Reno, NV
Graduated	Student	Real Estate School	Self
Feb-06	Feb-11	Keller Williams Group One Realty	690 Sierra Rose Dr., Reno, NV 89511
Change Company	Realtor	Buy and Sell homes for clients	Self
Feb-04	Sep-05	Patriot Plumbing	5635 Riggins Ct. #12, Reno, NV 89502
Out of Business	Office Manager	Purchasing, bookkeeper, office manager	Gary Houk
Aug-03	Nov-04	Target	6845 Sierra Center Parkway, Reno, NV 89511
Closing lab	Photo Lab Processor	Process photos for customers	Jacque Landry
Mar-03	Aug-03	Stay at home mom	905 Brenda Way, Washoe Valley, NV 89704
Temporary position	Mom		Self
Feb-03	Mar-03	New Horizons	9390 Gateway Dr., Reno, NV 89511
Lack of work	Office Assistant	Phone calls, paper work	Mike Parsley
Oct-02	Dec-02	Lifetouch Portrait Studio	7955 Security Circle, Reno, NV 89506
Seasonal	Digital photo processor	Process photos for the holidays	Steve Wahls
Aug-02	Mar-04	Washoe County Crime Lab	911 Parr Blvd., Reno, NV 89526
Full time position	Volunteer Finger Print Analyst	Compare fingerprints	Ronald Young
Dec-01	Jul-02	Carson City Sheriff's Office	901 E. Musser St., Carson City, NV 89701
Wanted back at Washoe	Volunteer Forensic Technician	Evidence tech and crime scene investigator	Dean Higman
Oct-01	Dec-01	Sears	5400 Meadowood Mall, Reno, NV 89511
Seasonal	Sales	Merchandise sales	Mike
Dec-00	Jun-02	Reno Radio Representatives	300 E. 2nd St., 14th Floor, Reno, NV 89501
Eliminated position	Office Assistant	Bookkeeping, phones, filing	Tracy White

Oct-00	Dec-00	Essentials	4792 Caughlin Parkway, Reno, NV 89511
Temporary position	Nail technician	Manicure, pedicure, and acrylic nails	Self
Nov-99	Nov-00	Stay at home mom	905 Brenda Way, Washoe Valley, NV 89704
Temporary position	Mom		Self
Oct-99	Oct-00	Home Daycare	905 Brenda Way, Washoe Valley, NV 89704
Temporary position	Daycare provider	Babysat	Self
Mar-99	Oct-99	DaVinci's	329 Flint St., Reno, NV 89502
Having a baby	Nail technician	Manicure, pedicure, and acrylic nails	Self
Jul-98	Dec-98	Washoe County Crime Lab	911 Parr Blvd., Reno, NV 89526
Position Ended	Forensic Science Intern	Processed evidence	Willie Stevenson
Jan-98	Apr-98	Meridian Electronics	West Plumb Lane, Reno, NV 89509
Temporary position	Data Entry	Update data base	Sunny Newman
Apr-97	Jan-98	Stay at home mom	905 Brenda Way, Washoe Valley, NV 89704
Temporary position	Mom		Self
Jan-97	Apr-97	Tax Account Pros	653 E. Moana Lane, Reno, NV 89502
Seasonal	Tax preparer	Prepare taxes	Eileen Jacobs
Jun-95	Dec-96	Rafscio	1555 Industrial Way, Sparks, NV 89431
Wrongfully Terminated	Office Manager	Bookkeeping, phones, filing	Vince Roggero
Dec-93	Jun-95	Quality Air Services	5301 Longley Lane, Reno, NV 89511
Advancement	Director of Administration	Purchasing, bookkeeper, office manager	Robert McSkimming
Nov-92	Dec-93	Just A Buck	Parklane Mall, Reno, NV 89502
Out of Business	Manager	Managed two stores	Mike Snedeker
Jan-92	Aug-92	Modern Woman	Parklane Mall, Reno, NV 89502
Having a baby	Assitant Manager	Merchandise sales	Li Morales
Jan-87	Dec-91	Norwegian Cruise Line	2 Alhambra Plaza, Miami, FL 33134
Live on land	Manager	Managed gift shops	Diane Lingle
May-86	Jan-87	Unemployed	Reno, NV
Sep-81	May-86	Student	Pittsburg, KS
Graduated	Student	College	Self

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Laura Flynn</u> Home	<u>Reno, NV</u>	<u>895</u>				<u>7</u>
Employer <u>Rendun</u> Business	<u>1495 Mill Street</u>	<u>Reno, NV</u>	<u>89502</u>			
Name <u>Gary Hawk</u> Home	<u>Carson City, NV</u>	<u>89704</u>				<u>13</u>
Employer <u>Patriot Plumbing</u> Business	<u>Same</u>					
Name <u>Andie Summerson</u> Home	<u>17 Canary Ct Sparks NV</u>	<u>8943</u>				<u>36</u>
Employer <u>Chiropractic Works</u> Business	<u>595 NTH Road</u>	<u>Reno, NV</u>	<u>89509</u>			
Name <u>Jacquie Surratt</u> Home	<u>2380 White Pine Canyon</u>	<u>City NV</u>	<u>89704</u>			<u>11</u>
Employer <u>Summitt Brokerage</u> Business	<u>1675 Sierra Rose Dr</u>	<u>Reno, NV</u>	<u>89511</u>			
Name <u>Lori Wilson</u> Home	<u>4380 Rocky Road</u>	<u>Reno, NV</u>	<u>89501</u>			<u>7</u>
Employer <u>Rendun</u> Business	<u>1495 Mill St</u>	<u>Reno, NV</u>	<u>89502</u>			<u>20</u>

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☒ No ☐
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
<u>Safe Deposit Box</u>	<u>Bank of America</u>	<u>Reno, NV</u>	<u>Sue Councilman</u> <u>Daniel Councilman</u>

11. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

Liquor	Lawyer	Race horse/race dog owner	Securities dealer	Insurance
Doctor	Contractor	Real estate broker or salesman	Barber/Cosmetologist	Gaming
Accountant	Pilot	Sports promoter	Trainer or manager	Educator

Yes ☒ No ☐

If yes, state type, where and years held

Real Estate Salesman Reno, NV 5 years
Nail Technician Reno, NV 15 years

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial

Ne

any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

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

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

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

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 7-18-11

Applicant's initial BC

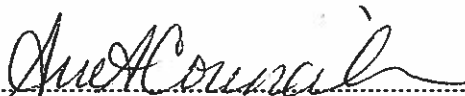
COUNTY OF

Carson

I, Sue Councilman

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 manufacturer license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Statutes on Pharmacists and Manufacturer and the Controlled Substances Act, as amended, and the Regulations of the Nevada State Board of Manufacturer as promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a manufacturer license in the State of Nevada.



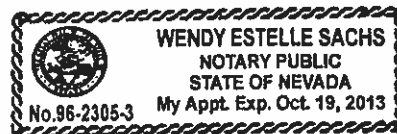
Original Signature of Applicant

Subscribed and Sworn to before me this 2nd day of

August, 2011

Wendy Estelle Sachs

Notary Public



(seal)

Applicant's initial



Will provide a copy of my insurance
once close of escrow occurs and insurance
is in place.

Applicant's initial

AC

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: Sesquiox LLC d/b/a Equinox Healthcare

Physical Address: 3240 B Corporate Ct, Ellicott City, Maryland 21042

Mailing Address: 3240 B Corporate Court

City: Ellicott City State: Maryland Zip Code: 21042

Telephone Number: 410-203-1701 Fax Number: 410-203-1702

Toll Free Number: 800-715-6650

E-mail: Kpote1@equinoxhealthcare.com Website: N/A

Managing Pharmacist: Kalpash Patel License Number: MD 13024

Hours of Operation:

Monday thru Friday 8:30 am 6:30 pm Saturday 8:30 am 1:00 pm
Sunday Pharmacist & Nurse on call 24/7 24 Hours 17

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

Board Use Only

Received: AUG 09 2011 Check Number: mo Amount: 500.00

57629

OWNERSHIP IS A CORPORATION

State of Incorporation: Delaware

Parent Company if any: _____

Corporation Name: Serguinox LLC

Mailing Address: 3840 R Corporate Ct

City: Ellicott City State: MD Zip: 21042

Telephone: 410-203-1701 Fax: 410-203-1702

License Contact Person: Kapesh Patel 443-538-3502 (c)

Professional Compliance Contact Person: Kapesh Patel

Ownership Information – Complete Section 1 or 2

Do not use N/A in this section – Section 1 or 2 must be completed.

Section 1: List the corporations four largest shareholders:
(Name and percentage of ownership)

- | | |
|---|--------------|
| 1. <u>Kapesh Patel - Director of Operations</u> | %: <u>15</u> |
| 2. <u>Shasali Patel - Manager</u> | %: <u>15</u> |
| 3. <u>Serguinox Acquisition</u> | %: <u>20</u> |
| 4. _____ | %: _____ |

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

Date of Incorporation: 12-22-2009 See attached

Registration number issued: 09127175

Stock Exchange: N/A - Private

List any physician shareholders and percentage of ownership:

No physicians are shareholders or owners

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

Please see attached list

Within the last five (5) years:

- 1) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to any question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

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



Signature of owner or executive officer

6-29-11

Date

Kapash Patel, Director of Operations, Owner

Print or Type name and title
Pharmacist in Charge

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Clay Ritchey

Corporate Officer of Serguinox LLC db/a Egeinox Healthcare
hereby acknowledge and understand that in addition to the corporation's
responsibilities, my fellow officers and I, as corporate officers of said corporation,
may be responsible for any violations of pharmacy law that may occur in a pharmacy
owned or operated by said corporation.

I further acknowledge and understand that the corporate officers may be
named in any action taken by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation cannot require or
permit the pharmacist(s) in said pharmacy to violate any provision of any local, state
or federal laws or regulations pertaining to the practice of pharmacy.

Clay Ritchey
Signature

6-27-11
Date



STATE OF MARYLAND

DHMH

Department of Health and Mental Hygiene

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

MARYLAND BOARD OF PHARMACY

4201 Patterson Avenue, Baltimore, Maryland 21215-2299

Michael Souranis, Board President – LaVerne G. Naesea, Executive Director

MARYLAND BOARD OF PHARMACY
PHARMACY VERIFICATION FORM

NAME OF PHARMACY

Equinox Healthcare
3240B Corporate Court
Ellicott City, MD 21042

TYPE OF REGISTRATION ISSUED:

Pharmacy

LICENSE NUMBER:

PW0332

EXPIRATION DATE:

12/31/2011

LAST INSPECTION DATE:

04/14/2010

ORIGINAL ISSUANCE DATE:

01/15/2010

CURRENT STATUS:

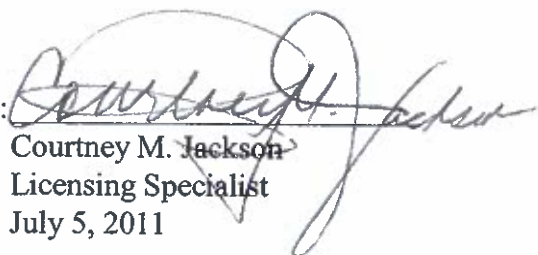
Active X Non-Renewed Closed

GOOD STANDING:

Yes X No

HAS PHARMACY BEEN FOUND GUILTY OF ANY VIOLATIONS FOR WHICH DISCIPLINARY ACTION WAS TAKEN? Yes No X

SIGNATURE:


Courtney M. Jackson
Licensing Specialist
July 5, 2011



Blank

JUL 11 2011

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: University of Utah Hospital Infusion Pharmacy

Physical Address: 675 Arapleen Drive, Suite 100, SLC, UT 84108

Mailing Address: 675 Arapleen Drive, Suite 100, SLC, UT 84108

City: SLC State: UT Zip Code: 84108

Telephone Number: _____ Fax Number: (801) 587-8620

Toll Free Number: 877-518-0411

E-mail: jay.lewandowski@hsc.utah.edu Website: http://healthcare.utah.edu/pliarn

Managing Pharmacist: Jay Lewandowski License Number: 153283-1701
Controlled Substance 153283-8911

Hours of Operation:

Monday thru Friday 8:30 am 6:00 pm Saturday 10:00 am 4:00 pm
 Sunday 10:00 am 4:00 pm 24 Hours ☒ (on call)

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

Board Use Only

Received: AUG 03 2011 Check Number: 848 Amount: 500.00

57522

OWNERSHIP IS A CORPORATION

State of Incorporation: Body of Politic of State of Utah
Parent Company if any: University of Utah
Corporation Name: University of Utah Hospital Infusion Pharmacy
Mailing Address: 675 Aspen Drive Suite #100
City: Salt Lake City State: Utah Zip: 84108
Telephone: 801 587-8600 Fax: 801-587-8620
License Contact Person: Jay Lewandowski Pharmacy Manager
Professional Compliance Contact Person: Karen Wilson Compliance Executive Director

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)

*n/a per conversation with
Candy, per Jay Lewandowski*

1. State of Utah %: _____
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: _____

*n/a per conversation with
Candy, per Jay Lewandowski*

List any physician shareholders and percentage of ownership:

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

11 JUN 28 AM 9:07

Within the last five (5) years:

- 1) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to any question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

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

Quinn McKenna
Signature of owner or executive officer

6/1/11
Date

Quinn McKenna, Chief Operating Officer
Print or Type name and title



State of Utah
Department of Commerce
Division of Occupational and Professional Licensing

GARY R. HERBERT
Governor

FRANCINE A. GIANI
Executive Director

MARK B. STEINAGEL
Division Director

VERIFICATION OF UTAH LICENSURE

Created On: 6/16/2011
Created By: Amber Cooper

Name of Licensee (as it appears in our records): University of Utah Hospital Infusion Pharmacy
675 Arapeen Dr Ste 100
Salt Lake City UT 84108

Classification of License Issued: Pharmacy - Class B
Dispensing Controlled Substance License

License Number: 6621056-1704
6621056-8913

Obtained by: Application

Current Status: Active

Original Date of Licensure: 07/12/2007

Expiration Date: 09/30/2011

Disciplinary Action:

☒ No

☐ Pending, certified copies of all Petitions are attached

☐ Yes, certified copies of all Petitions and Orders are attached

Signature: _____

Date: June 16, 2011



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: CHRIS Middle: M Last: IRWIN

Home Address: 1722 Bell Ave Apt #: _____

City: Sparks Fallon State: NV Zip Code: 89406

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: Reno NV Sex: ☒ M or F

E-mail Address: _____

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

Pharmacy: Career College of Northern Nevada Store #: School

Address: 1421 Pullman Drive

City: Sparks State: Nevada Zip Code: 89434

Signature of Managing Pharmacist: Adrienne Santiago Lic #: PT01986 Date: 5/31/2011

(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 _____

Date _____

Board Use Only

Received: JUN 18 2011 Check Number: 775 Amount: 40.00

57100



1421 Pullman Drive
(775) 856-2266
www.ccnn.edu

Career College of Northern Nevada

"Training Employees to Employer Specifications"



Sparks, NV 89434
FAX (775) 856-0935

May 31, 2011

Re: Chris M Irwin
Pharmacy Technician Training Application

Dear Nevada State Board of Pharmacy,

This student enrolled in the program on July 19, 2010. The student was made aware of the requirements of the program, which included a background check. As of this date this student refuses to submit to a background check.

We are submitting his application for Pharmacy Technician in Training, as he is close to externship in this program. This student will not be able to complete the program as the clinical rotations require a background check.

While this student checked "no" on his application, the student also told me he is in the process of getting an item removed from his criminal background history. The student refuses to tell me exactly what is contained in his background.

Thank you,

A handwritten signature in cursive script that reads 'Adrienne Santiago'.

Adrienne Santiago
Department Chair
Pharmaceutical Technician Training

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

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

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

Complete Name (no abbreviations):

First: Fadi Middle: Wasef Last: Atiya

Mailing Address: 6643 Duck Pond Trail

City: San Diego State: CA Zip Code: 92130

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: Kuwait ☒ M ☐ F

E-mail Address: _____

College of Pharmacy Information

Graduation Date: 12/1/1992
(mm/dd/yy)

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

Name of Pharmacy School: Massachusetts College of Pharmacy

Location of School: Boston

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

State which are licensed by exam: Oregon

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

State	License #	Is the license active?	State	License #	Is the license active?
<u>OR</u>	<u>8523</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<u>CA</u>	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>CA</u>	<u>45978</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
<u>TX</u>	<u>47040</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

Board Use Only

Received: AUG 6 2010 Check Number: CC Amount: 300.00
Date Law Book Mailed: _____ MPJE Approved: _____

5445
1045

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

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

- a) Board Administrative Action State: CA Date: 6/1/2010 Case Number: ----
and/or
- b) Criminal Action State: ----- Date: ----- Case Number: -----
County: ----- Court: -----

=====

=

FEDERALLY MANDATED REQUIREMENTS

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

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

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

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

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

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


SIGNATURE OF APPLICANT

7-26-2010
DATE

To whom it may concern:

In March 2008 the DEA arrested two employees at Galloway Pharmacy for stealing controlled substances, I was Pharmacist in Charge at this pharmacy.

Subsequently both employees have pleaded guilty and will be punished (jail time, fines and probation) by Federal Government.

In June 2010 the California Board of Pharmacy has sent me an accusation. The accusation "basically" states that I did not properly secure the pharmacy. I have the written action filed against me and it is available to you upon request.

Fadi Atiya
7-23-2010

A handwritten signature in black ink, appearing to read 'Fadi Atiya', followed by a large, stylized flourish or scribble.

7-23-2010

1 EDMUND G. BROWN JR.
Attorney General of California
2 LINDA K. SCHNEIDER
Supervising Deputy Attorney General
3 G. MICHAEL GERMAN
Deputy Attorney General
4 State Bar No. 103312
110 West "A" Street, Suite 1100
5 San Diego, CA 92101
P.O. Box 85266
6 San Diego, CA 92186-5266
Telephone: (619) 645-2617
7 Facsimile: (619) 645-2061
Attorneys for Complainant
8

9
10 **BEFORE THE
BOARD OF PHARMACY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**
11

12 In the Matter of the Accusation Against:

Case No. 3487

13 **FADI WASEF ATIYA**
6643 Duck Pond Trail
14 San Diego, CA 92130

A C C U S A T I O N

15 **Pharmacist License No. RPH 45978**

16 Respondent.
17

18 Complainant alleges:

19 **PARTIES**

20 1. Complainant Virginia Herold brings this Accusation solely in her official capacity as
21 the Executive Officer of the Board of Pharmacy (Board), Department of Consumer Affairs.

22 2. On March 10, 1993, the Board issued Pharmacist License Number RPH 45978 to
23 Respondent Fadi Wasef Atiya. The License was in full force and effect at all times relevant to the
24 charges brought herein and will expire on November 30, 2010, unless renewed.

25 **JURISDICTION**

26 3. This Accusation is brought before the Board, Department of Consumer Affairs, under
27 the authority of the following laws. All section references are to the Business and Professions
28 Code unless otherwise indicated.

4. Section 4300, subdivision (a) of the Business and Professions Code (Code) provides, in pertinent part, that every license issued may be suspended or revoked.

5. Section 118, subdivision (b), of the Code provides that the suspension, expiration, surrender, or cancellation of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary action during the period within which the license may be renewed, restored, reissued or reinstated.

STATUTORY PROVISIONS

6. Section 480 of the Code states, in pertinent part:

(a) A board may deny a license regulated by this code on the grounds that the applicant has one of the following:

• • • •

(3)(A) Done any act that if done by a licentiate of the business or profession in question, would be grounds for suspension or revocation of license.

(B) The board may deny a license pursuant to this subdivision only if the crime or act is substantially related to the qualifications, functions, or duties of the business or profession for which application is made.

7. Section 4022 of the Code states:

"Dangerous drug" or "dangerous device" means any drug or device unsafe for self-use in humans or animals, and includes the following:

(a) Any drug that bears the legend: "Caution: federal law prohibits dispensing without prescription," "Rx only," or words of similar import.

(b) Any device that bears the statement: "Caution: federal law restricts this device to sale by or on the order of a _____," "Rx only," or words of similar import, the blank to be filled in with the designation of the practitioner licensed to use or order use of the device.

(c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006.

8. Section 4081 of the Code states in pertinent part:

(a) All records of manufacture and of sale, acquisition, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every . . . pharmacy . . . holding a currently valid and unrevoked certificate, license, permit, registration, or exemption under Division 2 (commencing with Section 1200) of the Health and Safety Code or under Part 4 (commencing with Section 16000) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices.

1 11. Section 4110 of the Code states, in pertinent part:

2 (a) No person shall conduct a pharmacy in the State of California unless he or
3 she has obtained a license from the board. A license shall be required for each
4 pharmacy owned or operated by a specific person. A separate license shall be
5 required for each of the premises of any person operating a pharmacy in more than
6 one location. The license shall be renewed annually. The board may, by regulation,
7 determine the circumstances under which a license may be transferred.

8

9 12. Section 4301 of the Code states, in pertinent part:

10 The board shall take action against any holder of a license who is guilty of
11 unprofessional conduct or whose license has been procured by fraud or
12 misrepresentation or issued by mistake. Unprofessional conduct shall include, but is
13 not limited to, any of the following:

14

15 (o) Violating or attempting to violate, directly or indirectly, or assisting in or
16 abetting the violation of or conspiring to violate any provision or term of this chapter
17 or of the applicable federal and state laws and regulations governing pharmacy,
18 including regulations established by the board or by any other state or federal
19 regulatory agency.

20

21 REGULATORY PROVISIONS

22 13. California Code of Regulations, title 16 (Regulations), section 1714 states in pertinent
23 part:

24

25 (b) Each pharmacy licensed by the board shall maintain its facilities, space,
26 fixtures, and equipment so that drugs are safely and properly prepared, maintained,
27 secured and distributed. The pharmacy shall be of sufficient size and unobstructed
28 area to accommodate the safe practice of pharmacy.

29

30 (d) Each pharmacist while on duty shall be responsible for the security of the
31 prescription department, including provisions for effective control against theft or
32 diversion of dangerous drugs and devices, and records for such drugs and devices.
33 Possession of a key to the pharmacy where dangerous drugs and controlled
34 substances are stored shall be restricted to a pharmacist.

35 14. Regulations, section 1718 states:

36 "Current Inventory" as used in Sections 4081 and 4332 of the Business and
37 Professions Code shall be considered to include complete accountability for all
38 dangerous drugs handled by every licensee enumerated in Sections 4081 and 4332.

1 The controlled substances inventories required by Title 21, CFR, Section 1304 shall
2 be available for inspection upon request for at least 3 years after the date of the
3 inventory.

4 COST RECOVERY

5 15. Section 125.3 of the Code states, in pertinent part, that the Board may request the
6 administrative law judge to direct a licentiate found to have committed a violation or violations of
7 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
8 enforcement of the case.

9 FACTS

10 16. On March 6, 2008, Drug Enforcement Administration (DEA) and Federal Bureau of
11 Investigation (FBI) agents simultaneously served federal search warrants at White Cross
12 Pharmacy, Park Blvd. Pharmacy, and Galloway Pharmacy in San Diego after a two-year
13 investigation into controlled substance diversion from the three pharmacies. From July 1, 2005,
14 through March 6, 2008, Respondent was Pharmacist-in-Charge (PIC) at Galloway Pharmacy.

15 17. The search and warrants produced the following information:

16 a. Galloway was using the building located at 2984 Newton Avenue, San Diego, in
17 back of the pharmacy, as part of the pharmacy for storing prescription records, prescriptions filled
18 with controlled substances and being packaged for delivery, and computer terminals containing
19 confidential patient information, but the building was not licensed with the Board as a pharmacy.

20 b. From July 21, 2005, to March 6, 2008, Galloway purchased 467,400 tablets of
21 Hydrocodone 5/500; 2,111,400 tablets of Hydrocodone 10/325; and 154,900 tablets of
22 Oxycodone 80mg.

23 c. The DEA Biennial Inventory of July 21, 2005 shows 730 tablets of Oxycodone 80;
24 31,200 tablets of Hydrocodone 5/500; and 22,5000 tablets of Hydrocodone 10/325; and a closing
25 inventory (stock on hand) on March 6, 2008, of 956 tablets of Oxycodone 80; 5,396 tablets of
26 Hydrocodone 5/500; and 2,378 tablets of Hydrocodone 10/325.

27 d. The DEA computation chart shows that from July 21, 2005, to March 6, 2008,
28 Galloway dispensed 74,846 tablets of Oxycodone 80mg; 370,767 tablets of Hydrocodone 5/500;
and 103,623 tablets of Hydrocodone 10/325.

1 Together, this information revealed that Galloway was short 79,828 (51%) tablets of
2 Oxycodone 80mg; short 122,437 (25%) tablets of Hydrocodone 5/500 and short 2,028,899 (95%)
3 of Hydrocodone 10/325.

4 **FIRST CAUSE FOR DISCIPLINE**

5 **(Failure to Maintain Accurate Inventory)**

6 18. Respondent is subject to disciplinary action under section 4301, subdivision (o) of
7 the Code for violation of the Pharmacy Act and Regulations, in that while PIC of Galloway he
8 failed to maintain an accurate inventory in violation of Code section 4081, subdivision (a), and
9 Regulations, section 1718, as detailed in paragraphs 16 and 17, above.

10 **SECOND CAUSE FOR DISCIPLINE**

11 **(Failure to Maintain Secure Premises and Prevent Theft Inventory)**

12 19. Respondent is subject to disciplinary action under section 4301, subdivision (o) of
13 the Code for violation of the Pharmacy Act and Regulations, in that while PIC of Galloway he
14 failed to maintain his facilities so that dangerous drugs were properly secured and distributed, and
15 failed to make effective provisions for effective control against theft or diversion of dangerous
16 drugs, with resulting shortages, in violation of Regulations, section 1714, subdivisions (b) and
17 (d), as detailed in paragraphs 16 and 17, above.

18 **THIRD CAUSE FOR DISCIPLINE**

19 **(Operating an Unlicensed Pharmacy)**

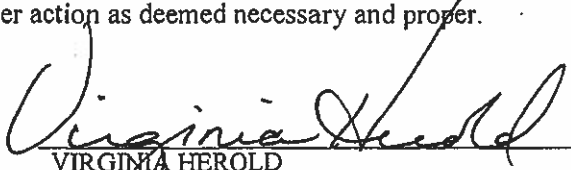
20 20. Respondent is subject to disciplinary action under section 4301, subdivision (o) of
21 the Code for violation of the Pharmacy Act and Regulations, in that while PIC of Galloway he
22 operated the building located at 2984 Newton Avenue, San Diego, behind Galloway, as a
23 pharmacy while the building was not licensed with the Board as a pharmacy, in violation of
24 section 4110, subdivision (a) of the Code, as detailed in paragraphs 16 and 17, above.

25 **PRAYER**

26 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
27 and that following the hearing, the Board of Pharmacy issue a decision:
28

- 1 1. Revoking or suspending Original Pharmacist License Number RPH 45978, issued to
2 Fadi Wasef Atiya, RPH;
3 2. Ordering Fadi Wasef Atiya to pay the Board of Pharmacy the reasonable costs of
4 the investigation and enforcement of this case, pursuant to Business and Professions Code section
5 125.3; and
6 3. Taking such other and further action as deemed necessary and proper.

7
8 DATED: 6/9/10


VIRGINIA HEROLD
Executive Officer
Board of Pharmacy
Department of Consumer Affairs
State of California
Complainant

Plant

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

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

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

Complete Name (no abbreviations):

First: Robert Middle: Paul Last: Brower II

Mailing Address: 2527 BANGERT LANE

City: NAPERVILLE State: ILLINOIS Zip Code: 60564

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: TACOMA, WA. ☒ M ☐ F

E-mail Address: _____

College of Pharmacy Information

Graduation Date: 5-19-1979
(mm/dd/yy)

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

Name of Pharmacy School: IDAHO STATE UNIVERSITY

Location of School: POCATELLO, IDAHO

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

State which are licensed by exam: See Attached (Idaho)

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

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

Board Use Only

Received: _____ Check Number: CC Amount: 300.00
Date Law Book Mailed: _____ MPJE Approved: _____

57 233

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

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

- a) Board Administrative Action and/or State: _____ Date: _____ Case Number: _____
- b) Criminal Action State: _____ Date: _____ Case Number: _____

County: _____ Court: _____

See Attached

=

FEDERALLY MANDATED REQUIREMENTS

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

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

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

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

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

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

R.P. Brower II RPh.

SIGNATURE OF APPLICANT

3-21-11

DATE

My name is Robert Brower and as required by the Nevada State Board of Pharmacy, I am submitting a letter of explanation of the circumstances and nature of the actions leading up to the disciplinary actions taken against my license.

I graduated from Idaho State University School of Pharmacy in 1979; I began working for Revco Drugs as a staff pharmacist in Flagstaff, Arizona that same year. I began to advance up within the company and traveling was required as part of my job. As I reflect back and share with others, I feel that this is where a problem began to blossom. While I was traveling, I found myself starting to drink more and more by myself. When I arrived home, I found there was more to drink and I had a drinking partner now....my wife.

As time went on and Revco filed Chapter 11, I took a position at Flagstaff Medical Center in Flagstaff, Arizona. I started as a staff pharmacist and within 2 years I was asked to be the Director of the Pharmacy. Since I returned to Flagstaff, I was beginning to meet old friends at the sports bar after work, and at the same time spending more money on alcohol, other people's tabs, and those items that make an alcoholic look important. Before long the money going out was more than the money coming in, and I would just have another drink to make it go away.

I was contacted by another pharmacist who had his own retail store in another community who I knew from my old retail days. He spoke about purchasing medications from the hospital using hospital pricing. When he purchased these medications, he would add a little extra for myself. This all sounded great, I could catch up on some bills and at the same time keep my drinking problem hidden. Before long the checks started to arrive for the drugs that I would supply him from the hospital inventory and since I was the director of pharmacy, I controlled many of the invoices and could change what actually arrived. When I got nervous, I found that my rum and coke made all the worries go away.

On 9-11-87, after I left the hospital, I was pulled over by two police cars and upon searching the car they found hospital medications and two bottles of rum. I was arrested and booked into county jail. I was released on my own recognizance and that weekend I took a hard look at myself and what I had become. I was told by a very close friend, to start going to AA meetings immediately and he said that he would go with me. I did not know what to expect. I listened to a lot of sharing that night and I wondered if I was really like them. I started by taking a physical inventory of myself and of my family, and I found that both were a mess. After several months of not drinking I started realizing where my life had really gone, I barely had a family and I was due to appear in court for something I couldn't believe I did. My after work visit to the sports bar became an AA meeting at a local church with about 25 other individuals. It was like putting on a new pair of glasses and seeing who I had really become.

On June 20th, 1988 I was convicted of two counts of felony theft of pharmaceutical drugs for profit. I was sentenced to 5 years probation, six months in jail with work release, and 750 hours of community service. Many of the people from my AA group were in the court room for support and there was nobody from the sports bar. The hardest part was to see your family in the courtroom.

Listening to the judge's decision was a big awakening for me and to see where alcohol had taken me and the road I took to get where I was. As a result of the felony conviction, the Arizona Bd. of Pharmacy

revoked my license effective September 28th of 1988 and that on September 27, 1990 I could appear before the board to show cause for reinstatement. The Idaho State Bd. of Pharmacy placed my license on probation from June 20, 1988 to September 27, 1990, and the California State Bd. of Pharmacy filed that effective on December 1, 1989 revoking my license and staying the revocation with 3 years probation. My Arizona Pharmacy license was reinstated in 1992 and my California license was also reinstated after successfully completing my probation. On September 1990, my Idaho license was taken off of probation and put back on active status.

After 1989 I relocated to Cathedral City, California I worked for several different hospitals (Desert Hospital, Palm Springs, Ca. and Needles Hospital, Needles, Ca. and Yucca Valley Hospital, Yucca Valley, Ca). My financial situation was not good and mounting medical bills were compounding the problem even more. In June of 1994, I applied for a pharmacist position at the Safeway Pharmacy in Lake Havasu City, Arizona.

Safeway offered both a bonus and a more money than I was currently making, but I did not want my criminal history to keep me from acquiring the position. I lied on my application and did not disclose my 1988 conviction hoping that nobody would notice. I should have realized that some of the same old crazy thought patterns from my past were beginning to return.

Seven months later I was approached by Safeway management and asked about why I falsified my original application relating to my 1988 conviction. I explained my financial situation to them and why I was afraid to inform them about the conviction, but per Safeway policy for falsifying an employment application I was still terminated. There were also some questions about cash discrepancies, but further investigation showed that the cash drawers did balance.

Needing employment, I applied for a position at Payless Drugs in February of 1995. During this time, I had received calls from my AA sponsor who was trying to get me to come to AA meetings with him, but I always had some excuse. In March, 1995 in Yuma, Arizona I took myself to a Mexican restaurant and broke 7 years 5 months of sobriety starting with a Margarita. I tried to convince myself that I could control it, that I just I needed something to calm my worries. My drinking habit and the same thought patterns returned quicker than ever and using an alcoholic mind, I rationalized what I needed to do to get out of this financial bind.

Between March 19, 1995 and May 4th, 1995 I began taking money from the cash register in the pharmacy at Payless Drug. Again, my alcoholic thinking said that I would not get caught and everything would be "OK". In May of 1995 I was arrested for theft and on August 18, 1995 in Yuma, Arizona, I was convicted of felony theft and sentenced to 48 months of probation and community service hours. Based on this 1995 Yuma conviction, the Arizona State Bd. of Pharmacy effective November 30, 1995 placed my pharmacy license on probation for 5 years, I signed a 5 year contract with the "PAPA" program for alcohol rehabilitation, and quarterly reports from the probation officer would be provided to the board. As a result of the Arizona Bd. of Pharmacy decision, theft at the Payless Drugs, and the falsifying of the employment application with Safeway, the California State Bd. of Pharmacy revoked my license effective

on December 17th, 1996. In February of 2010 the Illinois State Bd. of Pharmacy also placed a "Reprimand" on my license due to what happened in California and Arizona in 1988 and 1995.

I am proud to say that all 12 of my pharmacy licenses are active and in good standing. I consider May 4th, 1995 my AA birthday and the start of the sobriety that has brought me here today. I will have 15 years of sobriety on May 4th, 2010. I realize that from 1987 to 1995, I destroyed a marriage, two children, jobs, and the respect of many in my pharmacy community. It took myself to confront my alcoholism to start to turn my life around. I had to look at myself, recognize what I did, and turn things over to a higher spiritual power, because I couldn't do it by myself anymore.

I have learned what alcohol can do to an individual and the destruction that comes with it. It touches every part of ones life and knows no boundaries. On every pharmacy application that I send in, I answer honestly and without excuses to what I have done.

When opportunities arise for me to share my experiences, I take these opportunities explain to others the hardships, the lessons learned and the successes. My hope is that by sharing my life story, it will give some that are in the same situation encouragement to never give up and others a view of where not to go.

I use all the tools that I have learned from my 12 step program and a loving and supportive wife and family to make sure that there are no repeats of this in my life. I am working with the Illinois State Bd. of Pharmacy in hiring recovering pharmacists and developing a recovery program within my workplace, and I am glad to say that it has been successful so far.

I am the pharmacist-in-charge and oversee 13 pharmacists and 1 technician at my work place. I am currently sponsoring another recovering pharmacist and have been for almost a year. I am the Director of Operations for RxRemote Solutions, a CPS Company, which is now one of the largest remote order entry companies in the United States. I am very proud of where I am today and feel very lucky with what I have.

I know that alcohol is a disease and have lived its destructive forces, but I know that living a 12-step program and staying on the high road is now my way of life. I have no excuses for the decisions and cannot blame anybody but myself for those decisions that I made in the past. I do hope this letter better explains what led up to some of the many destructive decisions that I made, better describe my own recovery and where I am today. As the 12-step program teaches us, our recovery is one day at a time. I hope that the Nevada State Board of Pharmacy will understand and grant me permission to reciprocate my pharmacy license.

Sincerely,

A handwritten signature in blue ink that reads "Robert P. Brower II, RPh". The signature is fluid and cursive, with the initials "RPh" at the end.

Robert P. Brower, II RPh
2527 Bangert Lane
Naperville, Illinois 60564

THIS COPY IS FOR
YOUR RECORDS

III

In September, 1988, the Arizona State Board of Pharmacy (hereinafter referred to as "the Arizona Board") revoked respondent's pharmacy license. The Arizona Board's disciplinary action was based on the fact that respondent had been convicted of a felony on June 20, 1988. Respondent had stolen \$100,000 worth of pharmaceutical drugs from the Flagstaff Medical Center where he was Director of Pharmacy. He admitted that he delivered the drugs to a third party to be sold for profit.

The Board herein subsequently took action to discipline respondent's pharmacy license in California, based on the revocation in Arizona. On March 13, 1989, the Board filed accusation number 1435 against respondent and issued a decision effective December 1, 1989, revoking respondent's license and staying the revocation with three years probation. In 1990, respondent was eligible to request reinstatement of his Arizona license. The Arizona license was reinstated in 1992. In California, respondent successfully completed his probation and his license was fully reinstated after three years.

IV

In 1994, respondent was living in Arizona. On June 20, 1994, respondent submitted an application for employment as a pharmacist to a Safeway Pharmacy in Arizona. In response to a question on the application inquiring whether the applicant had ever been convicted of a crime within the last seven years, respondent failed to disclose his 1988 conviction. Respondent was hired and worked at the Safeway Pharmacy for a short time until he left while under investigation by Safeway for suspected theft.

V

In April, 1994, respondent also went to work for Payless Drugs in Yuma, Arizona. While employed at Payless, respondent was experiencing personal financial difficulties. When respondent needed money he began stealing money from the cash register at Payless. Respondent developed a system to cover up his theft by under ringing or failing to ring up purchases. Then respondent would pocket the money he received from the customer. Between March 19, 1995 and May 4, 1995, respondent stole more than \$3,000.00 from Payless.

On August 18, 1995, in the Superior Court of Yuma County, State of California, respondent plead guilty and was convicted of violating A.R.S. 13-1802 (A)(3), 13-1802, 13-1801, 13-701 and 13-801, theft of between \$3,000.00 and \$25,000.00, a class three felony. Respondent was sentenced to 48 months

THIS COPY IS FOR
YOUR RECORDS

supervised probation and community service. Respondent remains on criminal probation in Arizona.

Based on this 1995 criminal conviction, the Arizona Board has now for the second time disciplined respondent's pharmacy license in that state. Effective November 30, 1995, the Arizona Board suspended respondent's license for five years, stayed for the same period of time subject to terms and conditions of probation.

VI

Respondent now lives with his grandfather in Arizona and is employed as a pharmacist there. He is divorced and has two children living in California that he helps support. Respondent wishes to keep his license in California so that he can work in California and put his children on his health insurance policy.

After respondent's 1988 criminal conviction, respondent attended a rehabilitation program for alcohol addiction and tried to turn his life around. In 1994, he was experiencing marital problems and was under a great deal of financial pressure when he stole money from Payless. Respondent is ashamed of his transgressions and extremely remorseful for what he has done. He knows that he let down his family, his community and his profession. Respondent should be commended for his efforts towards rehabilitation thus far. However, when he was given a second chance after his first criminal conviction, he resorted to criminal activity as soon as he hit hard times. Respondent needs to complete his criminal probation and establish more of a track record to demonstrate that his rehabilitation will be permanent

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF YUMA

STATE OF ARIZONA,

Plaintiff,

vs.

BROWER, Robert Paul II,
DOB: 06-26-54 Defendant.

CASE NO. SC95C00467

PETITION AND ORDER FOR EARLY
RELEASE FROM PROBATION.

On August 18, 1995, the above-named defendant was adjudged guilty of Amended Count Two Theft, a class three felony, and was placed on probation for forty-eight months, to date from August 18, 1995.

The defendant has completed the period of probation as calculated pursuant to A.R.S. §§13-901, 13-902, and 13-903. All fines, fees, and assessments have been paid:

(X) in full.

() except as set forth on the proposed Judgment/Criminal Restitution Order.

Comments:

1. The defendant's current probation term is due to expire on August 18, 1999.
2. The defendant has completed thirty months of a forty-eight-month probation term.
3. The defendant has shown no signs of violative behavior since August 18, 1995.
4. The defendant has completed the community service obligation, completing 960 hours.
5. See attached letter.

Jan. 14. 2010 10:01AM

Date June 16, 1998

State of Minnesota / Probation Office

The Court having read the foregoing petition or discharge from probation and finding none cause appearing therefrom,

IT IS HEREBY ORDERED that the probation of the defendant in the above case is terminated and all remaining probation fees be expensed.

DATED this 16 day of June, 1998

[Signature]
JUDGE OF THE SUPERIOR COURT

Court Attorney
Defendant
Probation Department

Date: 12-13-98

Stanley J. Mendoza
Stanley J. Mendoza / Probation Officer

The Court having read the foregoing petition of discharge from probation and finding good cause appearing therefrom.

IT IS HEREBY ORDERED that the probation of the defendant in the above case is terminated, and all remaining probation fees be exonerated.

DATED this 16 day of June, 1998

Henry Gonzalez
JUDGE OF THE SUPERIOR COURT

County Attorney
Defendant
Probation Department

TIME
6275



ARIZONA STATE BOARD OF PHARMACY

1700 WEST WASHINGTON, SUITE 250, PHOENIX, ARIZONA 85007
(602) 771-ASBP (2727)
www.pharmacy.state.az.us

Robert P. Brower
2527 Bangert Ln.
Naperville, IL 0564

April 1, 2009

RE: Robert Brower, holder of Arizona State Board of Pharmacy pharmacist license
S006995

To Whom It May Concern:

This letter is to verify that Robert Brower, holder of Arizona State Board of Pharmacy pharmacist license S006995 has met the terms and conditions set forth in his consent agreements: Board Order 88-8-H and Board Order 95-20-H. Copies of these Board Orders are attached.

Mr. Brower's license status with the Arizona State Board of Pharmacy is 'Open' and his license is set to expire on 10/31/2009. If you have any further questions or concerns, please do not hesitate to contact us.

Board Seal

Sincerely,

A handwritten signature in black ink, appearing to read "Tiffany Poetsch".

Tiffany Poetsch
Records & Office Supervisor
Arizona State Board of Pharmacy
1700 West Washington
Suite 250
Phoenix, AZ 85007
P. (602) 771-2730
F. (602) 771-2749
TPoetsch@AZPharmacy.Gov

Attached:

88-8-H - Notice of Hearing
88-8-H - Finding of Fact
95-20-H - Finding of Fact

92 JAN 21 11:10:21

1 Louis M. Diesel
 2 ASPEY, WATKINS & DIESEL
 3 123 North Leroux
 4 Flagstaff, Arizona 86001
 5 Attorney for Defendant
 6 State Bar Number: 003595
 7 Telephone: (602) 774-1478

8 IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
 9 IN AND FOR THE COUNTY OF COCONINO

10 STATE OF ARIZONA,

11 Plaintiff,

12 vs.

13 ROBERT BROWER,

14 Defendant.

No. 13359

Q B Q R B

15 Pursuant to the Stipulation filed by the parties requested
 16 termination of probation, and good cause appearing,

17 IT IS HEREBY ORDERED, ADJUDGED AND DECREED:

18 1. Terminating the Defendant, Robert Brower from
 19 probation in Coconino County Superior Court Cause No. 13359 pursuant
 20 to A.R.S. §13-901, et seq.

21 2. That civil judgment be entered against Defendant
 22 Robert Brower, pursuant to A.R.S. §13-805(A)(2) and (B) (1978) in
 23 the amount of Thirty Thousand Dollars (\$30,000.00).

24 DONE IN OPEN COURT this 21 day of January, 1992.

25 Copy of the foregoing read to
 26 all counsel of record this 1-21-92 day

14
 m f
 Deputy Clerk

14
 Judge of the Superior Court

603

LAW OFFICES
 ASPEY, WATKINS & DIESEL
 123 NORTH LEROUX
 FLAGSTAFF, ARIZONA 86001
 908 774-1478

FILED
05 APR 19 AM 10:05
BEVERLY FRAME
CLERK OF SUPERIOR COURT
YUMA, ARIZONA 85364

IN THE SUPERIOR COURT OF THE STATE OF ARIZONA
IN AND FOR THE COUNTY OF YUMA

STATE OF ARIZONA

Plaintiff,

vs.

ROBERT PAUL BOWER II,
Defendant.

No. S1400CR199500467
Division III

**ORDER VACATING JUDGMENT
OF GUILT, DISMISSING CHARGES,
AND RESTORING CIVIL RIGHTS**

The Application of Defendant to Vacate Judgment of Guilt, Dismiss Charges, and restore civil rights having been presented, proper notice having been given, and no written opposition having been made thereto, it is

ORDERED vacating judgment of guilt entered against Defendant as stated in the Application herein.

ORDERED dismissing the charges against the Defendant as stated in the Application herein.

ORDERED any and all civil rights of the Applicant which were lost or suspended by the conviction of Applicant as set forth in the Application herein be, and the same are hereby restored

Dated this 19th day of April, 2006

RICHARD W. DONATO

Judge of the Superior Court

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MEDCO COMPUTER-ASSISTED DISPENSING SYSTEM (PVSV)

Pursuant to NAC 639.940 through NAC 639.943, Medco Health Solutions Pharmacy in Las Vegas has approached staff with a request for approval of their PVSV system, which is essentially an extension of their automation process. The intent of these regulations is to allow technological improvement in automated systems.

Pursuant to NAC 639.9405 (Authority to use system) at staff's request, and in keeping in compliance with the regulations, Medco conducted a metrics study (over 700,000 dispenses) to verify accuracy of the system and has demonstrated the system for staff. Details of the metrics follow.

It is staff's opinion that the Medco PVSV system meets the intent of our regulations and that it has verified accuracy through metrics. A Medco representative will be present to answer any questions that the Board may have with respect to the system.

AGCTTG
CGGG
ATCA

ACTGC

AGCT
AAGT

GAACCTCG
ATCGGAC
CGTTCAA

CTG
CAGA
TC

MAKING MEDICINE SMARTER™

Nevada Pharmacy Computer-Assisted Dispensing System

- Dec 1, 2010 through May 31, 2011
 - 710, 209 technician-picked products
 - No quality events occurred.
- There were no patient dispensing complaints.

Nevada Pharmacy

Computer-Assisted Dispensing System

- Technician pick process
 - Scan the bar code on the literature pack and tote to begin the pick process.
 - The computer screen will display the drug location.
 - Verify the name, strength, and expiration date of the product that is selected (by referring to the information on the screen).
 - Scan the NDC number (bar code) of the product.
 - The Rx label will be printed when the correct NDC number (bar code) has been scanned.

Nevada Pharmacy

Computer-Assisted Dispensing System

- Technician pick process (con't)
 - Check the patient label using the information that is displayed on the screen and on the scanned product to ensure that the following are correct:
 - Drug name
 - Strength
 - Quantity
 - Expiration date
- Also check the patient label for the following:
 - Auxiliary labels
 - Label quality

Nevada Pharmacy

Computer-Assisted Dispensing System

- Technician pick process (con't)
 - Apply the Rx label to the product and scan the bar code on the patient label
- The pharmacist completes the product verification for the technician-picked products

COMPREHENSIVE REVIEW OF REGULATIONS

Pursuant to Governor Sandoval's Executive Order (2011-01) to complete a comprehensive review of the regulations of the State Board of Pharmacy with respect to the protection of the public's health, safety and welfare without discouraging economic growth, we offer the following report:

As a general statement, the Board of Pharmacy feels that the regulations subject to our enforcement has been, is, and always will be a non-static "working" set of regulations that have been constantly and appropriately amended to reflect the ever changing realm and technological advances within our scope. The world of medicine and the utilization of medications therein, are in a constant state of flux and, most often for the better. The Board of Pharmacy takes its regulatory responsibility seriously, and continuously reviews all of its regulations, oftentimes at the request of industry who needs regulatory change to progress their businesses. Many times a balance must be sought between the good and the evil of drug therapy, as is evidenced by our country's alarming epidemic of prescription drug abuse. Regardless of our ever changing environment, the Board of Pharmacy takes pride in being one of the most efficient licensing boards in the nation with respect to swiftly, accurately and safely processing new applications for any of our 17 different licensing categories, including the licensing of new business entities in Nevada (i.e. pharmacies, wholesalers, manufacturers, medical device & gas companies). We are often complemented on our efficiency and willingness to work with new businesses to get them licensed.

As technology has moved forward, the Board of Pharmacy has been responsive, but always with public safety in mind. Accuracy in our field is paramount given the nature of many of our new and potent medications. Having said that, we presently have thirty-three regulations that have been adopted by the Board, approved by the Legislative Committee on Regulations, filed with the Secretary of State, but have not yet been codified by the Legislative Counsel Bureau. Among these approximately 200 pages of regulatory changes, is a 65 page compounding practices section that is the culmination of a five year regulatory effort to modernize the practice standards for the compounding of pharmaceuticals ensuring appropriate patient safety. One of the resulting challenges of regulations not being codified is the creation of confusion among our licensees and the general public in attempting to understand just what standards are in place.

The regulations under enforcement by our Board include three chapters and with the above in mind, a review chapter by chapter of our regulations follows:

Chapter 453 – CONTROLLED SUBSTANCES

This chapter (controlled substances) is probably the most active with respect to revision, primarily due to its subject matter. Consequently, it has been continually reviewed and revised as is evidenced by our regulatory preparation for electronic prescribing; the strengthening of Nevada's Prescription Monitoring Program (PMP); methamphetamine abuse and the role that over-the-counter products have played as precursors

(pseudoephedrine); and finally, the scheduling of synthetic cannabinoids ("Spice") and "bath salts" or "synthetic cocaine". We will continue to monitor the world of drug abuse and regulate accordingly for the protection of the public and in particular, our youth.

Chapter 454 – POISONS, DANGEROUS DRUGS, HYPODERMICS AND DEVICES

This chapter regulates the authority to possess and administer or use dangerous drugs and devices which obviously affects other licensing boards and has been statutorily updated as the need has arisen. (i.e. "medical assistants")

Chapter 457 – CANCER

Although not usually one of our regulatory chapters, the Board of Pharmacy was mandated by the legislature to develop regulations for a "Cancer Drug Donation Program" this past year. That process has been completed, and there are currently two pharmacies that have agreed to participate.

Chapter 639 – PHARMACISTS AND PHARMACY

Chapter 639 is the heart of our regulatory responsibility, and again, is continually updated as health care moves forward. An example of our progressive regulatory activities is the relatively new immunization by pharmacists initiative which has proven quite effective. The impact of the availability of immunizations of all kinds through pharmacies by pharmacists appears to be significant. Nevada being one of the "worst immunized" states in the nation illustrates the importance of our efforts and its impact on public health.

The primary regulatory concern identified by the development of this report is the need for a complete overhaul of our institutional regulations. Present institution regulations do not reflect the modern practice of medicine in today's hospitals and correctional institutions. Present regulations were implemented over twenty years ago and apply to both hospitals and correctional facilities, which in today's world, have only one similarity, that being the number of beds. It is anticipated that changes are necessary in all three practice acts and will require a regulatory overhaul that will take several years and a ton of work. We cannot say what the final product will look like however this agency will not compromise the safety of the public, the health of Nevada's citizens, our public trust, or the respect of the pharmacists and pharmacies that we regulate. We will continue to make regulatory changes in the future to meet the demands of both the Legislature and the public we serve, but feel that the regulatory challenge of updating institutional regulations should be our focus.

DISCUSSION AND DETERMINATION

SEPTEMBER 2011

Pharmaceutical Technician Discipline

Over the years, it has been the general understanding that the legislative intent is for the pharmacist to be solely responsible for the activities of his pharmaceutical technicians. There have been countless cases where the pharmacy tech has been the root cause or at least an integral part of a pharmacy disciplinary action, yet the tech is never charged and the pharmacist (and pharmacy) takes the hit for not catching the error.

This has become even more bothersome in recent cases where a patient is sold another patient's prescription in error by a technician or clerk; the prescription is clearly marked "needs counseling"; yet the patient is allowed to leave unbeknownst to the pharmacist. The prescription in question was correctly filled by the pharmacist, yet he or she is then held accountable when the patient files a complaint, even though they are unaware that the tech had bypassed the system simply to complete the financial transaction, essentially not giving the pharmacist a chance to complete his duty.

We all remember at least one "vindictive technician" case (the one who shredded the CII files just prior to inspection to try and get the pharmacist in trouble comes to mind) and staff often worries about a pharmacist getting "set-up".

Bottom line:

- The pharmacist wants to fulfill his duties, yet is not even given the chance in some instances.
- The pharmacy has put great effort into the development of policies and procedures that clearly mandate procedure.
- The pharmacy has gone to great expense to adopt and develop systems to ensure as best they can the following of the policies and procedures.
- The tech circumvents the system and a patient gets hurt.
- The pharmacist and pharmacy suffer the consequences.
- The tech may lose her job, but simply moves on.

Unlicensed Entities

Several of you have indicated your displeasure in granting a license to an entity appearing before you that has been doing business in Nevada for some time unlicensed because they "didn't realize" that they needed a license. You grill them; they apologize; they get their license and continue as before. The question arises: can you fine them for doing business unlicensed as part of granting that license?? Carolyn will opine.

TEMPORARY LICENSES
(Issued since last board meeting)

Walgreens

Danielle Shannon

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RE: Anthem Institute Las Vegas

LARRY L. PINSON

Sent: Tuesday, July 26, 2011 2:51 PM

To: Delgado, Tijeria [TDelgado@anthem.edu]

Cc: Carolyn J. Cramer; Pharmacy Board

Tijeria,

Good move! A wise decision, and one that I am certain will please the Board.

Thanks you,

Larry

Larry L. Pinson, Pharm. D.
Executive Secretary
Nevada State Board of Pharmacy
(775) 850-1440
(775) 850-1444 (fax)

From: Delgado, Tijeria [TDelgado@anthem.edu]

Sent: Tuesday, July 26, 2011 2:49 PM

To: LARRY L. PINSON

Subject: Anthem Institute Las Vegas



Hi Larry,

I just wanted to inform you and the board of an important change that we are making as an educational facility in reference to our pharmacy technician students. We have decided to obtain background checks on all students who enroll in school for the PT program. This will begin immediately. We are hoping that this change can help eliminate students with background problems from having to go before the board. We have also changed the process on drug testing to be more random and for it to occur more than just one time during the program. Any feedback or additional ideas are more than welcomed from you and the Board.

Thank You!

Tijeria Delgado, CPhT
Pharmacy Technician Program Chair
Anthem Institute-Las Vegas
702-366-4132
TDelgado@anthem.edu

Live the 3 Rs

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BRIAN SANDOVAL
Governor

MICHAEL J. WILLDEN
Director



RICHARD WHITLEY, MS
Administrator

TRACEY D. GREEN, MD
State Health Officer

STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH DIVISION
BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE

☐ Health Facilities/Lab Services
727 Fairview Dr, Suite E
Carson City, Nevada 89701
(775) 684-1030
Fax: (775) 684-1073

☐ Health Facilities/Lab Services
4220 S. Maryland Parkway
Suite 810, Building D
Las Vegas, NV 89119
(702) 486-6515
Fax: (702) 486-6520

☐ Radiation Control
4150 Technology Way
Suite 300
Carson City, Nevada 89706
(775) 687-7550
Fax: (775) 687-7552

☐ Radiation Control
2080 E. Flamingo
Suite 319
Las Vegas, Nevada 89119
(702) 486-5280
Fax: (702) 486-5024

☐ Child Care Licensing
727 Fairview Dr, Suite E
Carson City, Nevada 89701
(775) 684-4463
Fax: (775) 684-4464

☐ Child Care Licensing
4180 S. Pecos, Ste 150
Las Vegas, Nevada 89121
(702) 486-7918
Fax: (702) 486-6660

☐ Child Care Licensing
1010 Ruby Vista, Ste 101
Elko, Nevada 89801
(775) 753-1237
Fax: (775) 753-1336

August 4, 2011

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

RE: Senate Bill 37

Dear Board Members:

The purpose of this letter and attached bulletin is to ensure we all have full knowledge on the requirements of Senate Bill 37, which became effective July 1, 2011.

Please review the bulletin, and the full language of the new law if necessary. If you have any questions, or if we need to discuss improved mechanisms for sharing complaint information, please don't hesitate to contact our office.

Sincerely,

A handwritten signature in blue ink that reads "Chad Westom".

Chad Westom, Health Facilities Surveyor III
For: Wendy Simons, Bureau Chief

Encl: SB 37 Technical Bulletin

AUG - 8 2011



Nevada State Health Division Technical Bulletin



Topic: Referral of Complaints Received by Health Care Licensing Boards per Senate Bill 37

Section/Program/Contact: Bureau of Health Care Quality and Compliance/ Chad Westom

Date: June 2011

TO: All Nevada Health Care Licensing Boards

The purpose of this bulletin is to notify all Nevada Health Care Licensing Boards of changes concerning complaints received by a health care licensing board, with the passage of Senate Bill 37. These changes will be in effect July 1, 2011.

The new law requires each health care licensing board to refer to another health care licensing board any complaint that concerns a matter within the jurisdiction of the other health care licensing board, within 5 days of making the determination.

Each health care licensing board is required to notify the appropriate health authority if the board determines that the complaint concerns certain public health emergencies or other health events, per NRS 439.970.

The new law provides a definition for the term "health care licensing board" to include licensing boards which license, certify or otherwise regulate a provider of health care or other person who may retain health care records. The definition now includes the Health Division of the Department of Health and Human Services, which licenses health care facilities.

If any further clarification is needed, please contact the Bureau of Health Care Quality and Compliance at 775-684-1030.

Signed:

A handwritten signature in blue ink, appearing to read "Tracey Green MD".

Tracey Green, MD, State Health Officer
Nevada State Health Division

Date: May 25, 2011

Signed:

A handwritten signature in blue ink, appearing to read "Richard Whitley".

Richard Whitley, MS, Administrator
Nevada State Health Division

Date: May 25, 2011

Electronic Prescribing of Controlled Substances in California

Please see more detailed information on this subject at "Transmission and Receipt of Electronic Controlled Substance Prescriptions," on the Board's Web site under "What's New."

Since at least 2001, California has allowed e-prescribing for controlled substances, excluding Schedule II, subject to "... if authorized by federal law and in accordance with regulations promulgated by the Drug Enforcement Administration." (Health and Safety Code 11164.5[a]). However, the DEA did not permit DEA registrants to e-prescribe controlled substances. Nevertheless, as prescribers, pharmacies, and payers increasingly turn to e-prescribing technology to increase efficiency and reduce expenses, the DEA has searched for ways to reconcile its e-prescribing regulations of controlled substances with those of individual states. Subsequently, the DEA published on June 27, 2008, a proposed rule to permit e-prescribing of controlled substances under specific, fairly detailed requirements. Comment period on the rulemaking closed in September 2008, and the Interim Final Rule (IFR) on e-prescribing of controlled substances became effective and was published in the Federal Register on June 1, 2010. What follows is a very brief summary of the rule.

The DEA's basic prescribing structure has remained consistent: whereas it has previously allowed controlled substances to be prescribed only by using (secure) paper prescriptions, the IFR will make it possible to prescribe Schedules II through V controlled substances by using electronic prescription applications (software systems), transmitted either directly or through intermediaries to pharmacies.

The new IFR requirements affect:

- The companies that develop, sell, and host electronic prescription software applications, electronic health record applications, and pharmacy applications;
- Any DEA-registered prescriber, including any mid-level practitioner who wants to sign and transmit controlled substance prescriptions electronically;
- Any DEA-registered pharmacy that wants to process electronic prescriptions for controlled substances;
- Software application providers must undergo third-party audit or certification to determine whether the application meets DEA's requirements;
- Prescribing practitioners must select application, submit to identity proofing, set access controls; and sign prescriptions; and
- Pharmacies must select software application, set access controls, process prescriptions, and archive prescriptions.

The requirements to participate in e-prescribing include, but are not limited to the following factors:

Identity Proofing: The IFR continues the requirement that practitioners be subject to identity proofing before they are issued authentication credentials (the password[s] and hard token or biometric that permits them to issue e-prescriptions).

Two Factor Authentication: Practitioners must be authenticated to the e-prescribing system by using two of the following three factors: knowledge-based (i.e., password), a hard token, (e.g., a security card that gives a user access to a computer system), and/or a biometric (e.g., scanned iris, fingerprint, etc.).

Creating and Signing E-Prescriptions: Controlled substance prescriptions are required to contain the same data elements as paper prescriptions, but the prescriber is only required to review the patient name, drug information, refill/fill information, and the prescriber's information on-screen before approving/signing the prescription. It will be possible to authorize multiple prescriptions for a single patient with one transaction.

Digital Signatures: The application will apply a digital signature to and archive the required controlled substance prescription information when the practitioner completes the two-factor authentication process (this is his or her way of "signing" the prescription). For those practitioners who have private keys for digital signatures (e.g., those practicing in federal facilities), the private key infrastructure may be used to digitally sign the prescription. The prescription need not be transmitted immediately, because it has been digitally signed (and therefore locked). The IFR also requires the pharmacy or the last intermediary before pharmacy receipt to digitally sign the prescription, and the pharmacy to archive the digitally signed record.

Recordkeeping: All records related to controlled substance e-prescriptions must be retained for two years.

Participation in the transmission and receipt of electronic prescriptions is not mandatory: it is voluntary. The regulations do not mandate that prescribers use only electronic prescribing for controlled substances, nor do they require pharmacies to accept electronic controlled substance prescriptions. Written prescriptions are still acceptable, as are oral prescriptions for Schedule III-V controlled substances. If used, electronic prescriptions for Schedule II-V controlled substances must meet DEA regulatory requirements.

DEA Interim Final Rule on Electronic Prescribing and Receiving Controlled Substance Prescriptions

Questions and Answers for Pharmacies [as of 03/31/2010]

The questions and answers below are intended to summarize and provide general information for pharmacies regarding the Drug Enforcement Administration Interim Final Rule on electronic prescriptions for controlled substances.

Q. What is DEA's rule "Electronic Prescriptions for Controlled Substances?"

- A. DEA's rule, "Electronic Prescriptions for Controlled Substances" revises DEA's regulations to provide practitioners with the option of writing prescriptions for controlled substances electronically. The regulations will also permit pharmacies to receive, dispense, and archive these electronic prescriptions. The rule was published in the Federal Register Wednesday, March 31, 2010 and became effective on June 1, 2010.

Q. Is the use of electronic prescriptions for controlled substances mandatory?

- A. No, the new regulations do not mandate that practitioners prescribe controlled substances using only electronic prescriptions. Nor do they require pharmacies to accept electronic prescriptions for controlled substances for dispensing. Whether a practitioner or pharmacy uses electronic prescriptions for controlled substances is voluntary from DEA's perspective. Prescribing practitioners are still able to write, and manually sign, prescriptions for schedule II, III, IV, and V controlled substances and pharmacies are still able to dispense controlled substances based on those written prescriptions. Oral prescriptions remain valid for schedule III, IV, and V controlled substances. Electronic prescriptions for controlled substances are only permissible if the electronic prescription and the pharmacy application meet DEA's requirements. In addition, electronic prescriptions for controlled substances may be subject to state laws and regulations. If state requirements are more stringent than DEA's regulations, the state requirements would supersede any less stringent DEA provision.

Q. When can a pharmacy start processing electronic prescriptions for controlled substances?

- A. A pharmacy will be able to process electronic controlled substance prescriptions only when the application the pharmacy is using to process prescriptions complies with the requirements in the interim final rule.

Q. What must a pharmacy application be able to do to process electronic controlled substance prescriptions?

- A. The application requirements are detailed in 21 C.F.R. 1311.205. Generally, the application must be able to import, display, and store the required contents of a controlled

substance prescription accurately and consistently. The application must be able to digitally sign and archive the controlled substance prescription or import and archive the record that the last intermediary digitally signed. The application must electronically accept and store all of the information that DEA requires to be annotated to document the dispensing of a prescription. The application must allow the pharmacy to limit access for the annotation, alteration (to the extent such alteration is permitted by DEA regulations), or deletion of controlled substance prescription information to specific individuals or roles. The application must have an internal audit trail that documents whenever a prescription is received, altered, annotated, or deleted. The application must conduct an internal audit that identifies any potential security problems daily and generate a report for review by the pharmacy if a problem is identified. Many of these requirements are standard functionalities for pharmacy applications.

Q. How will a pharmacy be able to determine that an application complies with DEA's rule?

- A. The application provider must either hire a qualified third party to audit the application or have the application reviewed and certified by an approved certification body. The auditor or certification body will issue a report that states whether the application complies with DEA's requirements and whether there are any limitations on its use for controlled substance prescriptions. (A limited set of prescriptions require information that may need revision of the basic prescription standard before they can be reliably accommodated, such as hospital prescriptions issued to staff members with an identifying suffix.) The application provider must give a copy of the report to pharmacies that use or are considering use of the pharmacy application to allow them to determine whether the application is compliant with DEA's requirements.

Q. Until a pharmacy has received an audit/certification report from the pharmacy application provider indicating that the application meets DEA's requirements, how can the pharmacy application be used to process controlled substance prescriptions?

- A. A pharmacy cannot process electronic prescriptions for controlled substances until its pharmacy application provider obtains a third party audit or certification review that determines that the application complies with DEA's requirements and the application provider gives the audit/certification report to the pharmacy. The pharmacy may continue to use its pharmacy application to store and process information from paper or oral controlled substances prescriptions it receives, but the paper records must be retained.

DEA Interim Final Rule*Continued from Page 22***Q. What is a pharmacy's responsibility if the pharmacy's application cannot accommodate special DEA requirements, such as extension data for institutional-based practitioners?**

- A. The audit report the pharmacy will receive from the pharmacy application provider will indicate if the application is capable of importing, displaying, and storing such information accurately and consistently. If the audit or certification report indicates that the pharmacy application cannot accurately and consistently import, store, and display this information, the pharmacy must not process electronic prescriptions for controlled substances that require such information. For example, until the audit or certification report indicates that the pharmacy application can import, display, and store both a hospital DEA number and the individual practitioner's extension number, the pharmacy must not accept electronic prescriptions that include only a hospital DEA registration. The pharmacy may, however, use the application to process other controlled substance prescriptions if the audit or certification report has found that the pharmacy application meets all other requirements.

Q. How does a pharmacy limit access to the pharmacy application?

- A. The pharmacy application has to allow the pharmacy to set access controls. These controls may be set either by name or by role (e.g., pharmacist, pharmacy technician). The controls define who has permission to annotate, alter (where such alteration is permitted by DEA regulations), or delete controlled substance prescription information.

Transmission of Prescriptions to Pharmacies**Q. What is an intermediary?**

- A. An intermediary means any technology system that receives and transmits an electronic prescription between the practitioner and the pharmacy.

Q. If transmission of an electronic prescription fails, may the intermediary convert the electronic prescription to another form (e.g. facsimile) for transmission?

- A. No, an electronic prescription must be transmitted from the practitioner to the pharmacy in its electronic form. If an intermediary cannot transmit the electronic data file of a controlled substance prescription to the pharmacy, the intermediary must notify the practitioner. Under such circumstances, if the prescription is for a schedule III, IV, or V controlled substance, the practitioner can print the prescription, manually sign it, and fax the prescription directly to the pharmacy. This prescription must indicate that it was originally transmitted to, and provide the name of, a specific pharmacy, the date and time of transmission, and the fact that the electronic transmission failed.

Q. What are the restrictions regarding alteration of a prescription during transmission?

- A. The (DEA-required) contents of a prescription must not be altered during transmission between the practitioner and pharmacy. However, this requirement only applies to the content (not the electronic format used to transmit the prescription). This requirement applies to actions by intermediaries. It does not apply to changes that occur after receipt at the pharmacy. Changes made by the pharmacy are governed by the same laws and regulations that apply to paper prescriptions.

Q. What should a pharmacist do if he/she receives a paper or oral prescription that was originally transmitted electronically to the pharmacy?

- A. The pharmacist must check the pharmacy records to ensure that the electronic version was not received and the prescription dispensed. If both prescriptions were received, the pharmacist must mark one as void. The pharmacy is responsible for verifying that the prescription was not received electronically and that no controlled substances were dispensed pursuant to the electronic prescription prior to filling the paper prescription. The paper prescription must comply with all DEA requirements for any paper prescription, including a manual signature.

Q. What should a pharmacist do if he/she receives a paper or oral prescription that indicates it was originally transmitted electronically to another pharmacy?

- A. The pharmacist must check with the other pharmacy to determine whether the prescription was received and dispensed. If the pharmacy received the original electronic prescription, but had not dispensed the prescription, that pharmacy must mark the electronic version as void or canceled. If the pharmacy that received the original electronic prescription dispensed the prescription, the pharmacy with the paper version must not dispense the paper prescription and must mark the prescription as void.

Records**Q. What are the DEA requirements regarding the storage of electronic prescription records?**

- A. Once a prescription is created electronically, all records of the prescription must be retained electronically. As is the case with paper prescription records, electronic controlled substance prescription records must be kept for a minimum period of two years.

Q. Are electronic prescription records required to be backed-up, and if so, how often?

- A. Yes, pharmacy application service providers must back up files daily. Also, although it is not required, DEA recommends as a best practice that pharmacies store their back-up copies at another location to prevent the loss of the records in the event of natural disasters, fires, or system failures.

See DEA Interim Final Rule, Page 24

DEA Interim Final Rule*Continued from Page 23***Reporting Security Incidents****Q. Is a person who administers logical access controls required to report security incidents?**

- A. Yes, the application is required to run an internal audit for potential security incidents daily and generate a report of any such incidents. If the application generates a report and, upon investigation, the person(s) designated to administer logical access controls for the pharmacy determine that the issuance or records of controlled substance prescriptions has been compromised or could have been compromised, it must be reported to the application provider and DEA within one business day. In general, the security incidents that should be reported are those that represent successful attacks on the application or other incidents in which someone gains unauthorized access.

Audits and Certification of Applications**Q. Who can conduct an audit or certify an application?**

- A. Application providers must obtain a third-party audit or certification to certify that each electronic prescription and pharmacy application to be used to sign, transmit, or process controlled substances prescriptions is in compliance with DEA regulations pertaining to electronic prescriptions for controlled substances.
- The application may undergo a WebTrust, SysTrust, or SAS 70 audit conducted by a person qualified to conduct such an audit.
 - The application may undergo an audit conducted by a Certified Information System Auditor who performs compliance audits as a regular ongoing business activity.
 - The application may have a certification organization whose certification has been approved by DEA verify and certify that the application meets DEA's requirements.

Q. When must a third-party audit or certification be conducted?

- A. The third-party audit or certification must be conducted before the electronic prescription application is used to sign or transmit electronic prescriptions for controlled substances, or before the pharmacy application is used to process electronic prescriptions for controlled substances, respectively. Thereafter, a third-party audit or certification must be conducted whenever a functionality related to controlled substance prescription requirements is altered or every two years, whichever occurs first.

Q. To whom does the third-party audit/certification requirement apply?

- A. The requirement for a third-party audit applies to the application provider, not to the individual practitioner, institutional practitioner, or pharmacy that uses the application. Unless an individual practitioner, institutional practitioner, or pharmacy has developed its own application, the practitioner or pharmacy is not subject to the requirement.

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NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

JULY 13 & 14, 2011 BOARD MEETING HELD IN LAS VEGAS, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the July, 2011 Board meeting.

Licensing Activity:

- 18 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 8 licenses were granted for Out-of-State pharmacies.
- 14 licenses were granted for Out-of-State wholesalers.
- 4 licenses were granted for a Nevada pharmacy (pending inspection).
- 3 licenses were granted for a Nevada MDEG company.
- 1 pharmacist license was reinstated and 1 denied after review of substance abuse progress.
- 1 pharmaceutical technician in training license was approved; 1 tabled; 1 denied after review of prior substance abuse issues.
- 1 pharmaceutical technician license was approved and 1 denied for prior drug abuse issues.
- 2 physician controlled substance registrations were granted after review of previous drug abuse issues (with restrictions).

Disciplinary Action:

- Pharmacist JC was ordered into Your Success Rx (remedial training) for a second misfill. She was put on probation for 2 years as well as other restrictions.
- Pharmaceutical technician YJ was suspended for 120 days and fined \$2500 for working unregistered.
- Pharmacy WG was fined \$750 and ordered a letter of reprimand for dispensing an un-reconstituted antibiotic and not counseling the patient.
- Pharmaceutical technicians RT, CW, TM, DJ and VR were all revoked for the removal of controlled substances for either for personal use or for resale.
- Pharmacists JO was revoked for diversion of controlled substances for use by his wife.

- Pharmacist ED was fined \$1000 for a calculation error on a prescription that resulted in a sub-therapeutic dose in a child with leukemia.
- Pharmaceutical technician FA was fined \$1000 and put on probation for 65 days for working unregistered.

Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements.
- The budget for Board of Pharmacy for fiscal 2011-2012 was presented and accepted; personnel evaluation, including evaluation of the Executive Secretary, was conducted, resulting in very positive comments. There were no COLA or merit raises awarded at the request of the Executive Secretary.
- A discussion was conducted on computerized physician order entry in the hospital setting as well as electronic prescribing progress.

Synthetic Cathinones aka "Bath Salts"

In late 2009, exhibits containing synthetic cathinones, commonly referred to as "bath salts" or synthetic cocaine because of their stimulant effects, started appearing in small numbers across the United States. Bath salt products are sold in powder form in small plastic or foil packages, with brand names such as "Bolivian Bath," "Eclipse Exotic Bath Salts," "Ivory Wave," "Cloud Nine" and "Vanilla Sky." The package quantities vary, but are usually between 0.25g and 0.5g, with a price ranging from \$20 to \$75. Most of the packages bear the warning "Do Not Eat" or "Not for Human Consumption." They have been sold under the guise of research chemicals, novelty bath salts, plant food or plant growth regulators, even though there are no indications that these products have any usefulness as either plant fertilizer or actual bath salts.¹ These products can be found at head shops, convenience stores, tattoo parlors and via the Internet. "Bath salt" products are normally snorted, but can also be swallowed, injected or smoked.

A March 2011 DEA Bulletin listed the following components of "bath salts" as being of concern²:

MDPV *synonym* 3,4-methylenedioxypyrovalerone

Mephedrone *synonyms* 4-methylmethcathinone, 4-MMC

Methylone *synonyms* 3,4-methylenedioxymethcathinone, MDMC

Naphyrone *synonyms* naphthylpyrovalerone, NRG-1

4-Fluoromethcathinone *synonyms* 4-FMC, flephedrone

3-Fluoromethcathinone *synonym* 3-FMC

Methedrone *synonyms* 4-methoxymethcathinone, bk-PMMA, PMMC

Butylone *synonyms* bk-MBDB, beta-keto-N-methylbenzodioxolylpropylamine

Nevada legislation was proposed during the past session that recommended adding the following substances to the NAC list of Controlled Substances (NV administrative code):

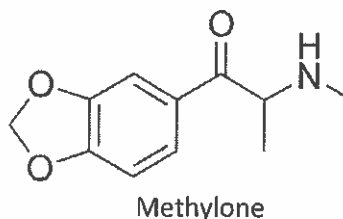
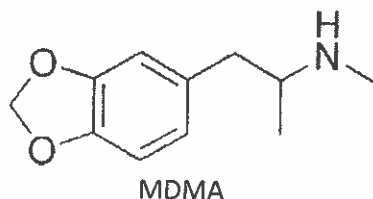
- (a) 3,4-Methylenedioxymethcathinone (*Methylone*);
- (b) 3,4-Methylenedioxypyrovalerone (*MDPV*);
- (c) 4-Methylmethcathinone (*Mephedrone*);
- (d) 4-Methoxymethcathinone;
- (e) 3-Fluoromethcathinone; and
- (f) 4-Fluoromethcathinone.

"Bath salts" are structurally similar to cathinone and methcathinone, which are both Schedule I controlled substances in Nevada and federally. According to an article by the Advisory Council on the Misuse of Drugs, synthetic cathinones have similar mechanisms of action in the brain as amphetamines; both groups of drugs bind to the transporters for norepinephrine, dopamine and serotonin.¹ Both amphetamines and cathinones act as a central nervous system stimulant. Cathinone compounds were found to be potent inhibitors of the noradrenaline (norepinephrine) transporter (NET). According to a study done by DEA Forensic Chemist Terry Dal Cason and others, when methylone was administered to rats, the animals showed the same reaction as when they were given methylenedioxymethamphetamine (MDMA).³ Most data about the effects of cathinones are self-

reported and clinical data is limited. No evidence of medical research being done on any of the bath salts could be found.

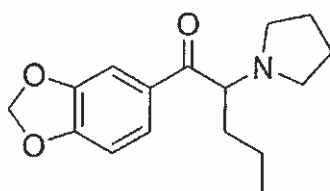
The most commonly reported clinical effects of “bath salts” are extreme paranoia, hallucinations, tachycardia, palpitations, agitation and anxiety. Bath salts are suspected in the deaths of at least ten people across the United States and several overdoses. Outside of the U.S., bath salts are suspected in at least 28 deaths. According to the girlfriend of an Indiana man who almost overdosed on “bath salts,” the product is “like a substitute cocaine and you snort it”, even though the package said that it was not for human consumption. She warned “do not take this drug...it will kill you.”⁴ Before another Indiana man committed suicide, his family says he became addicted to bath salts and hallucinated that “agents from the Federal Bureau of Investigation were watching him eat lunch and were following him around town.”⁵ In North Carolina, the sister of a woman who died after taking bath salts told the Coal Valley News that “it is a nightmare to watch a loved one go through what I watched my sister go through” and that her sister only started taking bath salts after “she had heard people talking about it and how it would give you a little bit of energy”.⁶ In Texas, a man who committed suicide blamed bath salts in his suicide note. The man’s sister warned “just because it’s legal at this minute does not mean it’s safe. It’s not regulated. You don’t know what you’re buying. You don’t know what you’re taking.”⁷ In Illinois, a man was seen acting erratically and eating dirt before telling officers that he had taken bath salts. He later died at the hospital.⁸ When a Missouri man got high on bath salts, he used his skinning knife to slit his face and stomach repeatedly. He later said he “couldn’t tell you why I did it. The psychological effects are still there.”⁹

Methylone, one of the more commonly encountered drugs in the “bath salt” genre, is a stimulant like the amphetamine, phenethylamine and cathinone classes. It is a close structural analog of MDMA (ecstasy). It is sometimes referred to as bk-MDMA because it differs from MDMA only by the addition of a β -ketone group.¹⁰ It has been sold under the brand name “Explosion,” with a package warning to “keep away from children” and to “never use more than one bottle.” One user reports that methylone gave him side effects similar to when he took LSD or psilocybic mushrooms.¹¹ Methylone is controlled in Estonia, Israel, and the United Kingdom and controlled in Arkansas, Florida, Indiana, Louisiana, New Jersey, Pennsylvania and Utah. According to Texas House Bill 2118, methylone will be controlled in Texas on September 1, 2011.¹²



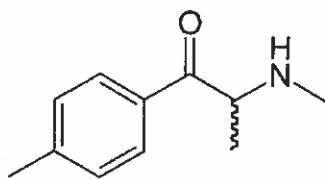
Methylenedioxypyrovalerone (MDPV) is a synthetic stimulant that produces effects similar to amphetamine, cocaine or methylphenidate.¹³ It is also known by the slang terms MDPK, Magic and Super Coke.¹⁰ MDPV has no approved medical use in the United States. Like other “bath salts,” it has

been sold on the internet as a research chemical and “not for human consumption.”¹⁴ One user reported MDPV to be a powerful short-acting stimulant.¹¹ MDPV is a synthetic derivative of cathinone (Schedule I), which is the main psychoactive chemical compound found in khat, a flowering plant native to East Africa and the Arabian Peninsula. MDPV is controlled in Czech Republic, Denmark, Israel and Sweden and controlled in Alabama, Arkansas, Florida, Illinois, Indiana, Kentucky, Louisiana, Michigan, New Jersey, North Dakota, Pennsylvania, Utah, Virginia and West Virginia. According to Texas House Bill 2118, MDPV will be controlled in Texas on September 1, 2011.¹²

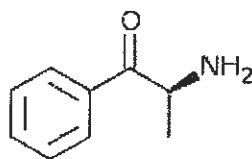


MDPV

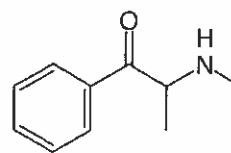
Mephedrone is a synthetic stimulant that produces effects similar to amphetamine, cocaine or ecstasy.¹⁰ Mephedrone has no approved medical use in the United States. It has several street names, such as meow-meow, M-CAT, bubbles, sunshine and plant feeder, and has been seen in “bath salt” products, illicitly manufactured tablets and in capsules. Like MDPV, mephedrone is also a synthetic derivative of cathinone (Schedule I), which is the main psychoactive chemical compound found in khat, a flowering plant native to East Africa and the Arabian Peninsula. One user reported that he prefers mephedrone over ecstasy, because it has all the wanted side effects without the subsequent hangover.¹¹ Mephedrone is controlled in Czech Republic, Estonia, Israel and Sweden and controlled in Alabama, Arkansas, Florida, Indiana, Kentucky, Louisiana, Michigan, New Jersey, North Dakota, Pennsylvania, Utah, Virginia and West Virginia. According to Texas House Bill 2118, mephedrone will be controlled in Texas on September 1, 2011.¹²



Mephedrone



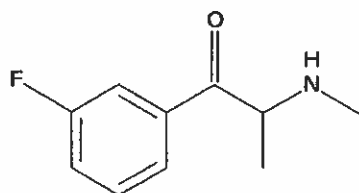
Cathinone



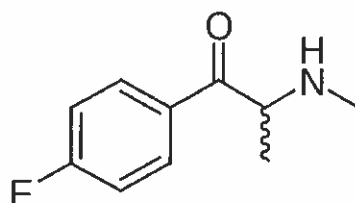
Methcathinone

3-Fluoromethcathinone and **4-fluoromethcathinone** have not been scientifically studied, but 3-Fluoromethcathinone is suspected to be like mephedrone.¹⁰ 3-Fluoromethcathinone is a controlled drug in Israel, the United Kingdom, Arkansas, Florida, Louisiana, New Jersey and Utah. 4-Fluoromethcathinone, also known as flephedrone or “Flephe” by users, can cause hyperthermia and convulsions. One user reported effects including numbness, dizziness, nausea and muscular stiffness.¹¹ 4-Fluoromethcathinone is controlled in Israel, Poland, the United Kingdom, Arkansas, Florida, Louisiana, New Jersey, Pennsylvania and Utah. Both 3-fluoromethcathinone and 4-fluoromethcathinone are synthetic drugs of the amphetamine, phenethylamine and cathinone chemical classes. Fluoromethcathinone (with no positional isomer designated) became controlled in Indiana on July 1,

2011. According to Texas House Bill 2118, 3-fluoromethcathinone and 4-fluoromethcathinone will be controlled in Texas on September 1, 2011.¹²

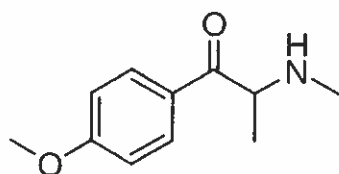


3-fluoromethcathinone



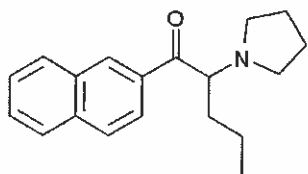
4-fluoromethcathinone

4-methoxymethcathinone, also known as methedrone, is a synthetic drug of the amphetamine, phenethylamine and cathinone chemical classes.¹⁰ Subjective effects have been reported to be similar to MDMA and amphetamine. Responses to the drug include pupil dilation, hyperthermia and increased perspiration. One user reported being very clumsy while using the drug and experienced depression for several days after.¹¹ Methedrone is banned in Sweden and the United Kingdom. It is controlled in Arkansas, Florida, Indiana, Louisiana, New Jersey, Pennsylvania and Utah.



4-methoxymethcathinone

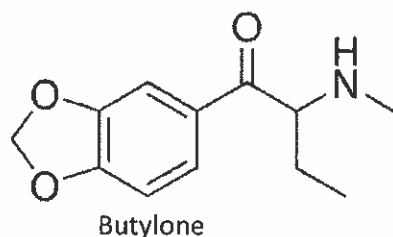
Naphyrone, or naphthylpyrovalerone, has close structural resemblance to other synthetic cathinones, such as MDPV and mephedrone. It is known by its street names, Energy 1 and NRG-1. It has been reported as being stronger than cocaine, methamphetamine and MDMA.¹⁰ One user reported effects including elevated blood pressure and body temperature, and warned not to combine naphyrone with any other drugs.¹¹ After mephedrone was banned in the United Kingdom, websites began selling naphyrone in its place. Naphyrone is controlled in Michigan, Estonia, Israel, and the United Kingdom. According to Texas House Bill 2118, naphyrone will be controlled in Texas on September 1, 2011.¹²



Naphyrone

Butylone, also known as β -keto-*N*-methylbenzodioxolylpropylamine (bk-MBDB), is a stimulant of the phenethylamine chemical class.¹⁵ It is sold on the Internet under the guise of a research chemical. Its effects are similar to that of MDMA. One user reported sweating, jaw clenching and muscular tension.¹¹ Butylone has been referred to as a methamphetamine replacement. Butylone is controlled in Estonia

and the United Kingdom. According to Texas House Bill 2118, butylone will be controlled in Texas on September 1, 2011.¹²



Several states have written legislation banning “bath salts”.

Louisiana used the following wording to control six bath salts:

<i>The following drugs or dangerous substances are added to Schedule I of the Louisiana Uniform Controlled Dangerous Substances Law:</i>
<i>3,4-Methylmethcathinone (Methylone)</i>
<i>3,4-Methylenedioxypropylone (MDPV)</i>
<i>4-Methylmethcathinone (Mephedrone)</i>
<i>4-Methoxymethcathinone</i>
<i>3-Fluoromethcathinone</i>
<i>4-Fluoromethcathinone</i>

Pennsylvania and Utah used very similar wording to Louisiana. Indiana listed fluoromethcathinone (with no positional isomer designated) and also added 4-ethylmethcathinone. Florida listed methylmethcathinone, methoxymethcathinone, fluoromethcathinone (with no positional isomer designated) and also added methylethcathinone.

Kansas used the following wording to control bath salts:

<i>Substituted cathinones</i>
<i>Any compound, except bupropion or compounds listed under a different schedule, structurally derived from 2-aminopropan-1-one by substitution at the 1-position with either phenyl, naphthyl, or thiophene ring systems, whether or not the compound is further modified in any of the following ways:</i>
<i>(a) By substitution in the ring system to any extent with alkyl, alkylendioxy, alkoxy, haloalkyl, hydroxyl, or halide substituents, whether or not further substituted in the ring system by one or more other univalent substituents;</i>
<i>(b) by substitution at the 3-position with an acyclic alkyl substituent;</i>
<i>(c) by substitution at the 2-amino nitrogen atom with alkyl, dialkyl, benzyl, or methoxybenzyl groups; or</i>
<i>(d) by inclusion of the 2-amino nitrogen atom in a cyclic structure.</i>

Texas used the similar wording as Kansas, and then also listed examples including MDPV, mephedrone, methylone, 3-fluoromethcathinone, 4-fluoromethcathinone, 3,4-dimethylmethcathinone, naphyrone, butylone, pentylone, eutylone and ethylone. This act takes effect September 1, 2011.¹²

Arkansas used a combination of the wording used in Louisiana and the wording used in Kansas, specifically listing 6 bath salts, but also controlling many other derivatives:

<i>4-Methylmethcathinone (Mephedrone);</i>
<i>Methylenedioxypropylpyrovalerone (MDPV);</i>
<i>3,4-Methylenedioxy-N-methylcathinone (Methylone);</i>
<i>4-Methoxymethcathinone;</i>
<i>3-Fluoromethcathinone;</i>
<i>4-Fluoromethcathinone;</i>
<i>A compound, unless listed in another schedule or a legend 4 drug, that is structurally derived from 2-Amino-1-phenyl-1-propanone by modification or by substitution:</i>
<i>(A) In the phenyl ring to any extent with alkyl, alkoxy, 7-alkylenedioxy, haloalkyl or halide substituents, whether or not further substituted in the phenyl ring by one (1) or more other univalent substituents;</i>
<i>(B) At the 3-position with an alkyl substituent; or</i>
<i>(C) At the nitrogen atom with alkyl or dialkyl groups, or by inclusion of the nitrogen atom in a cyclic structure.</i>

Israel banned four classes of drugs: amphetamines, methamphetamines, cathinones and methcathinones in July 2010. Prior to this amendment, each controlled substance was listed individually.¹⁶

The Las Vegas Metropolitan Police Department Forensic Laboratory has received 11 submissions containing bath salt(s). Several of these submissions also contained caffeine. Nine exhibits consisted of clandestinely manufactured tablets and two were white powder. Some of the tablets contained only methylone, while the other tablets contained both methylone and butylone. The white powder submissions contained methylenedioxypropylpyrovalerone (MDPV).

The LVMPD Forensic Laboratory purchased two bath salt products from local head shops for research purposes. Both of these products contained MDPV (methylenedioxypropylpyrovalerone).

The LVMPD Forensic Laboratory does not have the capability/instrumentation to distinguish positional isomers such as 3,4-methylenedioxymethcathinone, 3,4-methylenedioxypropylpyrovalerone, 4-methylmethcathinone, 4-methoxymethcathinone, 3-Fluoromethcathinone and 4-Fluoromethcathinone. Therefore, it is recommended that the "bath salts" are scheduled without any positional numbers. Since the DEA listed butylone and naphyrone as being of concern, it is recommended that these compounds are added to the proposed Nevada Administrative Code list of controlled substances. The LVMPD Forensic Laboratory does not recommend using wording like Kansas or Arkansas used in their legislation. The general wording used by Arkansas and Louisiana is not consistent with the current NAC, which specifically lists each compound by name. The LVMPD Forensic Laboratory recommends adding the following "bath salts" to Schedule I of the NAC based on the fact that there is no evidence that any of the compounds have accepted medical use in treatment in the United States.

It is recommended that the NAC list the following substances in Schedule I of the NAC:

<i>Methylenedioxymethcathinone (Methylone);</i>
<i>Methylenedioxypropylone (MDPV);</i>
<i>Methylmethcathinone (Mephedrone);</i>
<i>Methoxymethcathinone;</i>
<i>Fluoromethcathinone;</i>
<i>Butylone; and</i>
<i>Naphyrone</i>

References

1. Advisory Council on the Misuse of Drugs. Consideration of the cathinones. Cathinones Report. December 2009.
2. Synthetic Cathinones – DEA Request for Information. Bulletin, March 31, 2011.
3. Dal Cason, T.A., Young, R. and Glennon, R.A. (1997) Cathinone: an investigation of several N-alkyl and methylenedioxy substituted analogs. Pharmacology Biochemistry and Behavior. **58**: 1109-1120.
4. "Bath Salts' result in near death." Article published February 14, 2011. Wsbt.com
5. "Man commits suicide after using 'bath salt'." Article published June 8, 2011. Wndu.com
6. "Several 'bath salts' arrests, death reported in Boone County." Article published April 2011. Coalvalleynews.com
7. "Galveston dad wants 'bath salts' banned after son's death." Article published January 30, 2011. Khou.com
8. "Granite City death linked to 'bath salts'." Article published April 30, 2011. Thetelegraph.com
9. "Officials: 'Bath Salts' Are a Growing Drug Problem." Article published January 22, 2011. Abcnews.go.com
10. Wikipedia, the free encyclopedia. en.wikipedia.org
11. Erowid Experience Vaults. erowid.org
12. Texas Legislature Online. HB 2118. <http://www.capitol.state.tx.us>
13. Methylenedioxypyrovalerone (MDPV). Drug Enforcement Administration. Bulletin. March 2011.
14. Comprehensive Drug Information on MDPV, Mephedrone ("Bath Salts"). Hunterdon Drug Awareness Program. hdap.prg/mdpv.html
15. Characterization of Three Methcathinone Analogs: 4-Methylmethcathinone, Methylone, and bk-MBDB. Microgram Journal, Volume 7, Number 2 (December 2010).
16. 'Celebration' drug added to list of banned substances. July 13, 2010. www.jpost.com/Israel



Nevada State Board of Pharmacy

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August 4, 2011

Honorable Brian Sandoval
Capitol Building
101 North Carson Street
Carson City, Nevada 89701

Dear Governor Sandoval,

Pursuant to your executive order establishing a freeze on proposed regulations, this letter serves as a request to move forward with the regulatory change outlined below involving the scheduling of "bath salts" as a controlled substance. We feel that the following proposal meets your criteria for being exempt from the freeze because it affects public health and safety. The proposed regulatory change being asked to consider is:

Amendment of Nevada Administrative Code 453.510(7) Schedule I

Because of the increasing popularity and abuse of a variety of synthetic compounds that produce stimulant effects when ingested, snorted or injected, sold under the guise of "bath salts" or "plant food" in retail outlets or on the internet, and at the request of law enforcement and at least one legislator, the Board of Pharmacy would like to hold a workshop and ultimately a public hearing on placing these compounds in Schedule I. The compounds known on the street as "Ivory Wave", "Purple Wave", "Vanilla Sky", "Fake Cocaine", "Bliss" and several other names are not approved by the FDA for any indication and are not currently scheduled in any schedule under the Controlled Substances Act, yet are beginning to exhibit in our emergency rooms.

The specific compounds that we would like to consider for scheduling in schedule I are:

3,4-Methylenedioxymethcathinone (Methylone)
3,4-Methylenedioxypyrovalerone (MDPV)
4-Methylmethcathinone (Mephedrone)
4-Methoxymethcathinone (Methedrone)
Fluoromethcathinone
Beta-keto-N-methylbenzodioxolylpropylamine (bk-MBDB, butylone)

All can be tested for in the crime laboratories, and again we feel that this proposed regulatory change falls within your exemption to the freeze for public health and safety reasons.

Honorable Brian Sandoval
August 4, 2011
Page 2

Thank you for your consideration.

Sincerely,

A handwritten signature in blue ink, appearing to read "Larry L. Pinson, Pharm. D.", with a stylized flourish at the end.

Larry L. Pinson, Pharm. D.
Executive Secretary

Jeri Walter

From: LARRY L. PINSON
Sent: Friday, August 26, 2011 12:33 PM
To: Carolyn J. Cramer; Jeri Walter
Subject: Fwd: Reg Exemption

Gov's ok with regulating bath salts!

Sent from my iPhone

Begin forwarded message:

From: "Lucas Foletta" <lfoletta@gov.nv.gov>
To: "LARRY L. PINSON" <lpinson@pharmacy.nv.gov>
Subject: Reg Exemption

Mr. Pinson, I am in receipt of your letter of August 4, 2011(attached here) requesting that your agency go forward with rulemaking pursuant to an exception to the Governor's Executive Order 2011-01. Your request, insofar as it relates to the consideration of scheduling the compounds listed in the letter as a controlled substances, is approved as falling within the exception applying to regulations that affect public health. EO 2011-01(4)(a). Feel free to contact me with any questions you might have on this issue.

Lucas M. Foletta
General Counsel*
Office of the Governor
State of Nevada
101 North Carson Street
Carson City, NV 89701
Phone: (775) 684-5774
Fax: (775) 684-5683
*Certified under SCR 49.10

<Pharm Reg Letter.PDF>

PROPOSED LANGUAGE FOR MAKING BATH SALTS
A SCHEDULE I DRUG

Italics and underline is new proposed language

NAC 453.510 Schedule I. (NRS 453.146, 639.070)

1. Schedule I consists of the drugs and other substances listed in this section by whatever official, common, usual, chemical or trade name designated.

2. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including, without limitation, their isomers, esters, ethers, salts and salts of isomers, esters and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation:

Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidinyl]-Nphenylacetamide);
Acetylmethadol;
Allylprodine;
Alphacetylmethadol (except levo-alphacetylmethadol, commonly referred to as levo-alphaacetylmethadol, levomethadyl acetate or "LAAM");
Alphameprodine;
Alphamethadol;
Alphamethylfentanyl (N-[1-(alpha-methyl-beta-phenyl)ethyl-4-piperidyl] propionanilide;
1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);
Alpha-methylthiofentanyl (N-[1-methyl-2-(2-thienyl)ethyl-4-piperidinyl]-N-phenylpropanamide);
Benzethidine;
Betacetylmethadol;
Beta-hydroxyfentanyl (N-[1-(2-hydroxy-2-phenethyl)-4-piperidinyl]-N-phenylpropanamide);
Beta-hydroxy-3-methylfentanyl (other name: N-[1-(2-hydroxy-2-phenethyl)-3-methyl-4-piperidinyl]-N-phenylpropanamide);
Betameprodine;
Betamethadol;
Betaprodine;
Clonitazene;
Dextromoramide;
Diampromide;
Diethylthiambutene;
Difenoxin;
Dimenoxadol;
Dimepheptanol;
Dimethylthiambutene;
Dioxaphetyl butyrate;
Dipipanone;
Ethylmethylthiambutene;

Etonitazene;
Etoxidine;
Furethidine;
Hydroxypethidine;
Ketobemidone;
Levomoramide;
Levophenacymorphan;
3-Methylfentanyl (N-[3-methyl-1-(2-phenylethyl)-4-piperidyl]-N-phenylpropanamide);
3-Methylthiofentanyl (N-[(3-methyl-1-(2-thienyl)ethyl)-4-piperidinyl]-N-phenylpropanamide);
Morpheridine;
MPPP (1-methyl-4-phenyl-4-propionoxypiperidine);
Noracymethadol;
Norlevorphanol;
Normethadone;
Norpipanone;
Para-fluorofentanyl (N-(4-fluorophenyl)-N-[1-(2-phenethyl)-4-piperidinyl]propanamide);
PEPAP (1-(2-phenethyl)-4-phenyl-4-acetoxypiperidine);
Phenadoxone;
Phenampromide;
Phenomorphane;
Phenoperidine;
Piritramide;
Proheptazine;
Properidine;
Propiram;
Racemoramide;
Thiofentanyl (N-phenyl-N-[1-(2-thienyl)ethyl-4-piperidinyl]-propanamide);
Tilidine; or
Trimeperidine.

3. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Acetorphine;
Acetyldihydrocodeine;
Benzylmorphine;
Codeine methylbromide;
Codeine-N-Oxide;
Cyprenorphine;
Desomorphine;
Dihydromorphine;
Drotebanol;
Etorphine (except hydrochloride salt);
Heroin;
Hydromorphanol;

Methyldesorphine;
Methyldihydromorphine;
Morphine methylbromide;
Morphine methylsulfonate;
Morphine-N-Oxide;
Myrophine;
Nicocodeine;
Nicomorphine;
Normorphine;
Pholcodine; or
Thebacon.

4. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following hallucinogenic substances, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:

Alpha-ethyltryptamine (some trade or other names: ET, Trip);

Alpha-methyltryptamine (some trade or other names: AMT);

1,4-Butanediol (some trade or other names: 1,4-butyleneglycol, dihydroxybutane, tetramethylene glycol, butane 1,4-diol, SomatoPro, Soma Solutions, Zen);

4-bromo-2,5-dimethoxyamphetamine (some trade or other names: 4-bromo-2,5-dimethoxy-alpha-methylphenethylamine; 4-bromo-2,5-DMA);

4-bromo-2,5-dimethoxyphenethylamine (some trade or other names: Nexus, 2C-B);

1-Butyl-3-(1-naphthoyl)indole-7173 (some trade or other names: JWH-073);

2,5-dimethoxyamphetamine (some trade or other names: 2,5-dimethoxy-alpha-methylphenethylamine; 2,5-DMA);

2,5-dimethoxy-4-ethylamphet-amine (some trade or other names: DOET);

2,5-dimethoxy-4-(n)-propylthiophenethylamine (some trade or other names: 2C-T-7);

5-(1,1-Dimethylheptyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7297 (some trade or other names: CP-47,497);

5-(1,1-Dimethyloctyl)-2-[(1R,3S)-3-hydroxycyclohexyl]-phenol-7298 (some trade or other names: cannabicyclohexanol; CP-47,497 C8 homologue);

4-methoxyamphetamine (some trade or other names: 4-methoxy-alpha-methylphenethylamine; para-methoxyamphetamine; PMA);

5-methoxy-3,4-methylenedioxyamphetamine;
 5-methoxy-N, N-diisopropyltryptamine (some trade or other names: 5-meO-DIPT);

4-methyl-2,5-dimethoxyamphetamine (some trade or other names: 4-methyl-2,5-dimethoxy-alpha-methylphenethylamine; "DOM"; "STP");

3,4-methylenedioxyamphetamine;

3,4-methylenedioxymethamphetamine (MDMA);

3,4-methylenedioxy-N-ethylamphetamine (commonly referred to as N-ethyl-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-ethyl MDA, MDE, MDEA);

1-[2-(4-Morpholinyl)ethyl]-3-(1-naphthoyl)indole-7200 (some trade or other names: JWH-200);

N-hydroxy-3,4-methylenedioxyamphetamine (commonly referred to as N-hydroxy-alpha-methyl-3,4(methylenedioxy) phenethylamine, N-hydroxy MDA);

1-Pentyl-3-(1-naphthoyl)indole-7118 (some trade or other names: JWH-018; AM678);

3,4,5-trimethoxyamphetamine;

Bufotenine (some trade or other names: 3-(beta-dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethyl-aminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N, Ndimethyltryptamine; mappine);

Diethyltryptamine (some trade or other names: DET; N,N-Diethyltryptamine);

Dimethyltryptamine (some trade or other names: DMT);

Gamma [~~butylrolactone~~] *butyrolactone* (some trade or other names: GBL, Gamma Buty Lactone, 4-butyrolactone, dihydro-2(3H)-furanone, tetrahydro-2-furanone, Gamma G, GH Gold);

Gamma [~~hydroxybutyrate~~] *hydroxy butyric acid* (some trade or other names: GHB);
 Ibogaine (some trade or other names: 7-ethyl-6, 6 beta, 7, 8, 9, 10, 12, 13-octahydro-2-methoxy-6, 9-methano-5H-pyrido (1',2':1,2) azepino (5,4-b) indole; *Tabernanthe iboga*);

Lysergic acid diethylamide;

Marijuana;

Mescaline;

Parahexyl (some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6,6,9-trimethyl-6H-dibenzo[b,d]pyran; Synhexyl);

Peyote (meaning all parts of the plant presently classified botanically as *Lophophora williamsii* Lemaire, whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds or extracts);

N-benzylpiperazine (some trade or other names: BZP, 1-benzylpiperazine);

N-ethyl-3-piperidyl benzilate;

N-methyl-3-piperidyl benzilate;

Psilocybin;

[Psilocyn;] ***Psilocin***;

Tetrahydrocannabinols (synthetic equivalents of the substances contained in the plant, or in the resinous extractives of *Cannabis*, sp. or synthetic substances, derivatives and their isomers with similar chemical structure and pharmacological activity such as the following:

Delta 1 cis or trans tetrahydrocannabinol, and their optical isomers,

Delta 6 cis or trans tetrahydrocannabinol, and their optical isomers,

Delta 3, 4 cis or trans tetrahydrocannabinol, and its optical isomers;

since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions covered);

Ethylamine analog of phencyclidine (some trade or other names: N-ethyl-1-phenylcyclohexylamine; (1-phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl) ethylamine; cyclohexamine; PCE);

Pyrrolidine analog of phencyclidine (some trade or other names: 1-(1-phenylcyclohexyl)-pyrrolidine; PCPy; PHP);

1-(1-(2-thienyl)-cyclohexyl)-pyrrolidine (some trade or other names: TCPy); or

Thiophene analog of phencyclidine (some trade or other names: 1-(1-(2-thienyl)-cyclohexyl)-piperidine; 2-thienyl analog of phencyclidine; TPCP; TCP).

For the purposes of this subsection, “isomer” includes, without limitation, the optical, position or geometric isomer.

5. All parts of the plant presently classified botanically as *Datura*, whether growing or not, the seeds thereof, any extract from any part of such plant or plants, and every compound, manufacture, salt derivative, mixture or preparation of such plant or plants, its seeds or extracts, unless substances consistent with those found in such plants are present in formulations that the

Food and Drug Administration of the United States Department of Health and Human Services has approved for distribution.

6. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of phencyclidine, mecloqualone or methaqualone having a depressant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation.

7. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including, without limitation, their salts, isomers and salts of isomers:

Aminorex;

Cathinone (some trade or other names: 2-amino-1-phenyl-1-propanone; alphaaminopropiophenone; 2-aminopropiophenone; norephedrone);

Fenethylamine;

Methamphetamine;

Methcathinone (some trade or other names: N-Methylcathinone, cat);

3,4-Methylenedioxymethcathinone (Methylone);

3,4-Methylenedioxypropylamphetamine (MDPV);

4-Methylmethcathinone (Mephedrone);

4-Methoxymethcathinone (Methedrone);

Fluoromethcathinone;

beta-keto-N-methylbenzodioxolylpropylamine (bk-MBDB, butylone);

(±)cis-4-methylaminorex ((+)-cis-4,5-dihydro-4-methyl-5-phenyl-2-oxazoline);

N,N-dimethylamphetamine (commonly referred to as N,N-alpha-trimethylbenzeneethanamine;

N,N-alpha-trimethylphenethylamine); or

N-ethylamphetamine.

8. Unless specifically listed in another schedule, coca leaves, cocaine base or free base, or a salt, compound, derivative, isomer or preparation thereof which is chemically equivalent or identical to such substances, and any quantity of material, compound, mixture or preparation which contains coca leaves, cocaine base or cocaine free base or its isomers or any of the salts of cocaine, except decocainized coca leaves or extractions which do not contain cocaine or ecgonine.

Blank