

September 28, 2011

AGENDA

◆ PUBLIC NOTICE ◆

NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

at the

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

Wednesday, October 12, 2011 – 9:00 am

Thursday, October 13, 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 September 14-15, 2011, Minutes for Possible Action

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

- A. Capitol Medical Supply, LLC – Dunedin, FL
- B. NovaVision, Inc. – Boca Raton, FL
- C. Orthopedic Resources, Inc. – Tulsa, OK
- D. SPS - Alpharetta, GA
- E. United Diabetic Supplies, Inc. – N Palm Beach, FL
- F. Universalmed Supply – Duncanville, TX
- G. Voice Rx, Inc. – Charlotte, NC
- H. Words Plus Inc. – Lancaster, CA

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

- I. Accredo Health Group, Inc. – Richmond, CA
- J. BioRx, LLC – Scottsdale, AZ
- K. DCA Pharmacy – Nashville, TN
- L. Diplomat Pharmacy Services – Flint, MI
- M. Hellertown Pharmacy – Hellertown, PA
- N. Med-Care Pharmacy – Deerfield Beach, FL
- O. Providence Specialty Pharmacy Services – Portland, OR
- P. Troy Pharmacy – Pittsburgh, PA

Application for Nevada MDEG – Non Appearance for Possible Action:

- Q. Hill-Rom Company, Inc. – Sparks

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

- R. Access Healthcare Staffing & Recruitment, Inc. – Las Vegas
- S. Physicians' Surgery Center of Nevada – Carson City
- T. Walgreens #13900 – Las Vegas
- U. Walgreens #15103 – Las Vegas

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

- V. BD Distribution Center – Four Oaks, NC
- W. Broughton Pharmaceuticals, LLC – Savannah, GA
- X. Dendreon – Morris Plains, NJ
- Y. Diplomat Pharmacy Services – Flint, MI
- Z. DSC Logistics, Inc. – McDonough, GA
- AA. Edgemont Pharmaceuticals, LLC – Austin, TX
- BB. HHI Enterprises, Inc. – Rancho Cucamonga, CA
- CC. Kadmon Pharmaceuticals, LLC – Warrendale, PA
- DD. Medline Industries, Inc. – Lathrop, CA
- EE. Medline Industries, Inc. – Salt Lake City, UT
- FF. Medline Industries, Inc. – San Bernardino, CA
- GG. Merz Aesthetics, Inc. – Sturtevant, WI
- HH. RGH Enterprises, Inc. – Dinsmore, FL
- II. RGH Enterprises, Inc. – Elgin, IL
- JJ. RGH Enterprises, Inc. – Ft. Worth, TX
- KK. RGH Enterprises, Inc. – Halfmoon, NY
- LL. RGH Enterprises, Inc. – Tualatin, OR
- MM. RGH Enterprises, Inc. – Twinsburg, OH

◆ REGULAR AGENDA ◆

2. 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.

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|----|----------------------|----------------|
| A. | Gary A. Hart II, PT | (11-064-PT-S) |
| B. | Adrian Romero, PT | (11-082-PT-S) |
| C. | Krystal Satran, R.Ph | (11-052-RPH-S) |
| D. | Sav-on #6043 | (11-052-PH-S) |
| E. | Heidi Wickham, R.Ph | (11-030-RPH-S) |
| F. | Walgreens #05369 | (11-030-PH-S) |

3. Application for Nevada Pharmacy - Appearance for Possible Action:

All in One Pharmacy – Las Vegas

4. Applications for Out-of-State Pharmacy – Appearance for Possible Action:
 - A. Axtell Pharmacy – Pilot Point, TX
 - B. Equinox Healthcare – Ellicott City, MD
 - C. Retail Pharmacy Customer Care Center – Cumberland, RI
 - D. University Specialty Pharmacy – Commerce, CA
5. Applications for Nevada MDEG – Appearance for Possible Action:
 - A. Global DME – Las Vegas
 - B. Pulmocare Respiratory Services – Las Vegas
6. Requests for Pharmacist License – Appearance for Possible Action:
 - A. Robert Brower II
 - B. Nabil L. Zawaideh
7. Requests for Controlled Substance Registration – Appearance for Possible Action:
 - A. David L. Packer, MD
 - B. Mohamed Saleh, MD
 - C. Richard S. Teh, MD
8. Request for Practitioner Dispensing Registration - Appearance for Possible Action:

Richard L. Bailey, MD
9. Requests for Pharmaceutical Technician License – Appearance for Possible Action:
 - A. Roberto R. Beltran
 - B. Alexander G. Frankos
 - C. Vincent A. McClure
 - D. Israel Ochoa-Tirado
 - E. Trina D. Trinidad
10. Request for Reinstatement of Pharmacist License – Appearance for Possible Action:

Michael J. Adams
11. Surescripts Presentation for Possible Action:

Ken Whittemore

12. CE Committee Report for Possible Action:
 - A. Interprofessional Faculty Training Program in Integrated Management of Type II Diabetes and Comorbidities
 - B. Quality Assurance and Legal/Regulatory Topics
 - C. ISMP Risk Assessment for Retail
13. Discussion and Determination for Possible Action:
 - A. Uncodified Regulations
 - B. Electronic Prescribing of CII Prescriptions
14. General Counsel Report for Possible Action:

Report on Meeting with Governor's Office and AG Regarding Med Spas and other Practices
15. Executive Secretary Report for Possible Action:
 - A. Financial Report
 - B. Temporary Licenses
 - C. Staff Activities
 1. CE in Fallon (9/27)
 2. NABP Executive Office Forum
 3. NABP District 6,7,8 Meeting – Seattle
 4. Upcoming CE
 5. FARB Conference
 - D. Reports to Board
 1. Ting email
 - E. Board Related News
 - F. Activities Report
16. Next Board Meeting:

December 7 & 8, 2011 – Reno
17. Public Comments and Discussion of and Deliberation Upon Those Comments:

No vote may be taken upon a matter raised under this item of the agenda until the matter itself has been specifically included on an agenda as an item upon which action will be taken. (NRS 241.020)

Note: We are pleased to make reasonable accommodations for members of the public who are disabled and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Nevada State Board of Pharmacy, 431 W Plumb Lane, Reno, Nevada, 89509, or call Jeri Walter at (775) 850-1440, as soon as possible.

Anyone desiring additional information regarding the meeting is invited to call the board office at (775) 850-1440.

Continuing Education credit of 4 hours, including 1 hour of law, will be given per day of Board meeting attendance. You are required to attend the board meeting for a full day to receive CE credit including the law credit.

This notice has been posted at the following locations and is available for viewing at **bop.nv.gov**:

Elko County Courthouse – Elko
Mineral County Courthouse – Hawthorne
Washoe County Courthouse – Reno
Nevada State Board of Pharmacy – Reno and Las Vegas

BOARD MEETING

at the

Airport Plaza Hotel
1981 Terminal Way
Reno

September 14 and 15, 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

Keith Marcher

PUBLIC COMMENT ON SEPTEMBER 14, 2011

Liz Macmenamin asked how our Board was going to handle public comment. Keith Marcher explained that there were two ways of addressing the issue and the Board of Pharmacy had chosen to open the meeting with public comment and close the meeting with public comment each day rather than have public comment after each agenda item.

Ira Hansen, a representative of the Legislative Commission, appeared and identified himself and noted that he was present to see how the Board of Pharmacy applied our statutes and regulations in our Board meetings.

PUBLIC COMMENT ON SEPTEMBER 15, 2011

Cheryl Blomstrom appeared and questioned Board staff on agendizing the topic of CII electronic prescribing. She would like the Nevada Board of Pharmacy to be one of the first to allow CII electronic prescribing and wants regs written to allow that practice.

Jody Lewis and Kam Gandhi both agreed that we should be ready when the DEA allows it.

Larry Pinson stated that SureScripts was not available to attend the September Board meeting and asked to be included on the October agenda. He also indicated that he was not sure the whole Board supports the concept of allowing CII\$ to be electronically prescribed.

Dan Luce, representing Walgreens, indicated that the standards across the country should be consistent. He suggested starting the process for CII\$, but not to pull the trigger until the Board is comfortable, however be ready when the time is right.

Carolyn Cramer advised that public comment was just that . for comments from the public . and that 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)

CONSENT AGENDA

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\$ 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

Discussion:

The consent agenda applications and supporting documents were reviewed. Item P was pulled from the agenda for further review.

Board Action:

Motion: Cheryl Blomstrom found the consent agenda application information to be accurate and complete and moved for approval with the exception of Item P.

Second: Keith Macdonald

Action: Passed Unanimously.

Discussion:

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

Second: Russ Smith

Action: Passed Unanimously.

REGULAR AGENDA

3. Discipline for Possible Actions:

- | | | |
|----|------------------------|----------------|
| A. | Russell E. Smith, R.Ph | (11-060-RPH-N) |
| B. | Walgreens #04788 | (11-060-PH-N) |

Carolyn Cramer acknowledged that disciplining a Board member is difficult and reminded them that they were appointed to serve in the best interest of the public.

Ms. Cramer noted that a Stipulation and Agreement had been signed by Mr. Smith and Rob Graham who is representing both Mr. Smith and Walgreens #04788. Mr. Graham was not present as he felt the Stipulation and Agreement was solid and did not feel the need to be present. Ms. Cramer read the Agreement into the record.

Regarding Mr. Smith and the First, Second, Third and Fourth Causes of Action, Mr. Smith will participate in the Your Success Rx program at his own expense. Mr. Smith will be on probation for two years with the condition that he report all errors to the Board within seven days of the event and obey all laws.

Board Action:

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

Second: Kam Gandhi

Action: Passed Unanimously

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|----|-----------------------|-----------------|
| C. | Chona Sabistina, R.Ph | (11-001A-RPH-N) |
|----|-----------------------|-----------------|

D. Rochelle Fernandez, R.Ph
E. Wal-Mart #10-3254

(11-001B-RPH-N)
(11-001-PH-N)

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

Chona Sabistina and Rochelle Fernandez appeared and were sworn by President Foster prior to answering questions or offering testimony.

Scott Jamieson was present to represent Chona Sabistina. Hal Taylor was present to represent Wal-Mart #10-3254 and Debbie Mack was present, also representing Wal-Mart. Ms. Fernandez represented herself.

Carolyn Cramer advised the Board that Ms. Sabistina and Ms. Fernandez had signed Stipulated Agreements. Ms. Cramer read the Agreements into the record.

Regarding Ms. Sabistina and the First and Second Causes of Action, Ms. Sabistina will participate in the Your Success Rx program at her own expense. Ms. Cramer noted that Ms. Sabistina had attended a two day Wal-Mart workshop in Atlanta to refresh her memory on Wal-Mart procedures and the importance of concentrating on the tasks at hand in her practice.

Board Action:

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

Second: Jody Lewis

Action: Passed Unanimously

Regarding Ms. Fernandez and the First and Second Causes of Action, Ms. Fernandez will pay a fine of \$250.00 within 90 days and complete a continuing education course on error prevention approved by Larry Pinson. Ms. Cramer advised the Board that Ms. Fernandez had already received approval for the CE from Mr. Pinson.

Board Action:

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

Second: Russ Smith

Action: Passed Unanimously

Carolyn Cramer dismissed the Third Cause of Action with regard to Wal-Mart.

F. Jonathan Corey Ray, R.Ph

(11-065-RPH-N)

Carolyn Cramer advised the Board that she is continuing this matter to the December Board meeting for further investigation.

G. Bill Curtis, R.Ph

(11-074-RPH-N)

NOTE: Russ Smith disclosed that he works for Walgreens which is the owner of Golden Health Pharmacy where Mr. Curtis was employed however he does not know Mr. Curtis and feels that he can participate in this matter impartially.

Carolyn Cramer advised the Board that she was going to recommend revocation of Mr. Curtis's pharmacist license, and would not be presenting any witnesses in this matter.

Bill Curtis appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Curtis admitted that he had taken approximately 200 tablets of hydrocodone from the pharmacy without the authority to do so. He has a prescription for hydrocodone but the amount prescribed was not enough. He explained that he works in Elko at Golden Health, which is a pharmacy strictly for the use of miners in Elko and surrounding areas. Mr. Curtis indicated that because of the stressful conditions at work he could not cope. He stated that he worked alone without a break and had 400 prescriptions to fill and could only fill 300. Mr. Curtis indicated he knew what he had done was wrong but under the circumstances he could not help himself.

Mr. Curtis was advised that he could return to the Board after one year from the time his license is revoked and request reinstatement, and they suggested that Mr. Curtis contact the PRN-PRN program.

Board Action:

Motion: Cheryl Blomstrom moved to find Mr. Curtis guilty of the alleged violations.

Second: Kam Gandhi

Action: Passed Unanimously

Motion: Cheryl Blomstrom moved to revoke Mr. Curtis's pharmacist license and suggest that he participate in the PRN-PRN program.

Second: Kam Gandhi

Action: Passed Unanimously

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|----|--------------------|----------------|
| H. | Kelli Ramsey, R.Ph | (11-013-RPH-N) |
| I. | CVS/pharmacy #9841 | (11-013-PH-N) |

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

Kelli Ramsey appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mike Dyer was present to represent Ms. Ramsey and CVS #9841.

Carolyn Cramer advised the Board that Ms. Ramsey and CVS #9841 had signed a Stipulated Agreement. Ms. Cramer read the Agreement into the record.

Regarding Ms. Ramsey and the First and Second Causes of Action, she will participate in the Your Success Rx program which CVS will pay for the costs incurred. Ms. Ramsey will be on probation for one year with the condition that she report all errors to the Board within seven days of the event and obey all laws. The Executive Secretary of the Board can cancel the probation before one year after completion of the Your Success Rx program if he feels it is appropriate. Regarding CVS #9841 they will pay a fine of \$1,000.00 that will be due with 90 days of the effective date of this Stipulated Agreement plus the costs and fees in this matter amounting to \$1,295.00.

Board Action:

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

Second: Kam Gandhi

Action: Passed Unanimously

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| J. | Sami S. Zamzam, MD | (11-061-CS-N) |
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This matter was continued to the December Board meeting.

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

Ascend Specialty Rx . Las Vegas

Margaret Bender, managing pharmacist, and Valerie Sullivan, appeared and were sworn by President Foster prior to answering questions or offering testimony.

They explained that they will be providing specialty drugs, such as fertility drugs, medication for arthritis, Multiple Sclerosis drugs, Hepatitis C medications, cancer drugs and medications for transplant patients. They indicated that 65% of their clients come from their parent company, however they get referrals from physicians, too. They currently hold an out of state pharmacy license with Nevada and they are opening a facility in Nevada.

Board Action:

Motion: Cheryl Blomstrom moved to accept the application for pharmacy for Ascend Specialty Rx.

Second: Russ Smith

Action: Passed Unanimously

5. Applications for Nevada MDEG . Appearance for Possible Action:

A. Global DME . Las Vegas

Juan Manuel Ramirez appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Ramirez submitted a letter of authorization to represent Global DME on behalf of Dr. Isaac Verbukh.

Board Staff explained that they were hoping to speak with Dr. Verbukh. Carolyn Cramer asked Mr. Ramirez if he knew what percent of ownership Dr. Verbukh had in Global DME and Mr. Ramirez did not know the answer. Ms. Cramer explained that a physician was only allowed to own 10% of a MDEG facility in Nevada and since there were no other owners listed Board Staff had concerns.

After discussion it was determined to continue this application to the October Board meeting.

B. Mobility Sales . Carson City

Sue Councilman, the new owner of Mobility Sales, and Charles Owens, the current owner, appeared and were sworn by President Foster prior to answering questions or offering testimony.

Mr. Owens explained that he sold his facility to Ms. Councilman and planned to remain as the Administrator. Mr. Owens indicated that he has been located in this location

since 2005 and has been in the DME business for over 20 years both in Nevada and California. Ms. Councilman indicated that she was going to be learning the business with Mr. Owens guidance. Mr. Owens indicated that he did not plan to retire any time soon and would assure that before he did retire that Ms. Councilman was completely competent to operate Mobility Sales.

Board Action:

Motion: Jody Lewis moved to accept the application for MDEG provider for Mobility Sales.

Second: Cheryl Blomstrom

Action: Passed Unanimously

6. Applications for Out-of-State Pharmacy . Appearance for Possible Action:

A. Equinox Healthcare . Ellicott City, MD

Equinox Healthcare has been rescheduled to the October Board meeting.

B. University of Utah Hospital Infusion Pharmacy . Salt Lake City, UT

Steven Kurahara, staff pharmacist, appeared and was sworn by President Foster prior to answering questions or offering testimony.

It was explained to Mr. Kurahara that Board staff needed a letter of authorization for him to appear on behalf of University of Utah Hospital Infusion Pharmacy. Mr. Kurahara was directed to send it to Jeri Walter when he returned to Utah.

Mr. Kurahara advised that they have cancer patients in Elko, Ely and Spring Creek, Nevada. They provide antibiotics, FU-5, catheters, etc., to these patients, but Medicare will not pay unless there is a pharmacy in the state where the patient resides. This practice puts the patient in jeopardy and so they are opening a pharmacy in Nevada to provide patient care and still be paid.

Board Action:

Motion: Russ Smith moved to approve the application for University of Utah Hospital Infusion Pharmacy pending receipt of the letter of authorization.

Second: Jody Lewis

Action: Passed Unanimously

7. Request for Pharmaceutical Technician in Training License . Appearance for Possible Action:

Chris M. Irwin

This appearance has been rescheduled to the December Board meeting.

8. Requests for Pharmacist License . Appearance for Possible Action:

A. Fadi W. Atiya

This application is over a year old and has expired. Fadi Atiya will reapply at a later date.

B. Robert Brower II

This appearance has been rescheduled to the October Board meeting.

9. Requested Appearance for Possible Action:

Medco Computer-Assisted Dispensing Systems (PVSV)

Board Staff outlined Medco's request to utilize their PVSV system in accordance with NAC 639.940 through 639.943. Staff is comfortable with the PVSV system since it is essentially an extension of Medco's automation process and that they have verified accuracy through metrics as presented. The Board supported Staff's recommendation to allow the use of the system.

10. Prescription Drug Abuse Presentation:

Larry Pinson

Larry Pinson gave a PowerPoint presentation on prescription drug abuse to share some of what he learned at the University of Utah School on Alcohol and Drug Abuse. The presentation was well received and will be used as part of future CE programs and speaking invitations.

11. Comprehensive Review of Regulations for Possible Action

Larry Pinson prepared the document in the Board book pursuant to Governor Sandoval's Executive Order 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. Mr. Pinson met with Governor Sandoval and he is very receptive to the work that the Board of Pharmacy does. Mr.

Pinson indicated that the document is what he intends to send to the Governor and asked for their approval.

Board Action:

Motion: Cheryl Blomstrom moved to approve the Comprehensive Review of Regulations document to be sent to Governor Sandoval.

Second: Kam Gandhi

Action: Passed Unanimously

12. Discussion and Determination for Possible Action:

A. Pharmaceutical Technician Discipline

Larry Pinson explained that several Board members have expressed their frustration in cases when a PT is the cause of errors, yet they are not charged with anything and the pharmacist and pharmacy are held responsible. Historically pharmaceutical technicians have not been held responsible for errors even though in countless cases the PT is an integral part of a pharmacy disciplinary action. Mr. Pinson stated that he tried to charge a PT in a death case but the Board threw it out and would not allow the PT to be charged. Then there was the case where the PT did not like the pharmacist and shredded CII prescriptions to get her in trouble. Mr. Pinson gave an example that a vindictive PT could make errors purposely until the pharmacist failed to catch one and a patient might be harmed. Mr. Pinson asked for comments from the Board.

Keith Macdonald has concerns about disciplining a PT. How far are you going to take disciplining pharmacy staff? Just PTs, or include PTTs, or clerks? Then take into consideration that they do not make a lot of money and the Board should give serious consideration to the consequences of the discipline.

Jody Lewis indicated that it is a fine line between a business responsibility vs. a pharmacy/pharmacist responsibility. Pharmacists are not aware of some of the things a PT does. Ms. Lewis indicated that perhaps bringing the PT to the Board hearing would demonstrate the seriousness and importance of a PT function and would serve as a learning experience.

President Foster agrees that the PT would learn and feels it is important that they see the consequences of their errors, the patient that has been harmed, and how their error affects that patient.

Dan Luce, from Walgreens, Mary Staples from NACDS and Debbie Mack, from Wal-Mart were asked to the table to help in this discussion and divulge what they see other states doing.

Mr. Luce indicated that most Boards charge the pharmacist in error cases and PTs are only brought to the Board for their personal problems such as theft or failed drug screenings. CE is helpful to enlighten PTs and not just limit CE to pharmacists.

Carolyn Cramer indicated that she could subpoena PTs to appear without charging them and that may be the answer to show them the consequences their error caused. This seemed to be a reasonable starting point to the Board.

B. Unlicensed Entities

The Board has indicated displeasure in granting a license to an entity that has been doing business in Nevada without a license. They apply for a license, come before the Board and apologize and indicate they did not know they needed a license. Could the Board impose a fine for doing business in Nevada unlicensed as part of granting that license?

Keith Marcher, representative from the AG's office, said that a lot of Boards have the authority to give administrative citations, however the Board of Pharmacy is not one of them. He indicated that we would have to go to the Legislature to get that authority.

13. General Counsel Report for Possible Action

There was no general counsel report.

14. Executive Secretary Report for Possible Action:

A. Financial Report

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

B. Temporary Licenses

One temporary license was issued since the last Board meeting.

C. Staff Activities

1. Address Board of Directors of %Good Neighbor Pharmacies+ (Amerisource-Bergen)

Mr. Pinson indicated he would go into detail when he did his presentation.

D. Reports to Board

1. Your Success Rx Report
 - A. Matt Christensen
 - B. James Christensen
 - C. Rex Drug
 - D. Tom Traynor
 - E. Mike Martinez

Katie Johnson and Mr. Pinson met and reviewed the results of the Your Success Rx program with each of the pharmacists by telephone and all found the experience exceptionally helpful.

2. 2012 Board Meeting Dates

The Board was given the dates for the 2012 Board meetings.

3. Medi-Spa Issues

A. Board of Cosmetology Inspector Training

Mr. Pinson called a meeting of the Cosmetology, Medical and Nursing Boards to discuss the problems in the Medi-Spa arena. Often no one at these facilities is licensed to possess or administer dangerous drugs or controlled substances and in most instances there is no supervising physician at those locations. One physician was located in Michigan and allowing a RN to run the spa. Mr. Pinson advised the Board that he was going to do a presentation to the Board of Cosmetology on how to inspect Medi-Spas in the North and the South. The Board are meeting with the Governor's office and the AG's office next week to discuss this issue and Staff will report back to the Board on the outcome at the October Board meeting.

4. Anthem Tech School Background Checks

Mr. Pinson reported that Anthem is stepping up background checks on their applicants to the Pharmaceutical Technician program.

5. SB 37

SB 37 is a new law that 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. Staff has always shared its cases with our sister Boards so this bill will have no impact.

E. Board Related News

1. e-rx Information Sheet

Larry Pinson provided the Board with a concise document from the California Board of Pharmacy regarding electronic prescribing of controlled substances and the DEA Interim Final Rule on Electronic Prescribing and Receiving Controlled Substance Prescriptions.

2. 2011 Bowl of Hygeia Recipient

Mr. Pinson was pleased announce that Katie Johnson was selected to be the recipient of the Bowl of Hygeia this year. He and the Bowl of Hygeia Committee were in complete agreement that Ms. Johnson was an excellent choice as she has made such a positive impact on the pharmacy profession, both locally and nationally.

F. Activities Report

WORKSHOP for Possible Action

15. **Proposed Regulation Amendment Workshop**

Amendment of Nevada Administrative Code 453.510 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.

President Foster gave an overview of the synthetic compounds and the importance of law enforcement and labs to be able to identify them.

President Foster opened the Workshop.

Detective Joe Lever, with the Reno Police Department Drug Interdiction Unit, and Lieutenant Venzon, also with the Reno Police Department appeared to enlighten the Board on the problems they are seeing on the street that involve Bath Salts. At the moment they have 36 cases where Bath Salts are involved and they are now seeing cases on a daily basis. Detective Lever explained that the Interdiction Unit identifies Bath Salts that are shipped through the mail and overnight services. Lieutenant Venzon gave examples of the affects the use of Bath Salts has on the people that use it. It is ingested by various methods . by injection, smoking, snorting, put in food and eaten and other methods. Detective Lever and Lieutenant Venzon both support scheduling of Bath Salts to help ensure public safety.

Diane Machen, with the Washoe County Sheriff's Crime Lab and Bill Ames, with the Washoe County Sheriff's office, appeared and gave a synopsis of the chemical compounds that can be identified. Ms. Machen indicated that the compounds keep changing, however being able to identify the compounds in the reg change that is being proposed is a start in the right direction. Ms. Machen gave examples of the different types of testing procedures there are. Mr. Ames indicated that they would like to limit the sales so it is not so readily available to the public to help ensure their safety.

Dave Jones, Captain of the Nevada Department of Public Safety, appeared and discussed the problems with illicit drugs throughout the state. They would like to educate the public that Bath Salts, even though they are not illegal drugs, are very dangerous and hazardous to people's health. They have gone to the stores that sell Bath Salts and have tried to encourage them not to sell these products, however they are in it for the incredible amount of money they make from those sales. Captain Jones supports the scheduling of the compounds that are proposed in the amendment of Schedule I.

President Foster closed the Workshop and asked for a motion on the proposed regulation amendment.

Board Action:

Motion: Keith Macdonald moved to proceed to Public Hearing on the scheduling of Bath Salts.

Second: Cheryl Blomstrom

Action: Passed Unanimously

16 . Next Board Meeting:

October 12-13, 2011 . Las Vegas

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

There were no public comments on September 14, 2011.

Larry Pinson took the opportunity during public comment on September 15, 2011 to congratulate President Foster for the VA Hospital being recognized as one of the top hospitals in the nation.

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

GARY A. HART II, P.T.
Certificate of Registration No.: PT11116

Case No. 11-064-PT-S

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.

I.

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

II.

On June 8, 2011, the Nevada State Board of Pharmacy received notice from CVS that Gary A. Hart II's employment as a pharmaceutical technician was terminated due to cash theft from the pharmacy. As part of CVS's investigation, Mr. Hart submitted a written statement and admitted to taking a total of \$320.00 in cash on two occasions from CVS #5144 located at 1425 West Lake Mead Boulevard in Las Vegas, Nevada. Mr. Hart took \$120.00 on May 25, 2011 and \$200.00 on May 27, 2011. In his written statement Mr. Hart indicated that he had stolen the money because he and his nephew were going to be evicted and he needed the money to help pay the rent.

FIRST CAUSE OF ACTION

III.

In taking cash from his employer, Mr. Hart violated Nevada Revised Statutes (NRS) 639.210(1) and/or (4) and Nevada Administrative Code (NAC) 639.945(1)(h) and/or (i).

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

Signed this 8th day of September, 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**

**GARY A. HART II, P.T.
Certificate of Registration No. PT11116,**

Case No. 11-064-PT-S

Respondent.

_____ /

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

I.

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

II.

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


III.

The Board has reserved Wednesday, October 12, 2011 as the date for a hearing on this matter, at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 9th day of September, 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**

**GARY A. HART II, P.T.
Certificate of Registration No.: PT11116**

Case No. 11-064-PT-S

Respondent.

_____ /

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

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

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

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

DATED this _____ day of _____, 2011.

Gary A. Hart II, PT

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,
Petitioner,

NOTICE OF INTENDED ACTION
AND ACCUSATION

v.
ADRIAN ROMERO, PT
Certificate of Registration No. PT10093,

Case No. 11-082-PT-S

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 Romero is a registered pharmaceutical technician with the Board.

II.

On or about August 12, 2011, Board staff was notified that Mr. Romero had been terminated from employment as a pharmaceutical technician at CVS/pharmacy #2929 located at 7190 West Craig Road in Las Vegas, Nevada. It was found that Mr. Romero was removing hydrocodone 10/500 and Alprazolam 2 mg. tablets from the pharmacy. In Mr. Romero's written statement he admitted to stealing approximately 50 to 75 hydrocodone 10/500 stock bottles and approximately 20 to 50 stock bottles from his employing pharmacy. Mr. Romero explained that his family was having financial problems and he was trying to supplement their income by selling the stock bottles of hydrocodone for \$150.00 and the Alprazolam for \$100.00 each.

FIRST CAUSE OF ACTION

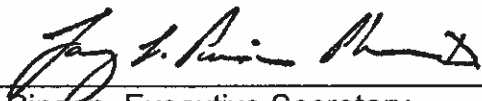
III.

By stealing controlled substances from his employing pharmacy, namely

hydrocodone 10/500 and Alprazolam 2 mg. tablets, Mr. Romero violated (NRS) 453.336(1) and/or 639.210(1), (4), and/or (12) and/or Nevada Administrative Code (NAC) 639.945(1)(h) and/or (i).

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

Signed this 8th day of September, 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**

**ADRIAN ROMERO, PT
Certificate of Registration No. PT10093,
Respondent.**

Case No. 11-082-PT-S

_____/

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

I.

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

II.

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

III.

The Board has reserved Wednesday, October 12, 2011 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 8th day of September, 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

ADRIAN ROMERO, PT
Certificate of Registration No. PT10093,
Respondent.

Case No. 11-082-PT-S

_____/

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

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

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

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

DATED this _____ day of _____, 2011.

Adrian Romero, PT

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**KRYSTAL SATRAN, R.Ph.,
Certificate of Registration #11125,**

Case No. 11-052-RPH-S

**SAV-ON #6043
Certificate of Registration PH00760**

Case No. 11-052-PH-S

Respondents.

_____ /

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Krystal Satran is a pharmacist licensed by the Board and Respondent Sav-On #6043 is licensed by the Board, located at 2851 North Green Valley Parkway, Henderson, Nevada.

II.

On or about April 13, 2011, Brandy Jones saw her physician, Dr. Michael Minev, and was diagnosed with an ear infection and an eye infection. Ms. Jones was prescribed azithromycin 250 mg. tablets for her ear and eye infections and Cortisporin Ophthalmic drops for her eye infection. Ms. Jones took the prescriptions to Sav-On

#6043 to be filled. Ms. Jones picked up the prescriptions, took them home and began her treatment therapy.

III.

When Ms. Jones instilled the eye drops she experienced a burning sensation. Ms. Jones used the drops she was given for approximately five days. On or about April 17, 2011, Ms. Jones telephoned Sav-On #6043 and spoke with the pharmacist on duty, Trung Tran, and told him that when she used the drops she was given her eyes stung and her vision was blurry. Mr. Tran checked the prescription and found that Ms. Jones had been given ear drops rather than eye drops.

IV.

During the investigation of this matter it was learned that a pharmaceutical technician selected the wrong medication from a drop down screen and completed the fill using the directions to "Instill 1-2 drops in both eyes every four hours" and placed that label on the box containing the ear drops. Ms. Satran was the verifying and counseling pharmacist on this prescription and failed to notice that the prescription was misfilled.

FIRST CAUSE OF ACTION

V.

In verifying and dispensing a prescription to Brandy Jones that was prescribed eye drops but was instead filled with ear drops with directions to instill 1-2 drops in each eye every four hours, Ms. Satran violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i).

SECOND CAUSE OF ACTION

VI.

In owning and operating the pharmacy in which the error occurred with Ms. Jones' eye drop prescription, namely filling the prescription for eye drops with ear drops with directions to instill 1-2 drops in each eye every 4 hours, Sav-On #6043 violated NRS 639.210(4) and/or NAC 639.945(1)(d) 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 8th day of September, 2011.



Larry L. Rinson, 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

KRYSTAL SATRAN, R.Ph.,
Certificate of Registration #11125,

Case No. 11-052-RPH-S

Respondent.

_____/

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

I.

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

II

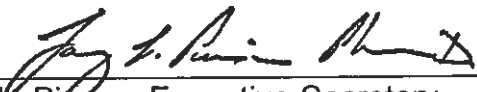
You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of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

The Board has reserved Wednesday, October 12, 2011 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 8th day of September, 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.

KRYSTAL SATRAN, R.Ph.,
Certificate of Registration #11125,

ANSWER AND
NOTICE OF DEFENSE

Case No. 11-052-RPH-S

Respondent.

_____/

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

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

SEP 23 2011

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

Please refer to attachments

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 21 day of September, 2011.

Krystal Satran
Krystal Satran, R.Ph.

I agree with statements provided regarding the Brandy Jones case with a few exceptions. Please see the letter I have attached to Ken Scheuber. Your statements do not include the extensive follow up we did following the day Brandy picked up her prescriptions. We tried to rectify the error with her through numerous phone calls and follow up with Dr. Minev. She refused all of our attempts and even to return to see her doctor. Miss Jones continues to use our pharmacy for her prescriptions.

Since my letter to Ken, I have recalled more details of the counseling I provided Miss Jones. I will be available to answer any further questions you have for me at the hearing on October 12, 2011.

Ken Scheuber, Investigator
Nevada State Board of Pharmacy
4220 S. Maryland Pkwy.
Las Vegas, NV 89119

Dear Ken,

On April 13, 2011 at 11:17 am, Brandy Jones came into Savon 6043 located at 2851 N. Green Valley Pkwy. She presented two prescriptions to Tammie Harris CPHT, that were written by Dr. Michael Minev from the Henderson VA clinic. Tammie typed the two prescriptions and made an error in typing the prescription for Cortisporin ophthalmic suspension. She instead typed it for the generic for the Cortisporin ear suspension. Tammie also filled the prescriptions and repeated the same error by filling with the ear suspension but using the directions to be used in the eye.

I, Krystal Satran, was the pharmacist on duty that day. I unfortunately did not discover the error at verification. Brandy returned for pick up at roughly 11:38 am. Although I don't recall this transaction, I routinely help patients at the pick up window. As a rule, when I counsel patients about their medications I asked them if the doctor discussed the prescriptions with them and if they know why the doctor prescribed them. I also ask if they were told how to take it and if they were told about duration and side effects. From there I will ask if they have any unanswered questions or if they need any further direction. I like to open the bottle, show them the medicine, and in the case of Z-paks and Medrol Dose packs, show them the directions inside the pack as well as what we have provided. Brandy reportedly had both an ear and an eye infection that day.

On Sunday April 17, 2011, Brandy called the pharmacy and spoke to Rph Trung Tran. She told Trung that her eyes were stinging and blurry. Trung then realized that the patient had been given the ear drop instead of the eye drop. He instructed her to stop using the drops. Trung contacted the doctor who was going to have his nurse Lee call the patient. Dr. Minev told us to please have the patient follow up with him. Trung called Brandy on April 18, 2011 to check in with her and to let her know Dr. Minev would like her to follow up with him. Brandy told Trung her eyes were getting better but that her ears had not improved. Brandy refused to follow up with her doctor stating she did not have a ride. Trung also told her we have the correct medication available for her as well.

On April 21, 2011, patient still had not picked up the proper medicine. We called her to get an address so we could mail it to her and make sure she was doing better. Brandy did not answer our call. We repeated our calls again on April 26, 2011 and April, 28, 2011. Sometime after the call on the 28th, Brandy called us to let us know she would not be discussing this case with us further as she had got an attorney and was filing a law suit. She also told Trung that, "Someone was going to pay for this!"

There are no excuses for the error that was made and trying to answer the question as to why it happened is difficult for me. I feel horrible that I failed to catch the error and correct it before it reached the patient. That being said, I have considered what may have occurred that day and have taken steps to prevent this type of thing from happening in the future. First of all, I talked with my staff about taking their time to ensure that all scripts are entered into the system correctly. I have asked them to increase the wait times when necessary to ensure that all scripts are handled accurately. Secondly, I have separated the eye and ear preps onto different shelves with a row of prenatal vitamins between them. We are considering repositioning the QA station away from the pick up window to lessen the number of interruptions to the pharmacist which would increase work flow and decrease customer wait times. Lastly, for VA patients, we are taking additional steps to verify with both the patient and the doctor what exactly the patient is taking and why. The verification process is handled either verbally or by fax. As for myself, I have taken CE on prescription errors and also spoke to my company about taking any reeducation classes they have available to me on that subject.

I hope this answers some of your questions as to what happened that day, why it happened and what we can do going forward to assure this never happens again. Thank you again and please let me know what else I can do to help you with your investigation.

Sincerely,


Krystal Satran Rph

Blank

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

SAV-ON #6043

Certificate of Registration PH00760

Case No. 11-052-PH-S

Respondent.

_____ /

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

I.

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

II

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

The Board has reserved Wednesday, October 12, 2011 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 8th day of September, 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

SAV-ON #6043
Certificate of Registration PH00760

Case No. 11-052-PH-S

Respondent.

_____ /

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

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

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

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

DATED this _____ day of _____, 2011.

type or print name

for Sav-On #6043

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,
v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

**HEIDI WICKHAM, R.Ph.,
Certificate of Registration #16474,**

Case No. 11-030-RPH-S

**WALGREENS #05369
Certificate of Registration PH01485**

Case No. 11-030-PH-S

Respondents.

_____ /

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Heidi Wickham is a pharmacist licensed by the Board and Respondent Walgreens #05369 is licensed by the Board, located at 1500 South Boulder Highway, Henderson, Nevada.

II.

On or about March 16, 2011, Lisa Beam had a prescription filled for metaxalone 800 mg. tablets. Ms. Beam's husband picked up the prescription that evening. When he arrived home and gave his wife the medication that was dispensed to him, Ms. Beam noticed that there were two different pink tablets in the bottle. Mr. Beam returned

to the pharmacy and spoke with Heidi Wickham regarding the two different tablets in the prescription bottle. Ms. Wickham checked the Clinical Pharmacology program in the pharmacy's computer and could not identify the second tablets. Ms. Wickham then went to the shelf where metaxalone is stocked to see if there were different manufacturers. The only bottle present at the time was a previously deleted patient's bottle labeled metaxalone. Ms. Wickham checked the contents of the bottle and found the same pink tablets in question that she could not identify and presumed it was a different manufacturer and advised Mr. Beam that it was safe for his wife to take.

III.

Ms. Beam began taking the tablets that she was familiar with first for several days. Ms. Beam began taking the tablets that she was not familiar with and she became light headed, nauseous, had diarrhea and a headache for three days. On or about March 22, 2011 Mr. Beam received a telephone call from Heidi Wickham asking to speak with Ms. Beam. Ms. Beam was not available to come to the telephone and Ms. Wickham told Mr. Beam that the pink tablets in question in Ms. Beam's prescription bottle were not metaxalone as previously thought, and that they were Metformin, a prescription medication used to treat diabetes. Ms. Wickham advised Mr. Beam to have Ms. Beam stop taking the medication dispensed to him and return it to the pharmacy for replacement.

IV.

During the investigation of this matter, it was learned that the prescription bottle that was returned to stock and was labeled metaxalone was originally misfilled with

Metformin but was placed on the shelf behind the metaxalone and was used to fill Ms. Beam's prescription.

FIRST CAUSE OF ACTION

V.

In verifying and dispensing a combination of 800 mg. metaxalone tablets and Metformin tablets to Ms. Beam instead of only metaxalone tablets as prescribed, Ms. Wickham violated Nevada Revised Statutes (NRS) 639.210(4) and/or Nevada Administrative Code (NAC) 639.945(1)(d) and/or (i).

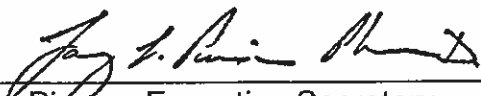
SECOND CAUSE OF ACTION

VI.

In owning and operating the pharmacy in which an unidentified employee misshelved the mislabeled returned to stock bottle of Metformin directly behind the metaxalone stock bottle and where Ms. Wickham misfiled Ms. Beam's prescription with a combination of metaxalone tablets and Metformin tablets, Walgreens #05369 violated NRS 639.210(4) and/or NAC 639.945(1)(d) 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 8th day of September, 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

HEIDI WICKHAM, R.Ph.,
Certificate of Registration #16474,

Case No. 11-030-RPH-S

Respondent.

_____ /

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

I.

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

II

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

The Board has reserved Wednesday, October 12, 2011 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 8th day of September, 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

HEIDI WICKHAM, R.Ph.,
Certificate of Registration #16474,

Case No. 11-030-RPH-S

Respondent.

_____ /

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

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

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

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

DATED this _____ day of _____, 2011.

Heidi Wickham, R.Ph.

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

WALGREENS #05369

Certificate of Registration PH01485

Case No. 11-030-PH-S

Respondent.

_____/

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

I.

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

II

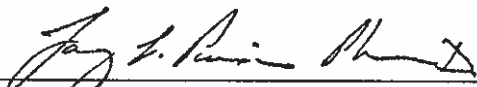
You have the right to a hearing before the Nevada State Board of Pharmacy to answer the Notice of Intended Action and Accusation and present evidence and argument on all issues involved, either personally or through counsel. Should you desire a hearing, it is required that you complete two copies of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

The Board has reserved Wednesday, October 12, 2011 as the date for a hearing on this matter at the Las Vegas Chamber of Commerce, 6671 Las Vegas Boulevard South, Las Vegas, Nevada. The hour of the hearing will be set by letter to follow.

IV.

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

DATED this 8th day of September, 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

WALGREENS #05369
Certificate of Registration PH01485

Case No. 11-030-PH-S

Respondent.

_____ /

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

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

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

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

DATED this _____ day of _____, 2011.

type or print name

for Walgreens #05369

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

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

Application must be printed legibly

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

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

GENERAL INFORMATION

Pharmacy Name: ALL IN ONE PHARMACY
Physical Address: 2080 E. FLAMINGO RD. SUITE 310
Mailing Address: 2080 E. FLAMINGO RD. SUITE 310
City: LAS VEGAS State: NV Zip Code: 89119
Telephone Number: (702) 697-6501 Fax Number: (702) 697-6510
Toll Free Number: (866) 255-6663
E-mail: EGONZALEZ@ALLIN1PHARMACY.COM Website: ALLIN1PHARMACY.COM
Managing Pharmacist: GAVIN HENDRICK YEE License Number: 11115

Hours of Operation:

Monday thru Friday 9:00 am 6:00 pm Saturday CLOSED am _____ pm
Sunday CLOSED am _____ pm 24 Hours _____

TYPE OF PHARMACY

SERVICES PROVIDED

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

Board Use Only

Received: SEP 14 2011 Check Number: CC Amount: 500 -

58098

OWNERSHIP IS A NON-PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA

Parent Company if any: N/A

Corporation Name: R & G HEALTH SERVICES, INC. DBA: ALL IN ONE PHARMACY

Mailing Address: 2080 E. FLAMINGO RD. SUITE 310

City: LAS VEGAS

State: NV

Zip: 89119

Telephone: (702) 697-6501

Fax: (702) 697-6510

License Contact Person: EDGAR GONZALEZ

Professional Compliance Contact Person: EDGAR GONZALEZ

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

Officer or director name

Officer or director title

GEORGE W. ROSSI-LOPEZ

PRESIDENT

EDGAR GONZALEZ

SECRETARY / DIRECTOR

For any corporation non publicly traded, disclose the following:

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

a) GEORGE W. ROSSI-LOPEZ 2831 N. BELLFLOWER BLVD. LONG BEACH, CA 90815
Name Address

b) EDGAR GONZALEZ 4565 WAILEY AVE. LONG BEACH, CA 90807
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. 75,000
- 3) What was the price paid per share? PAR
- 4) What date did the corporation actually receive the cash assets? 2/14/11
- 5) Provide a copy of the corporations stock register evidencing the above information

If the non publicly traded corporation is a subsidiary, list name and state of incorporation of the parent corporation and include a list of its officers.

N/A

- 6) Has the firm or any owner(s), shareholder(s) hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction?

Yes ☒ No ☐ If yes, list the persons, their address and their business names.

a) GEORGE W ROSSI 24404 S. VERMONT AVE #310 HARBOR CITY, CA 9
Name Address
ALL IN ONE PHARMACY, INC. - CALIFORNIA
Business

b) EDGAR GONZALEZ 24404 S. VERMONT AVE #310 HARBOR CITY, CA 90
Name Address
ALL IN ONE PHARMACY, INC. - CALIFORNIA
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) GEORGE W ROSSI 24404 S. VERMONT AVE #310 HARBOR CITY, C
Name Address
ALL IN ONE PHARMACY, INC.
Business

b) EDGAR GONZALEZ 24404 S. VERMONT AVE #310 HARBOR CITY, CA 90
Name Address
ALL IN ONE PHARMACY, INC.
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?

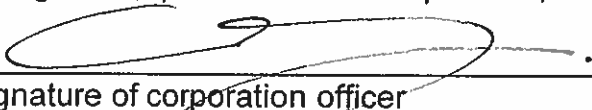
Yes ☐ No ☒

- 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

9-7-11

Date

EDGAR GONZALEZ - SECRETARY

Print or Type name and title

STATEMENT OF RESPONSIBILITY
NON PUBLICLY TRADED CORPORATION

I, EDGAR GONZALEZ

Corporate Officer of R#G HEALTH SERVICES, INC DBA: ALL IN ONE PHARMACY
hereby acknowledge and understand that in addition to the corporation's responsibilities, my fellow officers and I, as corporate officers of said corporation, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporate officers may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy or operation of a pharmacy in Nevada.

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

Signature



Date

9-7-11

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: GAVIN HENDRICK YEE

License #: 11115

Pharmacy Name: ALL IN ONE PHARMACY

As a managing pharmacist of the above referenced pharmacy, I understand within 48 hours after I report for duty as the managing pharmacist, I shall cause an inventory of all controlled substances of the pharmacy according to the method prescribed by the provision of 21 CFR Part 1304; and cause a copy of the inventory to be on file at the pharmacy.

I understand that as the managing pharmacist I am responsible for compliance by the pharmacy and its personnel with all state and federal laws and regulations relating to the operation of the pharmacy and the practice of pharmacy. I understand my license can be revoked or that I can be the subject of disciplinary action if such laws or regulations are knowingly violated in the pharmacy in which I am managing pharmacist.

I understand that if I cease to be managing pharmacist of the above named pharmacy I will jointly, with the new managing pharmacist, take an inventory of all controlled substances.

| | Yes | No |
|--|--------------------------|-------------------------------------|
| Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1. been charged, arrested or convicted of a felony or misdemeanor in any state? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. been the subject of an administrative action whether completed or pending in any state? | <input 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: <u>N/A</u> | Date: <u>N/A</u> Case #: <u>N/A</u> |
| And/or Criminal Action: | State: <u>N/A</u> | Date: <u>N/A</u> Case #: <u>N/A</u> |
| | County: <u>N/A</u> | Court: <u>N/A</u> |

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: Axtell Pharmacy
Physical Address: 1246 Hwy 377 South, STE 100, Pilot Point, TX 76258
Mailing Address: 1246 Hwy 377 South, STE 100, Pilot Point, TX 76258
City: Pilot Point State: TX Zip Code: 76258
Telephone Number: 940-686-2218 Fax Number: 940-686-9286
Toll Free Number: 800-527-1610
E-mail: justin@axtellpharmacy.com Website: www.axtellpharmacy.com
Managing Pharmacist: Tommy Axtell, RPh License Number: 20-337

Hours of Operation:

| | | | |
|--------------------|--|----------|--------------------------------|
| Monday thru Friday | <u>8:00</u> am <u>6:00</u> pm | Saturday | <u>8:30</u> am <u>12:30</u> pm |
| | <u>Closed</u> <u>Closed</u> | | |
| Sunday | 11:00 am 6:00 pm | 24 Hours | <u>N/A</u> |

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 26 2011 Check Number: CC Amount: 469

57719

OWNERSHIP IS A CORPORATION

State of Incorporation: Texas

Parent Company if any: N/A

Corporation Name: Axtell Pharmacy, Inc.

Mailing Address: 12416 Hwy 377 South, STE 100

City: Pilot Point State: TX Zip: 76258

Telephone: 940-686-2218 Fax: 940-686-9286

License Contact Person: Justin McConnell

Professional Compliance Contact Person: Justin McConnell

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>Tommy Axtell</u> | %: <u>50</u> |
| 2. <u>Mary Nell Axtell</u> | %: <u>50</u> |
| 3. <u>N/A</u> | %: <u>N/A</u> |
| 4. <u>N/A</u> | %: <u>N/A</u> |

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

Date of Incorporation: 4/17/1980

Registration number issued: Charles Number: 515

Stock Exchange: N/A 766

* Not Publicly Traded

List any physician shareholders and percentage of ownership:

| | |
|------------|------------|
| <u>N/A</u> | <u>N/A</u> |
| <u>N/A</u> | <u>N/A</u> |

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

N/A

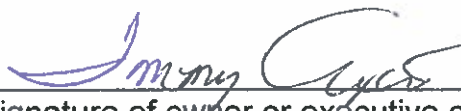
Within the last five (5) years:

- 1) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 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

8-1-11

Date

Tommy Atell, RPh - President

Print or Type name and title

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Tommy Axtell

Corporate Officer of Axtell Pharmacy, Inc.

hereby acknowledge and understand that in addition to the corporation's responsibilities, my fellow officers and I, as corporate officers of said corporation, may be responsible for any violations of pharmacy law that may occur in a pharmacy owned or operated by said corporation.

I further acknowledge and understand that the corporate officers may be named in any action taken by the Nevada State Board of Pharmacy against a pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation cannot require or permit the pharmacist(s) in said pharmacy to violate any provision of any local, state or federal laws or regulations pertaining to the practice of pharmacy.

Tommy Axtell
Signature

8-1-11
Date



TEXAS STATE BOARD OF PHARMACY

Jeanne D. Waggener, R.Ph.
President
Waco

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

Dennis F. Wiesner, R.Ph.
Treasurer
Austin

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

Rosemary Forester Combs
El Paso

W. Benjamin Fry, R.Ph.
San Benito

L. Suzan Kedron
Dallas

Joyce A. Tipton, R.Ph.
Houston

Charles F. Wetherbee
Boerne

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

Re: Axtell's Pharmacy, Inc.

Address: 1246-A HWY 377 South, Ste 100
Pilot Point, TX 76258-9753

License No.: 5039

Date Issued: Prior to 1978, when licensing records were computerized.

Licensure Status: Active

Expiration Date: November 30, 2011

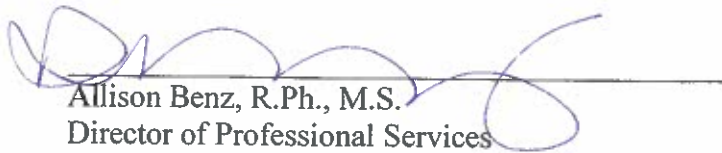
Last Date of Inspection: June 17, 2010

Type of Pharmacy: Community – Class A

Prior Disciplinary Orders: No

The Texas State Board of Pharmacy does not use the term "good standing." The Texas State Board of Pharmacy does maintain records regarding licensure and disciplinary action against a licensee. As of the date of the receipt of the request for license verification (April 1, 2011), Axtell's Pharmacy, Inc. (Texas Pharmacy License #5039) has not been subject to disciplinary action by the Texas State Board of Pharmacy.

Form Completed by:


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

April 15, 2011
Date



Blank

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

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

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

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

GENERAL INFORMATION

Pharmacy Name: Sesquinox LLC d/b/a Eguinox 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: 410-203-1201 Fax Number: 410-203-1202
Toll Free Number: 800-715-6650
E-mail: Kpote1@eguinoxhealthcare.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 am pm 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. Kapesh Patel - Director of Operations %: 15
2. Shesali Patel - Manager %: 15
3. Serguinox Acquisition %: 20
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 Aitchney

Corporate Officer of Sesquinox LLC d/b/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.

CA
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:

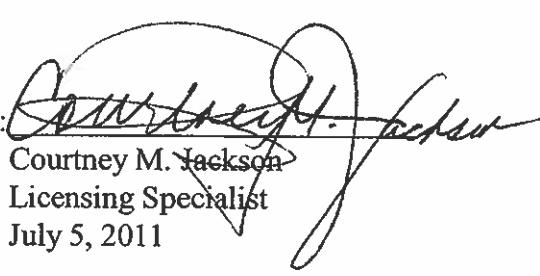
Active X Non-Renewed Closed

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

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 _____ pm
Sunday closed am _____ 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

OWNERSHIP IS A CORPORATION

State of Incorporation: New York

Parent Company if any: CVS Pharmacy, Inc.

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

Mailing Address: 9501 E. Shea Blvd., MC024

City: Scottsdale State: AZ Zip: 85260

Telephone: 480.661.3692 Fax: 480.862.1354

License Contact Person: Dianne Edwards

Professional Compliance Contact Person: Donald F. Dean

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>CVS Pharmacy, Inc.</u> | %: <u>100</u> |
| 2. _____ | %: _____ |
| 3. _____ | %: _____ |
| 4. _____ | %: _____ |

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

Date of Incorporation: _____

Registration number issued: _____

Stock Exchange: _____

List any physician shareholders and percentage of ownership:

N/A

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

CVS Pharmacy, Inc., Rhode Island
Larry J. Merlo - President; Zeon P. Lankowsky - Secretary; Carol A. Denale - Treasurer

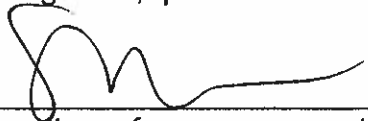
Within the last five (5) years:

- 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

July 26, 2011

Date

Sara M. Hankins, Assistant Secretary

Print or Type name and title

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

- *As indicated in the October 14, 2010 letter to the State Board of Pharmacy, CVS Rx Services, Inc.'s parent company, CVS Pharmacy, Inc., voluntarily entered into a Non-Prosecution Agreement and a Civil Settlement Agreement on October 13, 2010 with the United States Attorneys' Offices for the Central District of California and for the District of Nevada, and a Memorandum of Agreement with the United States Department of Justice, Drug Enforcement Administration ("DEA")(the "Agreements"). Accordingly, no state agency or pharmacy boards were government parties to the Agreements; only DEA and the United States Attorneys' Offices.*

The Agreements do not impose any termination, suspension, or revocation of any DEA registration for the Nevada and California CVS facilities subject to the Agreements and neither CVS, nor any of its employees or affiliates, have been charged with or convicted of any crime as a result of the Agreements. Moreover, the Agreements do not place a term of probation on any of the CVS facilities.

The Agreements stem from sales in 2007 and 2008 of non-prescription pseudoephedrine products ("PSE") made by certain CVS retail stores in California and Nevada that exceeded the federal limits on PSE sales. The PSE sales occurred in the front store area of the CVS facilities and not from the pharmacy dispensing area in the retail stores.

Thus, while the Agreements may not qualify for a positive answer to the questions on your application, we are providing this explanation for your information. Please do not hesitate to contact: Peg Griffiths, Senior Legal Counsel at (847) 559-4952 if you need any additional information on this issue.

- *On March 18, 2008, CVS Caremark Corp. reached a settlement agreement with the federal government and a number of state Attorneys General (IL, CA, DE, D.C., FL, HI, LA, MA, NV, TN, TX, VA) to resolve an investigation into the practice of its CVS/pharmacy retail pharmacies of dispensing the generic drug Ranitidine in capsule rather than tablet form to Medicaid recipients. CVS has expressly denied this allegation. The settlement calls for payment by CVS to the federal government and the Medicaid Participating States the sum of \$36.7 million, plus approximately \$800,000 in investigative costs and other fees. Pursuant to the Settlement Agreement, CVS has expressly denied engaging in any wrongful conduct. CVS also entered into a Corporate Integrity Agreement ("CIA") with the Office of the Inspector General. The CIA is applicable to CVS's retail and mail service operations and calls for maintaining CVS's existing compliance program, code of conduct and an employee ethics "hotline," as well as instituting certain employee training.*

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: University Specialty Pharmacy

Physical Address: 3328 Garfield Ave. Commerce, CA

Mailing Address: Same 90040

City: _____ State: _____ Zip Code: _____

Telephone Number: (323) 201-4488 Fax Number: (906) 728-4814

Toll Free Number: _____

E-mail: ilissa@greenvalleymed.com Website: www.universitysp.com

Managing Pharmacist: Ron Yuan License Number: 36525

Hours of Operation:

Monday thru Friday 830 am 5 pm Saturday am pm
Sunday am pm 24 Hours

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

Board Use Only

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

57467

OWNERSHIP IS A CORPORATION

State of Incorporation: Nevada

Parent Company if any: _____

Corporation Name: FVS Holdings, Inc.

Mailing Address: 1850 Whitney mesa #180

City: Henderson State: NV Zip: 89014

Telephone: (702) 564-2079 Fax: (702) 564-8273

License Contact Person: Hissa Vogel

Professional Compliance Contact Person: Hissa Vogel

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>Please see</u> | %: _____ |
| 2. | <u>attached.</u> | %: _____ |
| 3. | _____ | %: _____ |
| 4. | _____ | %: _____ |

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

Date of Incorporation: _____

Registration number issued: _____

Stock Exchange: _____

List any physician shareholders and percentage of ownership:

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

Within the last five (5) years:

- 1) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 2) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 3) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 4) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 5) Has the firm or any owner(s), shareholder(s) with at least 10% interest, officer(s) or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to any question 1 through 5 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized pharmacy may be grounds for the revocation of this permit.

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


Signature of owner or executive officer

7/7/11
Date

Scot Silber
Print or Type name and title

CEO/President

Partner Information

Silber Family Trust
Scot Silber, Trustee
30 Chalet Hills Terrace
Henderson, NV 89052
(702) 458-1347

38% owner

Gans Survivors Trust
Julie Gans, Trustee (Partner)
763 Ricota Court
Henderson, NV 89012
(702) 580-1956

22% owner

Lawrence M. Preston (Partner)
6570 East Viewpoint Dr.
Las Vegas, NV 89156
(702) 809-5200

20% owner

Kenneth Hooks (Partner)
2073 Dover Ridge Ct.
Henderson, NV 89014
(702) 303-6340

20% owner

CORPORATE STATEMENT OF RESPONSIBILITY
FOR PHARMACIES LOCATED OUTSIDE OF NEVADA

I, Scot Silber
Corporate Officer of FVS Holdings, Inc.
hereby acknowledge and understand that in addition to the corporation's
responsibilities, my fellow officers and I, as corporate officers of said corporation,
may be responsible for any violations of pharmacy law that may occur in a pharmacy
owned or operated by said corporation.

I further acknowledge and understand that the corporate officers may be
named in any action taken by the Nevada State Board of Pharmacy against a
pharmacy owned by or operated by said corporation.

I further acknowledge and understand that the corporation cannot require or
permit the pharmacist(s) in said pharmacy to violate any provision of any local, state
or federal laws or regulations pertaining to the practice of pharmacy.


Signature

7/7/11
Date



California State Board of Pharmacy
1625 N. Market Blvd, N219, Sacramento, CA 95834
Phone: (916) 574-7900
Fax: (916) 574-8618
www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GOVERNOR EDMUND G. BROWN JR.

June 30, 2011

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

California State Board of Pharmacy License Verification

This document reflects the license status of the person or entity identified below on this date with the California State Board of Pharmacy. It may be used as prima facie evidence of the facts recited below pursuant to California Business and Professions Code section 162.

Licensee Name: UNIVERSITY SPECIALTY PHARMACY

License Type: PHARMACY

License Number: PHY 50160

Status: ACTIVE

Issue Date: 08/16/10

Expiration Date: 08/01/11

Address of Record: 3328 GARFIELD AVE COMMERCE CA 90040

Disciplinary Action: NO RECORD OF DISCIPLINARY ACTION

Virginia Herold
Executive Officer

By

A handwritten signature in black ink that reads "Barbera Schleicher".

Barbera Schleicher
Public Inquiry Technician
(916) 574-7902
Barbera.Schleicher@dca.ca.gov

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) 89119
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 Verbrukh 8/18/11
 Isaac Verbrukh, 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 NV, 89119 3600 h
 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 hr
 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

N/A
 Title Description of Duties Name of Supervisor

N/A
 Month and Year Name/ Address of Employer/Business No of Employed Hours

N/A
 Title Description of Duties Name of Supervisor

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

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

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

- a) Board Administrative Action:
b)

State: N/A

Date: N/A

Case Number: N/A

- c) Criminal Action:

State: California

Date: 04/2003

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 and/or documents.

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



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 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 (CPAP/BiPAP Machines)
Global DME Inc, 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 ()
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.F.M.

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 _____ City, County and State _____
 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 |
|------|------------|-------------|-------------------|
| | | | |

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: AB

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

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

Father-in-Law

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

Mother-in-Law

D. Brothers and Sisters:

List names, residence addresses, dates of birth and most recent occupations of brothers and sisters and of their respective spouses.

| Name (Maiden) | Birth Date | Address | Occupation |
|-----------------|------------|---------|------------|
| Danielle Henion | N/A | N/A | N/A |

Spouse

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

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

Spouse

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

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

Spouse

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

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

Spouse

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

Yes ☐ No ☒ If yes, complete the following:

| Name of Entity | Type of Entity | Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy |
|----------------|----------------|---|
| N/A | | |
| N/A | | |
| N/A | | |
| N/A | | |

List all residences you have had for the last 25 years:

| Month and Year (From-To) | Street and Number | City | State or County |
|-----------------------------|-----------------------------|-----------|-----------------|
| 90-2000 | 18414 Jonathan St #3 | Adelanto | CA |
| 2000-2006 | 11663 White Ave | Adelanto | CA |
| 2009-2011 | 1440 E. Hacienda Ave Apt #D | Las Vegas | NV |

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 nestics | 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 |
| | | |
| | | |
| 04/05-08/06 | 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 |
| | | |
| | | |
| 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 |
| | | |
| | | |

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>Tamara 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 Mayes</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

RP

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

PD

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's stadium Adelanto, CA

cashier, season over.

2000-2002 unemployed.

98-99 Dairy Queen Adelanto CA

Applicant's initial



Play

NEVADA STATE BOARD OF PHARMACY

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

APPLICATION FOR NEVADA MDEG PROVIDER

NON PUBLICLY TRADED CORPORATION

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

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

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

FACILITY INFORMATION

Facility Name: PULMO CARE RESPIRATORY SERVICES
Physical Address: 2675 PATRICK LANE, STE 7 LAS VEGAS NV
(This must be a business address, we can not issue a license to a home address) 89126
Mailing Address: 760 S. VIA LATA, STE 100
City: COLTON State: CA Zip Code: 92324
Telephone Number: 888.785.6622 Fax Number: 909.777.5240
877.777.4180
E-mail: NICK@pulmo-care.com Website: www.pulmo-care.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9A to 5P Tue: 9A to 5P Wed: 9A to 5P Thu: 9A to 5P
Fri: 9A to 5P Sat: - to - Sun: - to - Holidays: - to -

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

Name: NICHOLAS "NICK" GRAVES

**Please complete the attached form. Must be included with the application.

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Medical Gases | <input type="checkbox"/> Assistive Equipment |
| <input checked="" 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: _____ |

Board Use Only

Received JUN 23 2011 Check Number 5029 Amount 500-

57268

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: CALIFORNIA

Parent Company if any: PULMOCARE RESPIRATORY SERVICES, INC.

Corporation Name: PULMOCARE RESPIRATORY SERVICES, INC.

Mailing Address: P.O. Box 721

City, State and Zip: COLTON, CA 92324

Telephone Number: 909.777.5000

Fax Number: 909.777.5005

License Contact Person: JUDITH LOPEZ, HR/ACCOUNTING MNGR XT 22

Professional Compliance Contact Person: GABRIELA ORTIZ, GM XT 228

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

Officer or director name

Officer or director title

BRUCE GINGLES PRESIDENT

PRESIDENT

For any corporation non publicly traded, disclose the following:

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

a) BRUCE GINGLES 4767 Ocean Blvd., #411, San Diego, CA 92109
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. 1,000

3) What was the price paid per share? \$100.00

4) What date did the corporation actually receive the cash assets? JAN. 28, 1998

5) Provide a copy of the 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.

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

MEDICARE NPI # 1093761611

DHS / FDA MEDICAL DEVICES # MDR2263

- 1) Do any shareholders hold an interest ownership or have management in any type of business or facility which are licensed by the State of Nevada or another political jurisdiction? Yes ☐ No ☒ If yes, list the persons, their address and their business names.

a) _____
Name Address

Business

b) _____
Name Address

Business

c) _____
Name Address

Business

d) _____
Name Address

Business

- 2) Are you or have you in the last 10 years been associated with any person, business or health care entity in which MDEG products were sold, dispensed or distributed? Yes ☐ No ☒ If yes, list the persons, their address and their business names.

a) _____
Name Address

Business

b) _____
Name Address

Business

c) _____
Name Address

Business

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

| | |
|--------------------------------------|-------------|
| ___ Practitioner | Name: _____ |
| ___ Advanced Practitioner of Nursing | Name: _____ |
| ___ Physician's Assistant | Name: _____ |
| ___ Physical Therapist | Name: _____ |
| ___ Occupational Therapist | Name: _____ |
| ___ Registered Nurse | Name: _____ |
| ___ Respiratory Therapist | Name: _____ |

Within the last five (5) years:

- 4) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been charged, or convicted of a felony or gross misdemeanor (including by way of a guilty plea or no contest plea)? Yes ☐ No ☒
- 5) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been denied a license, permit or certificate of registration? Yes ☐ No ☒
- 6) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒
- 7) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever been found guilty, pled guilty or entered a plea of nolo contendere to any offense federal or state, related to controlled substances? Yes ☐ No ☒
- 8) Has the firm or any owner(s), shareholder(s) with any interest, officer(s) or director(s) thereof, ever surrendered a license, permit or certificate of registration voluntarily or otherwise (other than upon voluntary close of a facility)? Yes ☐ No ☒

If the answer to any question 4 through 8 is "yes", a signed statement of explanation must be attached. Copies of any documents that identify the circumstance or contain an order, agreement, or other disposition may be required.

I hereby certify that the answers given in this application and attached documentation are true and correct. I understand that any infraction of the laws of the State of Nevada regulating the operation of an authorized MDEG provider may be grounds for the revocation of this permit. I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct. I hereby authorize the Nevada State Board of Pharmacy, its agents, servants and employees to conduct any investigation(s) of the business, professional, social and moral background, qualification and reputation, as it may deem necessary, proper or desirable.

Signature of corporation officer

June 20, 2011
Date

Bruce E Gingles, President
Type name and title

PERSONAL HISTORY RECORD

Date 5/20/2011

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, attach a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for MDEG FOR MEDICAL GASES & RESPIRATORY EQUIPMENT
PULMOCARE RESPIRATORY SERVICES INC. Nature of License
Name and Address of Establishment for Which License is Requested 2675 PATRICK LANE, SR 7, LAS VEGAS NV
89120

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

GINGLES BRUCE E
Last Name First Name Middle Name

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

4767 OCEAN BLVD. #411 SAN DIEGO CA 92109
Present Residence Address-Street or RFD City State/Zip
760 S. VIA LATA, JR 100 PRESENT COLTON CA 92324
Present Business Address Dates City State/Zip

PRESIDENT PRESENT
Occupation Dates

SAN
SAN DIEGO, DIEGO CNTY, CA
Place of Birth (City, County, State)

60 M
Age Sex
GRN/BLU BRN CLEAR 176 LBS SLENDER BUT BUILT 6'0"
Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics SMALL MOLD MIDDLE LEFT
SHOULDER, NONE OTHER

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

MARITAL INFORMATION-Continued

Kapalua, MAUI
HAWAII

A. **Current Marriage** MARCH 2000
 Spouse's full name (Maiden) ^{Date} KIMBERLY LYNN PRATTANA City, County and State
 Date of B Place of Birth HIBBING, MN
 Resident address 10412 SEVERN ST. REDLANDS, CA 92374
 Street City State Zip
 Telephone: Residence 25
 Spouse's employer MARK CARPENTER DDS Occupation DENTAL HYGIENIST
 Address of employer 1806 ORANGE TREE LANE REDLANDS, CA 92373
 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 |
|--|-------------------------|---------------------------|------------------|-----------------------|
| JOANNE SNOW GINGLES | DEC 1986 | LA MESA | DIVORCED | SAN DIEGO CA |
| CURRENT MARRIAGE IN DIVORCE LITIGATION | | | | |

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

| Name | Street | City | State | Zip | Telephone |
|---------|--------|------|-------|-----|-----------|
| UNKNOWN | | | | | |

3. FAMILY INFORMATION:

A. Children and Dependents:

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

| Name | Birth Date | Birth Place | Residence Address |
|------|------------|-------------|-------------------|
| | | | |

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name.....

Address.....

Contact person.....

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-in-law or legal guardian. If retired or deceased, list last address and occupation.

| Name (Maiden) | Address | Occupation |
|--------------------------------------|------------------------------|-----------------------------------|
| Father BRUCE GINGLES, S | 851 TERRA LA EL CAJON, CA | SELF EMPLOYED RETIRED/DECEASED |
| Mother GINGLES MARGARET HERRIN | " " | TEACHER/ DECEASED |
| Father-in-Law CHARLES SNOW | SEATTLE, WA | ATTORNEY/ DECEASED |
| Mother-in-Law PATRICIA KLINE SNE | SEATTLE, WA | RETIRED MOTHER |

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 |
|--------------------------|------------|------------------------------|----------------------|
| SHEILA ANN GINGLES | AP 15 1946 | 815 TERRA LA EL CAJON, CA | ATHLETE |
| Spouse: DAVID LORENZ, MD | ? | " " | RETIRED PHYSICIAN |

Spouse

Spouse

Spouse

4. EDUCATION:

| Name of School | Location | Dates Attended | Graduate |
|---------------------------------------|-------------------|----------------|---|
| Grammar School CENTRAL ELA MENTARY | NATIONAL CITY, CA | 1955-1962 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| High School GRANDE HILLS H.S. | EL CAJON, CA | 1966-1968 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| College SAN DIEGO STATE UNIVERSITY | SAN DIEGO, CA | 1975-1977 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Other UC SAN DIEGO | SAN DIEGO | 1968-1971 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

Type of degree obtained, if any... BS. MARKET RESEARCH, MINORS: MECHANICAL ENGINEERING - HISTORY

College or university where obtained... SDSU

Applicant's initial.....
Page 3

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces?

Yes ☐ No ☒

Branch _____ Date of entry-active service _____

Date of separation _____ Type of discharge _____

Rating at separation _____ Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☐ If yes, furnish details on separate sheet. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☒ No ☐

County SAN DIEGO State CA Date registered OCT. 1968

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below and provide a written explanation. List all cases without exception.

| Date of Arrest | Age | Charge | Location-City and State | Deposition/Date | Arresting Agency |
|----------------|-----|--------|-------------------------|-----------------|------------------|
|----------------|-----|--------|-------------------------|-----------------|------------------|

B. Has a criminal indictment, information or complaint ever been returned against you, but for which you were not arrested or in which you were named as an unindicted co-party? Yes ☐ No ☒

C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒

D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒

E. * Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☒ No ☐

F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒ If yes, when? _____ city, county and state _____

G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒ If yes when? _____ city, county and state _____

H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒ If you answer to any of the above questions (B through H) is yes, please provide a written explanation.

SEE BELOW

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

* E. SUBPOENAED TO TESTIFY IN CIVIL LITIGATION ONLY WHEN I WAS EITHER A WITNESS OR COMPLAINANT/LITIGANT.

Applicant's initial [Signature]

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?

Yes ☒ No ☐ (Other than divorces)

If yes, give details below and provide a written explanation. List all cases without exception, including bankruptcies:

| Plaintiff/Defendant or Claimant/Respondent | Date Filed | Court and Case Number | City, County and State | Disposition/Date |
|--|------------|-----------------------------------|--------------------------------|------------------|
| GINGLES V. LORENZ PROBATE | ~ 1999 | SAN DIEGO SUP P175401 + W49621 | SAN DIEGO, SAN DIEGO CA | ~ 1999 |
| TEGROTA V. ALMOCARB/GINGLES | 06/16/2006 | CIV 55807383 | SAN BERNARDINO CITY/CLY, CA | ~ 2009 |
| CONTRACT DISPUTE | | | | |

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?

Yes ☒ No ☐ If yes, complete the following and provide a written explanation.

| Name of Entity | Type of Entity | Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy |
|---|-----------------------|---|
| ALMOCARB V. DIAZ/CAHARRA PLAINTIFF, FRAUD/EMBEZZLEMENT | C CORP. V. INDIVIDUAL | 09/09/2004 |
| ALMOCARB V. ROBT. SUBR PLAINTIFF, FRAUD, FIDUCIARY | C CORP. V. INDIVIDUAL | 08/20/2011 |
| ALMOCARB V. U.S. CROSS-COMPLAINANT, CONTRACT DISPUTE | C CORP./C CORP. | 04/21/2005 |
| ALMOCARB V. AIRGAS CONTRACT DISPUTED | C CORP./C CORP. | 04/14/2005 |

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 |
|-----------------------------|--------------------------------|-----------|-----------------|
| ARCH 2009 - PRESENT | 4767 OCEAN BLVD #411 | SAN DIEGO | CA 92109 |
| JUNE 1993 - ARCH 2009 | 10412 SEVERN ST. | REDLANDS | CA 91374 |
| APRIL - 1986 - JUNE 1993 | 1141 BLUE RIDGE LN. | COLTON | CA 92324 |
| JUNE 1981 - APRIL 1986 | 1141 BLUE RIDGE LN. | COLTON | CA 92324 |
| | → 1070 SANTA ANTONIO DR #63 | COLTON | CA 92324 |

Applicant's initial

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

| | | |
|---|--|--|
| Month and Year JUNE 1996 - CURRENT | Name/Mailing Address of Employer/Business PURNBORE RESPIRATORY PO BOX 741, COLTON, CA 95314 | Reason for Leaving EMPLOYED CURRENTLY |
| Title CEO | Description of Duties MANAGE MEDICAL EQUIP- MENT + SUPPLIES CO. | Name of Supervisor SELF |
| Month and Year MARCH 1989 - JUNE 1996 | Name/Mailing Address of Employer/Business HOMEDIC, INC 1420 E. COLLEGE AVE, #140, COLTON, CA 95314 | Reason for Leaving BETTER OPPORTUNITY |
| Title GEN. MGR | Description of Duties MANAGED DME/HME + SUPPLIES CO. | Name of Supervisor PHIL SCHLOSSER SELF + PAUL SEMON |
| Month and Year 1986 - SEPT 1991 | Name/Mailing Address of Employer/Business PURE AIR, INC #63 COLTON, 1070 SAN ANTONIO DR, CA 95314 | Reason for Leaving CLOSED BUSINESS BAD ECONOMY, CONSTRUCTION |
| Title OWNER | Description of Duties NEW LICENSEE HVAC CONTRACTOR, CONSTRUCTION | Name of Supervisor SELF |
| Month and Year 1981 - 1986 | Name/Mailing Address of Employer/Business BURTON CONSTRUCTION RIALTO, CA 91376 | Reason for Leaving STARTED OWN BUSINESS |
| Title PROJECT MGR | Description of Duties SUPERVISOR NEW CONSTRUCTION PROJECTS | Name of Supervisor WANNIE BURTON |
| Month and Year 1977 - 1981 | Name/Mailing Address of Employer/Business TELEPHONE, INC, AVE. OF THE STARS CENTRAL CITY, CA | Reason for Leaving STRESS, NEEDED CHANGE |
| Title MARKET RESEARCH + ACQUISITIONS | Description of Duties COORDINATED MKT. RESEARCH + IMPLEMENTATION FOR VARIOUS TELEPHONE COMPANIES | Name of Supervisor FRANK GREGG VARIOUS OFFICES |
| Month and Year 1972 - 1977 | Name/Mailing Address of Employer/Business F/T STUDENT WITH VARIOUS LOW END STUDENT JOBS | Reason for Leaving (SEE SECTION 4, P 63) |
| Month and Year 1968 - 1974 | Name/Mailing Address of Employer/Business KALLOS VALLEY MARKET ECCATON, CA 92021 | Reason for Leaving F/T STUDENT, MOVED FROM AREA |
| Title CHECKER | Description of Duties CASH REGISTER I WORKED AS SHIRT SUPERVISOR RETAIL GROCERY STORE | Name of Supervisor TONY KALIN |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| Title | Description of Duties | Name of Supervisor |

If additional space is needed, please provide an attachment.

Applicant's initial

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

| Name of Where Employed | Street | City | State | Zip | Telephone | Years Known |
|---|----------|------------------------------|---------------------|--------------|--------------|-------------|
| Name <u>LARRY DEHUSTOFT</u> | Home | <u>8628 WASHINGTON</u> | <u>ME</u> | <u>04401</u> | <u>91942</u> | <u>32</u> |
| Employer <u>DEHUSTOFT AUTOMOTIVE</u> | Business | <u>4283 41 ST</u> | <u>SAN JOSE</u> | <u>95128</u> | <u>91942</u> | |
| Name <u>GILBERT ORTIZ</u> | Home | <u>24331 WADSWORTH</u> | <u>CA</u> | <u>94605</u> | | <u>8</u> |
| Employer <u>IN+OUT BUDGET</u> | Business | <u>4195 HANBROOK LANE</u> | <u>BOLDWIN PARK</u> | <u>CA</u> | <u>91766</u> | <u>8</u> |
| Name <u>JIMMY McDONALD</u> | Home | <u>10439 SHORECREEK TR</u> | <u>CA</u> | <u>92314</u> | | <u>6</u> |
| Employer <u>Two Chance Kids, Inc</u> | Business | <u>2097 WASHINGTON ST</u> | <u>COLTON</u> | <u>CA</u> | <u>92314</u> | |
| Name <u>JOHN LOPPS</u> | Home | <u>1875 SUGAR PINE LN</u> | <u>CA</u> | <u>92314</u> | | |
| Employer <u>LOPPS COMPUTER SERVICES</u> | Business | <u>1097 E. WASHINGTON ST</u> | <u>COLTON</u> | <u>CA</u> | <u>92314</u> | |
| Name <u>ROBT JOHNSON</u> | Home | <u>11596 MANTHEI RD</u> | <u>PA</u> | <u>19154</u> | | |
| Employer <u>REMEDY MEDICAL SERVICES</u> | Business | <u>2809 E. HAMILTON #107</u> | <u>EAU CLAIRE</u> | <u>WI</u> | <u>54601</u> | |

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

| | | | | |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |

Yes ☒ No ☐

If yes, state type, where and years held

1) INSULATION CONTRACTOR CALIF. 1981-1992
 2) HVAC CONTRACTOR CALIF. 1986-1992
 3) REAL ESTATE SALESPERSON CALIF. 1974-1976

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's initial

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada, for any reason whatsoever? Yes ☐ No ☒ If yes, please provide details and a written explanation.

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒ If yes, please provide details and a written explanation

If yes to the above, state where, when and for what reason:

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒ If yes, please provide details and a written explanation

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒ If yes, please provide details and a written explanation

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

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure)? Yes ☐ No ☒ If yes, please provide details and written explanation

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒ If yes, please provide details and written explanation



Date of photograph

Applicant's initial

JS

STATE OF California

SS.

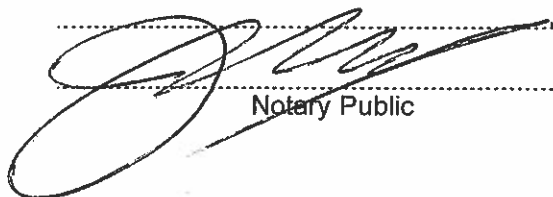
COUNTY OF San Bernardino

I, BRUCE GINGLES, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of current Nevada Revised Statutes and Nevada Administrative Code promulgated thereunder and agree, if licensed, to abide thereby,

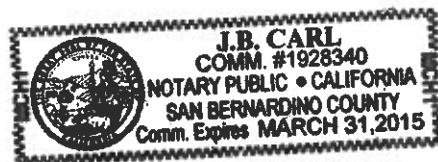
I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a license in the State of Nevada.


Signature of Applicant

Subscribed and Sworn to before me this 7 day of June, 2011


Notary Public

(seal)



Applicant's initial



APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

Date 5/15/11

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 MEDICAL GASES & RESPIRATORY EQUIPMENT
Nature of MDEG
PULMOCARE RESPIRATORY SERVICES, INC. 2675 PATRICK LANE, STE 7 LAS VEGAS, NV
Name and Address of Business for Which MDEG Administrator Is Requested 89120

.....
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Graves
Last Name

Nicholas
First Name

Todd
Middle Name

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

11745 Tierney Creek Dr Las Vegas NV 89183
Present Residence Address-Street or RFD City State/Zip

2675 E. Patrick Ln. Las Vegas NV 89120
Present Business Address City State/Zip

ADMINISTRATOR
Present Position with the MDEG Dates

Phone: Fax:

Email address:

Chandler, Maricopa, AZ
Place of Birth (City, County, State)

28 M
Age Sex

Hazel Brown 205 5' 10"
Color of Eyes Color of Hair Weight Height

Scars, tattoos or distinguishing marks and/or characteristics

Are you a citizen of the United States? Yes ☒ No ☐

If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

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.

| | | |
|--------------------------|---|----------------------|
| July 2001 | United States Marine Corps | |
| Month and Year | Name/ Address of Employer/Business | No of Employed Hours |
| Non Commissioned Officer | In charge of medivac and first aid, | MSGT Geagley |
| Title | Description of Duties | Name of Supervisor |
| | Repair, testing, Calibrating medical equipment, In charge of Supplies for high acclivity Medivac. | |
| Month and Year | Name/ Address of Employer/Business | No of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/ Address of Employer/Business | No of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/ Address of Employer/Business | No of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/ Address of Employer/Business | No of Employed Hours |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/ Address of Employer/Business | No of Employed Hours |
| Title | Description of Duties | Name of Supervisor |

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

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

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

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

Case Number: _____

c) Criminal Action: State: _____

Date: _____

Case Number: _____

County: _____

Court: _____

4. Will you be actively involved in and 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 and/or documents.

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



Date of photograph 5/5/11

I, Nicholas Graves, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a MDEG license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of Nevada Revised Statutes and Regulations.

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and its agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and its agents, as a result of my applying to be a designated representative for a pharmacy or MDEG in the State of Nevada.



Signature of Applicant

PERSONAL HISTORY RECORD

Date 5/15/11

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, attach a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

All applicants are advised that this personal history record is an official document and misrepresentation or failure to reveal information requested may be deemed to be sufficient cause for the refusal or revocation of a license.

All applicants are further advised that an application for a license, finding of suitability or for other action may not be withdrawn without the permission of the licensing agency.

Application for MDEG FOR MEDICAL GASES & Respiratory Equipment
PulmoCare Respiratory Services Inc. 2675 Patrick Lane, Ste 7 Las Vegas NV 891
Nature of License
Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Graves First Name Nicholas Middle Name T

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

11

Present Residence Address-Street or RFD City State/Zip

11745 Tierney Creek Dr 2/09 Las Vegas NV 89183

Present Business Address City State/Zip

2675 E. Patrick Ln. Las Vegas NV 89120

Occupation Dates Phone:

Administrator Resident Business Fax

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

Chander M. ... 11 M

Social Security Number Sex

Hazel Brown White 205 M 5'9"

Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics Two Tattoos on Both Arms

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 NG

MARITAL INFORMATION-Continued

A. Current Marriage Oct. 26 2001 Las Vegas, Clark NV
 Spouse's full name (Maiden) Brittney Graves City, County and State
 Date of Birth 02-05-82 Place of Birth Cheyenne Wyoming
 Resident address 11745 Tierny Creek Dr Las Vegas NV 89183
 Telephone: Residence (_____) _____
 Spouse's employer SNO Inc. Occupation Customer Service
 Address of employer 187 N. Gibson Rd Henderson NV 89014
 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 |
|------|--------|------|-------|-----|-----------|
| | | | | | |

3. FAMILY INFORMATION:

A. Children and Dependents:

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

| Name | Birth Date | Birth Place | Residence Address |
|------|------------|-------------|-------------------|
| | | | |

B. Child Support Information:

Please mark the appropriate response:

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

☐ I am subject to a court order for the support of one or more children and am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

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

Applicant's initial WJ Page 2

FAMILY INFORMATION-Continued

District attorney or public agency responsible for enforcing the child support order:

Name _____
 Address _____
 Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents in-law or legal guardian. If retired or deceased, list last address and occupation.

| Name (Maiden) | Birth Date | Address | Occupation |
|--------------------------------------|------------|---|-------------------------|
| Father <u>Albert Graves</u> | | <u>24204 S. Stony Path Dr Sun Lakes AZ</u> | <u>Civil Engin</u> |
| Mother <u>Susan Scofield</u> | | <u>Same as above</u> | <u>Transcriptionist</u> |
| Father-in-Law <u>Deceased</u> | <u>1-</u> | | |
| Mother-in-Law <u>Pamela Delio</u> | | <u>11594 Sweet Nokian / NV ⁸⁹¹⁸³</u> | <u>Bingo Supervisor</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 |
|----------------------------------|------------|------------------------|-----------------------------|
| Spouse <u>Gretchen Graves</u> | | <u>Boulder City NV</u> | <u>City of Henderson</u> |
| <u>Gary Poindexter</u> | | <u>Boulder City NV</u> | <u>City of Boulder Cit,</u> |

Spouse

Spouse

Spouse

4. EDUCATION:

| Name of School | Location | Dates Attended | Graduate |
|--|---------------------|--------------------|---|
| Grammar School <u>West Jefferson Elementary</u> | <u>Conifer CO</u> | <u>8/92 5/96</u> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| High School <u>Silverado High</u> | <u>Las Vegas NV</u> | <u>8/99 - 5/01</u> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| College University <u>Golf Academy of Arizona</u> | <u>Arizona</u> | <u>8/05 12/07</u> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Other | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Type of degree obtained, if any Associates in Buisness

College or university where obtained Virginia University

Applicant's initial

MA

5 MILITARY INFORMATION:

A. Have you ever served in any armed forces? Yes ☒ No ☐

Branch United States Marine Corps Date of entry-active service 7/30/2001

Date of separation 7/31/2005 Type of discharge Honorable

Rating at separation E-4 Serial number _____

While in the military service were you ever arrested for an offense which resulted in summary action, a trial or special or general court martial? Yes ☐ No ☒ If yes, furnish details on separate sheet. (List all incidents regardless of where they occurred-foreign or domestic.)

B. Have you registered for the draft? Yes ☐ No ☒

County _____ State _____ Date registered _____

6. ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS: (Include those arrests in which you were not convicted.)

A. Have you ever been arrested, detained, charged, indicted or summoned to answer for any criminal offense or violation for any reason whatsoever, regardless of the disposition of the event? (Except minor traffic citations.) Yes ☐ No ☒ If yes, give details in space provided below and provide a written explanation. List all cases without exception.

| Date of Arrest | Age | Charge | Location-City and State | Deposition/Date | Arresting Agency |
|----------------|-----|--------|-------------------------|-----------------|------------------|
|----------------|-----|--------|-------------------------|-----------------|------------------|

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 ☒
- C. Have you ever been questioned or deposed by a city, state, federal or law enforcement agency, commission or committee? Yes ☐ No ☒
- D. Have you ever been subpoenaed to appear or testify before a federal, state or county grand jury, board or commission? Yes ☐ No ☒
- E. Have you ever been subpoenaed to testify for any civil, criminal or administrative proceeding or hearing? Yes ☐ No ☒
- F. Have you ever had a civil or criminal record expunged or sealed by a court order? Yes ☐ No ☒
If yes, when? _____ city, county and state _____
- G. Have you ever received a pardon or deferred prosecution for any criminal offense? Yes ☐ No ☒
If yes when? _____ city, county and state _____
- H. Has any member of your family or of your spouse's family ever been convicted of a felony? Yes ☐ No ☒
If you answer to any of the above questions (B through H) is yes, please provide a written explanation.

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

Applicant's initial

N/A

ARRESTS, DETENTIONS, LITIGATIONS AND ARBITRATIONS-Continued

- I. Have you, as an individual, member of a partnership, or owner, director or officer of a corporation, ever been a part to a lawsuit as either a plaintiff or defendant or an arbitration as either a claimant or respondent?
 Yes ☐ No ☒ (Other than divorces)
 If yes, give details below and provide a written explanation. List all cases without exception, including bankruptcies:

| Plaintiff/Defendant or Claimant/Respondent | Date Filed | Court and Case Number | City, County and State | Disposition/Date |
|--|------------|-----------------------|------------------------|------------------|
| | | | | |
| | | | | |
| | | | | |

- J. Has any general partnership, business venture, sole proprietorship or closely held corporation (while you were associated with it as an owner, officer, director or partner) been a party to a lawsuit, arbitration or bankruptcy?
 Yes ☐ No ☒ If yes, complete the following and provide a written explanation.

| Name of Entity | Type of Entity | Approximate Date(s) of Lawsuit/Arbitration/Bankruptcy |
|----------------|----------------|---|
| | | |
| | | |
| | | |
| | | |

7. RESIDENCES:

List all residences you have had for the last 25 years:

| Month and Year (From-To) | Street and Number | City | State or County |
|--------------------------|-------------------------|-----------|-----------------|
| 2/2009 - Present | 11745 Ticerney Creek Dr | Las Vegas | NV Clark |
| 5/2007 - 2-2009 | 10783 Holmfield St | Henderson | NV Clark |
| 8/2005 - 5/2007 | 24204 S. Stoner Path Dr | San Lakes | AZ Maricopa |
| 7/2001 - 8/2005 | 2321 Catalina Cir | Oceanside | CA Orange |
| 7/2009 - 7/2001 | 153 Ultra Drive | Henderson | NV Clark |
| 8/1992 - 7/2009 | 31227 Conifer Mtn Dr | Conifer | CO Jefferson |
| 8/1988 - 8/1992 | | Egypt | |
| 4/1983 - 8/1988 | Chandler | | AZ Maricopa |

Applicant's initial

NU

8. EMPLOYMENT:

Beginning with your current employment, list your work history, all businesses with which you have been involved, and/or all periods of unemployment since 18 years of age. Also, list all corporations, partnerships or any other business ventures with which you have been associated as an officer, director, stockholder or related capacity.

| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
|-----------------|--|-------------------------------|
| Title | Description of Duties | Name of Supervisor |
| 03/2011 | Pulmo Care 2675 E. Patrick Lane Las Vegas NV | Still working |
| | | Alma Lopez |
| 09/2009 | Las Vegas Parking 7285 Dean Martin Dr #100 Las Vegas NV | Went to Pulmo C |
| Jalet | To park cars | Chris Jones |
| 3/2008 | Knight Transportation 4020 E. Lane Mtn RD North Las Vegas NV | To much time away from family |
| Driver | To drive state to state | Ben Green |
| 3/2007 | RSC 3380 St Rose Pkwy Henderson NV | Laid off |
| Driver | To deliver Equipment | Scott Sabato |
| 1/2007 | Lowes 9955 S. Eastern Ave @ Henderson NV | Went to RSC |
| Driver | to deliver home goods | Martine Apudella |
| 07/2001 07/2005 | USMC Camp Pendleton CA | To many deployments |
| NCO | Supervised Medical | MSGT Gen |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| Title | Description of Duties | Name of Supervisor |
| Month and Year | Name/Mailing Address of Employer/Business | Reason for Leaving |
| Title | Description of Duties | Name of Supervisor |

If additional space is needed, please provide an attachment.

Applicant's initial

NA

9. CHARACTER REFERENCES:

List five character reference who have know you five years or more. Do not include relatives, present employer or employees.

| Name of Where Employed | Street | City | State | Zip | Telephone | Years |
|--|----------|----------------------|-----------------|-----------|--------------|-------|
| Name <u>Mike Vaz</u> | Home | <u>245 Fairway</u> | <u>Wendover</u> | <u>NV</u> | | |
| Employer <u>Clark County School Police</u> | Business | | | | <u>89148</u> | |
| Name <u>Jeff Williams</u> | Home | <u>5422 S 4175 W</u> | <u>Boys</u> | <u>UT</u> | <u>84067</u> | |
| Employer | Business | | | | | |
| Name | Home | | | | | |
| Employer | Business | | | | | |
| Name | Home | | | | | |
| Employer | Business | | | | | |
| Name | Home | | | | | |
| Employer | Business | | | | | |

10. Have you ever held a privileged, occupational or professional license in any state, including but not limited to the following:

| | | | | |
|------------|------------|--------------------------------|----------------------|-----------|
| Liquor | Lawyer | Race horse/race dog owner | Securities dealer | Insurance |
| Doctor | Contractor | Real estate broker or salesman | Barber/Cosmetologist | Gaming |
| Accountant | Pilot | Sports promoter | Trainer or manager | Educator |

Yes ☐ No ☒

If yes, state type, where and years held

11. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒

If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's Initial

W

12. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada, for any reason whatsoever? Yes ☐ No ☒ If yes, please provide details and a written explanation.

13. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒ If yes, please provide details and a written explanation

If yes to the above, state where, when and for what reason:

14. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒ If yes, please provide details and a written explanation

15. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒ If yes, please provide details and a written explanation

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

17. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary closure)? Yes ☐ No ☒ If yes, please provide details and written explanation.....

18. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒ If yes, please provide details and written explanation



Date of photograph 5/5/11

Applicant's initial n

STATE OF _____
SS.

COUNTY OF _____

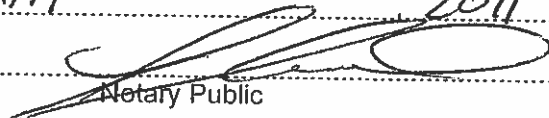
I, _____, being duly sworn, depose and say I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed this statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient case for denial or revocation of a license; that I am voluntarily submitting this application with full knowledge that Nevada Revised Statutes 639.210 (10) provides denial or revocation of the application of any person for a certificate, license, registration or permit if the holder or applicant "Has obtained any certificate, certification, license or permit by the filing of an application, or any record, affidavit or other information in support thereof, which is false or fraudulent," and further, that I have familiarized myself with the contents of current Nevada Revised Statutes and Nevada Administrative Code promulgated thereunder and agree, if licensed, to abide thereby,

I hereby expressly waive, release and forever discharge the State of Nevada, the licensing agency and their agents from any and all manner of action and causes of action whatsoever which I, my administrators or executors can, shall or may have against the State of Nevada, the licensing agency and their agents, as a result of my applying for a license in the State of Nevada.

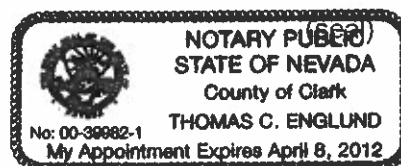



Signature of Applicant

Subscribed and Sworn to before me this 19 day of

MAY


Notary Public



Applicant's initial 

Page 9

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

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

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

Complete Name (no abbreviations):

First: Robert Middle: Paul Last: Brower II

Mailing Address: 2527 BAIZERT 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 FPGEC 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: _____

- 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: _____ Date: _____ Case Number: _____
and/or

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

Robert P. Brower, II

License Information

| State | License No. | Date Issued | Current |
|--------------------------|--------------------|--------------------|----------------|
| 1. State of Illinois | 051.291767 | 5-16-07 | Yes |
| 2. State of Idaho | P4259 | 8-07-79 | Yes |
| 3. State of Maine | PR5372 | 2-02-06 | Yes |
| 4. State of Arizona | S006995 | 6-06-79 | Yes |
| 5. State of North Dakota | 5262 | 3-01-10 | Yes |
| 6. State of Vermont | 133.0062957 | 7-31-11 | Yes |
| 7. State of Mississippi | T-010620 | 11-02-09 | Yes |
| 8. State of Minnesota | 119943 | 3-18-10 | Yes |
| 9. State of Ohio | 03129918 | 2-01-10 | Yes |
| 10. State of Texas | 27546 | 2-08-84 | Expired |
| 11. State of New York | 055087 | 09-01-10 | Yes |
| 12. State of California | 33416 | 09-24-79 | Revoked |
| 13. State of Iowa | 21143 | 09-23-09 | Yes |
| 14. State of Kentucky | 034689 | 02-23-11 | Yes |

Note: West Virginia License.....As of 3-8-2011 the West Virginia State Board of Pharmacy has approved my request to reciprocate my license.

NABP shows Maine License expired.....I have notified NABP that this is an error and that the Maine Board of Pharmacy may be contacted for verification of licensure.



Board of Pharmacy

Phone (304) 558-0558
Fax (304) 558-0572

Office
232 Capitol Street
Charleston, West Virginia 25301

March 8, 2011

Robert Paul Bower, II
Director of Operations
2020 Calamos Court, Suite 200
Naperville, Illinois 60563

Information For: Reciprocity: www.nabp.net, under "Licensure Transfer"
and Licensure Transfer Application.

Dear Mr. Bower,

The West Virginia Board of Pharmacy approved your request to Reciprocate to West Virginia. The National Association of Boards of Pharmacy stated the last time you had applied for Reciprocity was in 2008. To start the Reciprocity process, follow these directions: Reciprocity: www.nabp.net, under "Licensure Transfer" and Licensure Transfer Application.

In order to be licensed in West Virginia, you will be required to pass the Multistate Pharmacy Jurisprudence Examination (MPJE) and the Errors and Omissions Examination (E&O). The E&O has two parts: a 45 question written exam worth 90% of your total score, and an oral counseling exam worth 10% of your total score. You must obtain a test grade of at least 70% on each of the portions the E&O, with an average of 75% for the whole E&O exam. You must obtain a grade of at least 75 on the MPJE.

The E&O Examination consists of multiple prescriptions which you must view and write down any error or omission regarding the written prescription or label which would make it unsafe for the patient or in violation of state or federal law. Some of these questions may be multi-part and require more than one answer. This exam may be administered on a computer. These questions are worth 90 points total. You will also be given a situation in which you must counsel the inspector as if they were the patient and this question constitutes 10 points. The time limit for the Errors and Omissions Examination is 45 minutes for the written part and 5 minutes for the counseling question. You may bring a PDA like a Palm Pilot with electronic references to use for your counseling question and you may bring and use a calculator during the Errors and Omissions Exam for any questions requiring calculations.

The MPJE is a two-hour, computer-adaptive examination that consists of 90 multiple-choice test questions. Of these, 60 questions will be used to calculate the test score. You will need to familiarize yourself with the specific federal and state pharmacy laws and regulations as they apply in West Virginia. To get information regarding sitting for the MPJE, you will need to get on the NAPB web site at: www.nabp.net. NABP will then issue you an Authorization to Test for which you will need to schedule an appointment to take the MPJE at a computer testing center.

When the West Virginia Board of Pharmacy receives your completed application and fee we will mail you our "Pharmacy Laws and Legislative Rules of West Virginia" Governing The Practice Of Pharmacy Controlled Substances Act 2008 Edition. If you have questions regarding the MPJE call the NABP at (847) 391-4406.

If you would like to schedule a "Special Date" at the board office in Charleston, WV for the Errors and Omissions, and pay an extra fee of one hundred and fifty dollars (\$150.00 Check or Money Order), call the board office at: (304) 558-0558 to request a "Special Date".

When you call the Board office to schedule the Errors and Omissions, please be prepared to give us three (3) dates, you choose the time of day you want your exam scheduled. We schedule exams at 10:00 A.M. and 1:30 P.M.

REMIT A COPY OF THIS LETTER WITH YOUR COMPLETED RECIROCITY APPLICATION AND FEE TO WEST VIRGINIA BOARD OF PHARMACY.

Sincerely,

A handwritten signature in black ink, appearing to read "B.J. Knoth". The signature is stylized with a large, looped initial "B" and a cursive "Knoth".

B.J. Knoth, Director of Administration
West Virginia Board of Pharmacy

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.

Date June 15, 2008

Shirley J. Mendez/Probation Officer

The Court finding and the foregoing person or discharge from probation and finding good cause for appearing therefrom.

IT IS HEREBY ORDERED that the probation of the defendant in the above case is terminated and all remaining probation fees be expunged.

DATED this 15 day of June, 1998

[Signature]

JUDGE OF THE SUPERIOR COURT

County Attorney
Defendant
Probation Department

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Date 16-6-98

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

Stanley J. Mendoza
JUDGE OF THE SUPERIOR COURT

County Attorney
Defendant
Probation Department

EX-106
6375



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 cursive script, 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 AM 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 R 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 sealed to
 all courts of record this 1-21-92 day

[Signature]
 Judge of the Superior Court

[Signature]
 Deputy Clerk

603

LAW OFFICES
 ASPEY, WATKINS & DIESEL
 123 NORTH LEROUX
 FLAGSTAFF, ARIZONA 86001
 800 774-1478

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

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

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

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

Complete Name (no abbreviations):

First: Nabil Middle: L Last: Zawaideh

Mailing Address: 5901 N Adams Rd

City: Bloomfield Hills State: MI Zip Code: 48304

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: Jordan ☒ M ☐ F

E-mail Address: _____

College of Pharmacy Information

Graduation Date: 5/24/1974
(mm/dd/yy)

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

Name of Pharmacy School: Farris State University

Location of School: Big Rapid, Michigan

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: Michigan

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>Michigan</u> | <u>5302022286</u> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ | _____ | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Board Use Only

Received: FEB 15 2011 Check Number: MO Amount: 300.00
Date Law Book Mailed: _____ MPJE Approved: _____

56082
10357

- 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: _____ Date: _____ 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

11/12/2011
DATE

STATE OF MICHIGAN
DEPARTMENT OF COMMERCE
BUREAU OF OCCUPATIONAL & PROFESSIONAL REGULATION
BOARD OF PHARMACY

In the Matter of
NABIL L. ZAWAIDEH, R.PH.
_____ /

ADMINISTRATIVE COMPLAINT

The People of the State of Michigan, by Attorney General Frank J. Kelley, by Assistant Attorney General Julie K.A. Royce, file this complaint against Nabil L. Zawaideh, R.Ph. (Respondent), alleging upon information and belief as follows:

1. The Board of Pharmacy (Board), an administrative agency established by the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; MSA 14.15(1101) et seq, is empowered to discipline licensees thereunder.
2. Respondent is currently licensed to practice pharmacy and holds a controlled substance license issued pursuant to the Public Health Code, supra.
3. Respondent participated in the Medicaid program and was given provider ID number 1648351.

4. On August 10, 1988 a felony complaint was filed against Respondent charging he engaged in a scheme to defraud the Medicaid program by submitting claims for Medicaid-reimbursable drugs allegedly prescribed or dispensed to Medicaid recipients, knowing these claims were false, contrary to MCL 400.607(1).

5. On June 21, 1991 Respondent pled nolo contendere to ten (10) felony counts of Medicaid fraud (false claims) as alleged in an amended felony information filed on or about June 4, 1991, in violation of MCL 400.607(1).

6. On September 4, 1991 an order of probation and judgment of sentence was entered by the Ingham County Circuit Court ordering that Respondent be incarcerated in the Ingham County Jail for ten (10) consecutive weekends; sentence stayed pending decision of the Court of Appeals. Respondent was further ordered to pay restitution to the State of Michigan in the amount of \$85,900.00 and, additionally, pay a fine of \$2,000.00 and \$2,000.00 in costs.

COUNT I

Respondent's conviction as set forth above constitutes conviction of a felony involving fraud in obtaining or attempting to obtain fees related to the practice of a health profession, in violation of section 16221(b)(ix) of the Public Health Code, supra.

In the event the Board suspends or revokes the pharmacist license held by Respondent, said Board may, as a result of that action pursuant to section 7311(1)(d) of the Public Health Code, supra, suspend or revoke the controlled substance license held by Respondent.

WHEREFORE, the People request that the within complaint be served upon Respondent and that Respondent be offered an opportunity to show compliance with all lawful requirements for retention of the respective licenses. If compliance is not shown, the People further request that formal proceedings be commenced pursuant to the Public Health Code, supra, rules promulgated pursuant thereto, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 et seq; MSA 3.560(101) et seq.

FRANK J. KELLEY
Attorney General

Julie K.A. Royce
Julie K.A. Royce (P-32213)
Assistant Attorney General
Health Professionals Division
P.O. Box 30212
Lansing, Michigan 48909

DATED: July 6, 1992

Telephone: (517) 373-1146

mlp/99/1

STATE OF MICHIGAN
DEPARTMENT OF COMMERCE
BUREAU OF OCCUPATIONAL & PROFESSIONAL REGULATION
BOARD OF PHARMACY

In the Matter of

NABIL L. ZAWAIDEH, R.PH.

CONSENT ORDER AND STIPULATION

CONSENT ORDER

WHEREAS, an administrative complaint was filed with this Board on July 6, 1992 charging Nabil L. Zawaideh, R.Ph., hereafter Respondent, with having violated section 16221(b)(1x) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 et seq; MSA 14.15(1101) et seq; and

WHEREAS, Respondent has admitted by stipulation submitted herewith that the facts alleged in the aforesaid complaint are true and constitute violation of the Public Health Code, supra, as set forth in said complaint; and

WHEREAS, the Board has reviewed said stipulation and, based upon the matters asserted therein, agrees that the public interest is best served by resolution of the outstanding complaint; now, therefore,

IT IS HEREBY FOUND that the allegations of fact set forth in the aforesaid complaint are true and constitute vio-

lation of the Public Health Code, supra, as set forth in said complaint.

Accordingly,

IT IS HEREBY ORDERED that for each of the aforesaid violations of the Public Health Code, supra, Respondent's license previously issued by this Board shall be and hereby is SUSPENDED for a period of six (6) months commencing on the effective date of this order. Said periods of suspension shall run concurrently.

IT IS FURTHER ORDERED that for the aforesaid violations of the Public Health Code, supra, Respondent shall be and hereby is assessed a FINE in the total amount of seven thousand five hundred dollars (\$7,500.00) to be paid to the State of Michigan not later than ninety (90) days from the effective date of this order.

IT IS FURTHER ORDERED that the timely payment of the fine as herein required shall be the responsibility of Respondent, and should Respondent fail to pay said fine within the time limitations herein provided the Board may determine that Respondent has violated an order of the Board and proceed pursuant to 1980 AACRS, R 338.983, and section 16221(g) of the Public Health Code, supra.

IT IS FURTHER ORDERED that the aforesaid fine shall be mailed to the Board, c/o the Compliance Section, Legal Resources Division, Bureau of Occupational & Professional Regulation, Department of Commerce, P.O. Box 30185, Lansing, Michigan 48909.

IT IS FURTHER ORDERED that for the aforesaid violation of the Public Health Code, supra, Respondent shall hold no ownership interest in any pharmacy for a period of three (3) years from the effective date of this order.

IT IS FURTHER ORDERED that should Respondent violate any term or condition set forth herein, the Board may determine that Respondent has violated an order of the Board and proceed pursuant to 1980 AACRS, R 338.983, and section 16221(g) of the Public Health Code, supra.

IT IS FURTHER ORDERED that in the event Respondent violates the terms of this order the Board may reconsider the disciplinary action taken in the present matter; further, if such violation constitutes an independent violation of the Public Health Code, supra, or the rules promulgated pursuant thereto, the Board may take appropriate disciplinary action.

IT IS FURTHER ORDERED that this order shall be effective on the date signed by the Board as set forth below.

Signed by the Board this 2nd day of March, 1993.

MICHIGAN BOARD OF PHARMACY

By John E. Quinlan

I hereby approve the above order
as to form and substance.

James W. Burdick
James W. Burdick
Attorney for Respondent

STIPULATION

NOW COME the respective parties to stipulate and agree
as follows:

1. The allegations of fact contained in the aforesaid
complaint are true and constitute violation of section 16221(b)
(ix) of the Public Health Code, supra.

2. Respondent understands and intends that by signing
this stipulation Respondent is waiving the right pursuant to the
Public Health Code, supra, the rules promulgated thereunder, and
the Administrative Procedures Act of 1969, 1969 PA 306, as
amended; MCL 24.201 et seq; MSA 3.560(101) et seq, to require the
People to prove the charges set forth in the administrative com-
plaint by presentation of evidence and legal authority, and to

appear with an attorney and such witnesses as Respondent may desire to present a defense to said charges before the Board or its authorized representative.

3. The Board's conferee in this matter, George C. Panches, R.Ph., may participate freely in any deliberations of the Board regarding acceptance of this proposed consent order and stipulation, and may relate to the Board any knowledge and views of the case acquired by said conferee.

4. The foregoing consent order is approved by the respective parties and may be entered as the final order of the Board in said cause.

5. The foregoing proposal is conditioned upon its acceptance by the Board, the parties expressly reserving the right to further proceedings without prejudice should the consent order be rejected.

AGREED TO BY:

Julie K.A. Royce
Julie K.A. Royce (P-32213)
Assistant Attorney General
Attorney for the People
Dated: 1-13-93

AGREED TO BY:

Nabil L. Zawaideh Rph.
Nabil Zawaideh, R.Ph.
Respondent
Dated: 1/11/93

mlp/i02/157-158

NEVADA STATE BOARD OF PHARMACY

431 W. Plumb Lane ~ Reno, NV 89509 ~ 775/850-1440

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

CONTROLLED SUBSTANCE APPLICATION

Registration Fee: \$80.00 (non-refundable)

First: David Middle: Lynn Last: Packer Degree: M.D.

Practice Name (if any): Image Plus

Nevada Address: 5876 S. Pecos Road
(This must be a practicing address, we will not issue a license)

Suite #: _____

PO Box: _____

E-mail address: _____

City: Las Vegas Nevada

State: NV

Zip Code: 89120

Nevada Telephone: _____

Nevada Fax: _____

Date of Birth: 6

Sex: (M) or F

Practitioner License Number: 13014

Specialty: Plastic Surgery

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

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

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

- a) Board Administrative Action and/or State: FL Date: 2003, 2007 Case Number: _____
- b) Criminal Action State: FL Date: 2011 Case Number: _____
- See Attached Sheet County: Dade FL Court: _____

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

Signature

Date

Board Use Only

Received: _____ Check Number: 281 Amount: 80.00

NEVADA STATE BOARD OF PHARMACY
CONTROLLED SUBSTANCE APPLICATION OF DAVID LYNN PACKER, M.D.

Additional Information Regarding Question 2:

On December 28, 2010, in Miami, Florida, I was arrested for operating a nonregistered pain management clinic. On January, 19, 2011, an Information was filed by the State Attorney's Office for Miami-Dade County, Florida, *State v. David Lynn Packer* Case No. F10-36674 (Fla. 11th Cir. Ct.), charging me with one third degree felony count of operating a health care clinic without obtaining a license from the Agency for Health Care Administration (AHCA), in violation of Fla. Stat. §§ 408.812 and 400.993, one third degree felony count of operating a nonregistered pain management clinic in violation of Fla. Stat. § 458.327(1)(e), and three misdemeanor counts of prescribing a controlled substance in a nonregistered pain management clinic in violation of Fla. Stat. § 458.327(2)(f). These charges are pending. I am defending the charges and currently pursuing dismissal on factual and constitutional grounds.

Additional Information Regarding Question 3:

Via Notice dated December 30, 2010, I was informed by the Florida Department of Health that I am being investigated for allegedly practicing in unregistered pain management clinics. As far as I am aware, this investigation is still pending and a formal administrative Complaint has not been filed.

Via Notice dated February 16, 2011, I was informed by the Florida Department of Health that I am being investigated for the alleged inappropriate or excessive prescribing of controlled substances. As far as I am aware, this investigation is still pending and a formal administrative Complaint has not been filed.

David Packer, M.D.

June, 28th 2011

Florida board cases

Disciplined by Florida Board of Medicine in 2003 for 1997 event. My patient underwent a face lift and three hours post surgery patient had an MI with presenting rhythm of asystole. She was resuscitated but was subsequently removed from the respirator 18 hours later.

The second case was a patient with difficult anatomy. I over inflated her breast implants to avoid a breast lift and patient subsequently had a deflation of her saline implants 2 years later.

Criminal charges. Delay in approval of registration.

Discipline Cases

| Name | Profession | City | Case # | Action Taken |
|-----------------|----------------|-----------------|---------------------------|---------------------|
| PACKER, DAVID L | Medical Doctor | GAINESVILLE, FL | 200726919 | Obligations Imposed |
| PACKER, DAVID L | Medical Doctor | GAINESVILLE, FL | 199822215 | Obligations Imposed |

If a link does not appear for the case number, a scanned copy of the public complaint or final order is not available. Copies of public complaints or final orders can be obtained from the Department of Health, Division of Medical Quality Assurance by requesting the documents online by linking to [Discipline Public Records Request](#), contacting the Department at (850) 245-4121, or by written correspondence to:

Division of Medical Quality Assurance
 Management Services, Bin C01
Attention: Public Records - Discipline
 4052 Bald Cypress Way
 Tallahassee, FL 32399-3251

Please include:

- full name and license number of the practitioner;
- case number, if known; and
- name and address where documents are to be sent.

**IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT
IN AND FOR MIAMI-DADE COUNTY, FLORIDA SPRING TERM, 2010**

THE STATE OF FLORIDA v.

INFORMATION FOR

DAVID LYNN PACKER

1. OPERATING A HEALTH CARE CLINIC
WITHOUT A LICENSE
408.812 & 400.933 & 777.011 FEL. 3D
2. MEDICAL PRACTICE/OWN, OPERATE,
MANAGE A NONREGISTERED PAIN
MANAGEMENT CLINIC
458.327(1)(E) FEL. 3D
3. MEDICAL PRACTICE/NONREGISTERED
PAIN MANAGEMENT
CLINIC/CONTROLLED SUBSTANCES
458.327(2)(F) MISD. 1D
4. MEDICAL PRACTICE/NONREGISTERED
PAIN MANAGEMENT
CLINIC/CONTROLLED SUBSTANCES
458.327(2)(F) MISD. 1D
5. MEDICAL PRACTICE/NONREGISTERED
PAIN MANAGEMENT
CLINIC/CONTROLLED SUBSTANCES
458.327(2)(F) MISD. 1D

Defendant.

IN THE NAME AND BY AUTHORITY OF THE STATE OF FLORIDA:

WILLIAM J. HOWELL, JR., Assistant State Attorney of the Eleventh Judicial Circuit, on the authority of **KATHERINE FERNANDEZ RUNDLE**, State Attorney, prosecuting for the State of Florida, in the County of Miami-Dade, under oath, information makes that:

EC|1/18/11
Circuit Court Direct File
Jail No. 98308, Bkd: 12/28/10, CIN 1053371; W/M, DOB: 3/23/56
F10-36674
J/SAYFIE(065)

DAVID LYNN PACKER

AUG 15 2011

Count 1

DAVID LYNN PACKER, from approximately OCTOBER 7, 2010 through DECEMBER 28, 2010, in the County and State aforesaid, did unlawfully own, operate or maintain an unlicensed provider, or perform any services that require licensure, as defined in Chapter 408, Fla. Stat., without obtaining a valid license from the Agency for Health Care Administration and/or offer or advertise services that require licensure, as defined in Chapter 408, Fla. Stat., to the public without obtaining a valid license from the Agency for Health Care Administration, in violation of s. 408.812 and s. 400.993 and s. 777.011, Florida Statutes, contrary to the form of the Statute in such cases made and provided, and against the peace and dignity of the State of Florida.

DAVID LYNN PACKER

Count 2

And the aforesaid Assistant State Attorney, under oath, further information make that DAVID LYNN PACKER, from approximately OCTOBER 7, 2010 through DECEMBER 28, 2010, in the County and State aforesaid, did unlawfully and knowingly operate, own, or manage a nonregistered pain-management clinic that was required to be registered with the Department of Health pursuant to s. 458.3265(1), Fla. Stat., in violation of s. 458.327(1)(e) Florida Statutes, contrary to the form of the Statute in such cases made and provided, and against the peace and dignity of the State of Florida.

DAVID LYNN PACKER

Count 3

And the aforesaid Assistant State Attorney, under oath, further information make that DAVID LYNN PACKER, from approximately OCTOBER 7, 2010 through DECEMBER 28, 2010, in the County and State aforesaid, did unlawfully and knowingly prescribe or dispense, or cause to be prescribed or dispensed, a controlled substance, to wit: ROXICODONE, in a nonregistered pain-management clinic that was required to be registered with the Department of Health pursuant to s. 458.3265(1), Fla. Stat., in violation of s. 458.327(2)(f) Florida Statutes, contrary to the form of the Statute in such cases made and provided, and against the peace and dignity of the State of Florida.

DAVID LYNN PACKER

Count 4

And the aforesaid Assistant State Attorney, under oath, further information make that DAVID LYNN PACKER, from approximately OCTOBER 7, 2010 through DECEMBER 28, 2010, in the County and State aforesaid, did unlawfully and knowingly prescribe or dispense, or cause to be prescribed or dispensed, a controlled substance, to wit: XANAX, in a nonregistered pain-management clinic that was required to be registered with the Department of Health pursuant to s. 458.3265(1), Fla. Stat., in violation of s. 458.327(2)(f) Florida Statutes, contrary to the form of the Statute in such cases made and provided, and against the peace and dignity of the State of Florida.

DAVID LYNN PACKER

Count 5

And the aforesaid Assistant State Attorney, under oath, further information make that DAVID LYNN PACKER, from approximately OCTOBER 7, 2010 through DECEMBER 28, 2010, in the County and State aforesaid, did unlawfully and knowingly prescribe or dispense, or cause to be prescribed or dispensed, a controlled substance, to wit: OXYCODONE, in a nonregistered pain-management clinic that was required to be registered with the Department of Health pursuant to s. 458.3265(1), Fla. Stat., in violation of s. 458.327(2)(f) Florida Statutes, contrary to the form of the Statute in such cases made and provided, and against the peace and dignity of the State of Florida.

DAVID LYNN PACKER

STATE OF FLORIDA, COUNTY OF MIAMI-DADE:

Personally known to me and appeared before me, the Assistant State Attorney of the Eleventh Judicial Circuit of Florida whose signature appears below, being first duly sworn, says that the allegations set forth in this Information are based upon facts which have been sworn to as true, by a material witness or witnesses, and which if true, would constitute the offenses therein charged, and that this prosecution is instituted in good faith.

Assistant State Attorney
Florida Bar # 321729
1350 NW 12th Avenue, Miami, FL (305) 547-0100

Sworn to and subscribed before me this _____ day of _____, _____.

By: _____
Deputy Clerk for the Clerk of the Courts
Notary Public



DAVID LYNN PACKER

Blank

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440
(This application can not be used by PA's or APN's)
CONTROLLED SUBSTANCE APPLICATION

Registration Fee: \$80.00 (non-refundable money order or cashier's check only, no cash)

First: MOHAMED Middle: OMAR Last: SALEM Degree: MD

Practice Name (if any): CENTER FOR MEDICINE & WELLNESS

Nevada Address: 4305 DEAN MARTIN ROAD Suite #: 100
(This must be a practicing Nevada address, we will not issue a license to a home address or to a PO Box only)

PO Box: P.O. BOX 10339

SS#: _____

City: JACKSONVILLE

State: FLORIDA

Zip Code: 32247

E-mail address: _____

Nevada Work Te _____

Date of Birth: _____

Nevada Fax: _____

Sex: ☒ M or ☐ F

Practitioner License Number: 11784

Specialty: PSYCHIATRY

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

| | | | | 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, <u>arrested</u> or convicted of a felony or misdemeanor in <u>any</u> state? | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Been the subject of an administrative action whether completed or pending in <u>any</u> state? | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state? | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation: | | | | | |
| Board Administrative Action: <u>201105940</u> | | State: <u>FL</u> | Case #: <u>201105940</u> | | |
| Criminal Action: | | | | | |

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.

Original Signature, no copies or stamps accepted. _____

Date: 7/17/2011

Board Use Only

Received: _____ Amount: 80.00 Entity# _____



DEPARTMENT OF HEALTH & HUMAN SERVICES

Substance Abuse and Mental
Health Services Administration

Center for Substance Abuse Treatment
1 Choke Cherry Road
Rockville, MD 20857

February 8, 2007

Mohamed O. Saleh, M.D.
Center for Medicine and Psychiatry
1408 San Marco Blvd.
Jacksonville, FL 32207

Dear Mohamed O. Saleh, M.D.:

This is in response to your second Notification of Intent (NOI) to use Schedule III, IV, or V opioid drugs for the maintenance and detoxification treatment of opioid addiction in accordance with the Drug Addiction Treatment Act of 2000 (DATA 2000) (21 U.S.C. § 823(g)(2)), dated January 15, 2007. The Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Treatment (SAMHSA/CSAT) received your second NOI on January 30, 2007.

Under ONDCPRA (effective December 29, 2006), physicians who meet the following criteria may notify the Secretary of Health and Human Services (HHS) of their need and intent to treat up to 100 patients at any one time: (1) the physician must currently be qualified under DATA 2000; (2) at least one year must have elapsed since the physician submitted the initial notification for authorization; (3) the physician must certify to his or her capacity to refer patients for appropriate counseling and other appropriate ancillary services; and (4) the physician must certify that the total number of patients at any one time will not exceed the applicable number.

We have reviewed the information on your second NOI and acknowledge that you have fulfilled the requirements of ONDCPRA to treat a maximum of 100 patients at one time.

As of this writing, the only Schedule III, IV, or V medications to receive Food and Drug Administration (FDA) approval for the treatment of opioid addiction that are eligible under DATA 2000 are Subutex® (buprenorphine hydrochloride) and Suboxone® (buprenorphine hydrochloride and naloxone hydrochloride). No other medications—including Buprenex®—are eligible for the treatment of opioid addiction under DATA 2000.

The information you submitted is subject to a Privacy Act System of Records. The enclosed summary details the authorities, purposes, and disclosures associated with this system. In addition, physicians interested in being listed on the SAMHSA Buprenorphine Physician and Treatment Program Locator (http://buprenorphine.samhsa.gov/bwns_locator) should call 1-866-BUP-CSAT (1-866-287-2728). Additional information can be obtained via e-mail at info@buprenorphine.samhsa.gov or at <http://www.buprenorphine.samhsa.gov>.

Thank you for your interest in providing opioid addiction treatment in accordance with DATA 2000.

Sincerely,

H. Westley Clark, M.D., J.D., M.P.H.
Director
Center for Substance Abuse Treatment

Enclosure



OFFICE OF THE DISTRICT ATTORNEY

One County Center

DAVID ROGER

District Attorney

SALER, BREANNE GRAY
1366 CAMPBELL AVE
JACKSONVILLE, FL 32207

YOU WERE ARRESTED ON OR ABOUT 01/11/2011, WHICH RESULTED IN THE FOLLOWING CHARGES BEING SENT TO THE DISTRICT ATTORNEY'S OFFICE FOR CONSIDERATION:

UNLAWFUL PRESCRIBING AND DISPENSING CON SUB
UNLAWFUL PRESCRIBING AND DISPENSING CON SUB
UNLAWFUL PRESCRIBING AND DISPENSING CON SUB
UNLAWFUL PRESCRIBING AND DISPENSING CON SUB
UNLAWFUL PRESCRIBING AND DISPENSING CON SUB

THIS LETTER IS TO INFORM YOU THAT OUR OFFICE HAS DETERMINED NOT TO FILE FORMAL CHARGES AGAINST YOU AT THIS TIME. IF BAIL WAS POSTED, IT WILL BE RETURNED TO YOU, OR TO THE PERSON WHO POSTED IT, BY THE COURT.

PLEASE BE ADVISED THAT WE RETAIN THE RIGHT TO FILE THESE CHARGES AT A LATER TIME IF FACTS AND CIRCUMSTANCES WARRANT IT.

DAVID ROGER
DISTRICT ATTORNEY

D.A. FILE NO: 11F00671X



CENTER FOR MEDICINE & WELLNESS

P.O. BOX 10339
JACKSONVILLE, FLORIDA 32247
TELEPHONE: (904) 398-0009
FAX: (904) 346-0887
FAX: (904) 297-4452
1-888-DR-SALEH

M. SALEH, M.D., B.C.F.M., F.A.P.A., A.S.A.M.
DAWIT ZEMICHAEL, M.D., M.S.
THOMMI THOMAS, M.D.
LEO GALLOFIN, M.D.

4305 DEAN MARTIN DRIVE
SUITE 100
LAS VEGAS, NEVADA 89102
TELEPHONE: (702) 791-1004
FAX: (702) 791-1005
TOLL FREE 1-888-377-2534

July 5, 2011

Carolyn Cramer, Esquire
General Counsel for the Nevada Board of Pharmacy
431 W Plumb Lane
RENO, NEVADA 89509

RE: MOHAMED O. SALEH, M.D., B.C.F.M., F.A.P.A., A.S.A.M., M.R.O.

Dear Ms. Cramer:

I would like to first thank you for your kindness, support and advice at the time of the last Hearing of the Board of Pharmacy. I concur with your statement that I had to get my life in order and I took your advice to heart. I haven't been back to Las Vegas since that hearing. Dr. Leo Gallofin has been seeing my patients in Las Vegas, and I was planning to reapply for the registration number and possibly schedule it at the next hearing in Las Vegas in August. However, I was just notified by Dr. Leo Gallofin (see attached letter) that he will not be able to cover my practice effective August 15th and from that moment on I will basically have no doctor to cover my practice and see my patients in Las Vegas.

I did follow your advice and although not perfect, my life is in much better order. I sold or dissolved some of my business endeavors; I cut down completely seen patients with psychiatric problems in the strict sense of the word; I am focusing 99% of my effort in the treatment of patients with addictions. This has cut down my inpatient load in Jacksonville to less than one patient in 3 month, and my outpatient load to 3 or 4 patients three days a week, Monday, Tuesday and Wednesday. In the past every other Thursday morning I was flying to Las Vegas to treat patients there on Thursday and Friday. Since you placed me "on ice", I basically have four days off every week. This has allowed me to spend quality time with my daughters, re-align my priorities and truly make a well pondered decision about what I am going to do going forward. On July 8, 2011, I turn 58 years old, I believe I had a good life and have been very lucky and blessed. According to Eric Eriksson's Theory of Human Development, I am in that stage of life that he called, "mature adulthood" and the neurotic conflict is between "generativity vs. stagnation".



Carolyn Cramer, Counsel

07/05/2011

Page 2

The next generation and passing on wisdom to the next generation is more important than my own needs.

My divorce is not finalized as yet, and it will be a great day when I have closure of this tragic chapter in my life. I have custody of my three youngest daughters, one of age five and two twins of age three. Thanks to your recommendation not to approve my application, I had an opportunity to spend a lot of time with them. In fact, we just returned from Orlando where we spent the 4th of July weekend at Disney World.

Unfortunately, Dr. Leo Gallofin, who was covering my practice, has indicated that he will not be able to see my patients effective August 15th and from that point on most of my Las Vegas patients will be left without medical services. I would really like to be back in Las Vegas to treat them and provide them with the services that they need. I heeded your advice and I thank you for recommending that the Board not approve my application for registration. This has forced me to actually take a lot of time off and look deep within me for what I want to do. I have purchased three riverfront homes in Jacksonville, Florida, contiguous to each other, where I will start two sobriety homes, one for women, one for men, and the third building for recreation and informal group therapy sessions, group meditation sessions etc. The core treatment program will take place in my main office at 1408 San Marco Blvd in Jacksonville Florida. I am also in the process of opening a full service Day Spa and Hair Salon, attached to my office at 1410 San Marco Blvd that will be available to benefit the patients in our sobriety program with massages, manicure, pedicure, and those other services that will constitute the "body" part of the treatment triad. I believe treatment of addiction requires addressing mind, body, and spirit. The mind part I can do effectively, thanks to my long experience in the field, and my board certifications in addiction psychiatry, addiction medicine, forensic psychiatry, and forensic medicine.

The body part will be essentially a program of gradual incorporation of exercising in their daily routine, in addition to massages, facials, spray tanning and all those SPA services that are so helpful in assisting patients in feeling good about themselves. The Spirit part will only address the need to listen to your inner voice and surrender to your "higher power" whoever that is. The only active program that we will provide will be an informal "town hall" meeting, where a terminally ill patient from the local hospice will sit on a stage, blanket on his or her knees and speak informally about their life, and how it changed since they were told that they have six months to a year to live. This type of programs, I found out, are very powerful in eradicating the tendency to procrastinate, so common to our patients and people in general.

We plan to work very closely with the drug courts. I don't plan to see too many new patients in Las Vegas; however, I would like to come to Las Vegas once a month to see my regulars for their monthly appointment, and also to run my office. The divorce with my wife is in the final stages. I have received custody of my three younger daughters, twins of age 3 Isabella and



Carolyn Cramer, Counsel

07/05/2011

Page 3

Gabriella, and the 5-year-old Vanessa that you met at the time of the first hearing on January 11th. Because of the report from Kendra Still, the DEA agent that was at the hearing on 01/11/11, the Board of Medicine in Florida has requested that I undergo a comprehensive evaluation with a psychiatrist/neurologist that sub-specializes in head trauma.

I have undergone five hours of intensive evaluation to make sure that I am not suffering from any problems related to the head trauma, psychiatric disorder or substance abuse disorder. I asked Dr. Domingo Cerra, the expert of the Department of Health of Florida, to forward a copy of the report to your attention.

I am very disappointed with Kendra Still the DEA agent, for making those allegations without knowing the background of my head trauma and problems with my feet and the stress of the divorce. On January 11th when she made those allegations I asked her repeatedly to perform a drug test on the spot, to rule out any problems and eliminate any clouds of suspicion from over my head that were sure to follow her repeated inquiries if I was on any illicit drug. A simple drug test, done on the spot, immediately after the hearing of 1/11/11, would have eliminated a bevy of problems that have followed me all the way to Florida. Unfortunately she refused and as a result of her sending the unsubstantiated report to Florida I had to undergo a comprehensive evaluation at a cost of \$ 2,000.00. There are, therefore, one or two complaints pending in Florida, one related to the missing logs that were in fact available and were taken to the Department of Health in Tallahassee, Florida, as Mr. Burgess has indicated to you that the Board was going to dismiss those allegations. There was a meeting June 17th. I will ask him to send you a letter. In regards to the new complaint generated by Ms. Kendra Still's report, I underwent the evaluation and the probable cause panel will address the subject very soon, I hope. I believe that will also go well.

Having said that, I want to assure you that I am doing well, I have got my life in order, I have cut down on most of my activities, and I plan to just manage the two sobriety homes, one will be for six females and one for six men. At any given time I will have only 12 patients in the guest house/sobriety homes program and about 20 or 30 outpatients in Florida and 10 to 20 in Las Vegas, to care for along with my individual and group therapists and a part-time doctor. I will have a lot more free time than I had before. Again, I plan to come to Las Vegas only once or twice a month. For the Sobriety Homes program we will charge \$ 10,500.00 for 30 days of treatment. An all inclusive price that will cover psychiatric services, room and board, SPA services and all transportation, including their plane ticket from Las Vegas to Jacksonville. An extremely reasonable price, considering how much other programs charge for treatment. Truly, there is no difference between an inpatient program and our sobriety homes program, except that ours will cost less and will provide much more services, better environment, and more "doctor" face time.



Carolyn Cramer, Counsel

07/05/2011

Page 4

We have also resolved the issue of availability that was causing you concern, when anybody calls our office, if it is a routine call the answering service takes a message and emails all the incoming messages to our office where they can be accessed by the staff in Nevada or Florida. If a patient wants to talk to somebody the calls are "patched through" to Mr. Carmelo Mastrosimone for the Las Vegas Patients and to Naomi Pike for the Florida patients. They will address anything that they can handle and they will contact Dr Galofin or me, when the issue requires doctor's expertise. I plan to add a second cell phone, with the number to be given to pharmacists and health care facilities only. We also plan to subcontract with an additional psychiatrist for the Las Vegas patients. For those times that Dr. Galofin or myself are not available.

I am also planning to place a t-line between the Jacksonville office, my home and the Las Vegas office and obtain permission for telemedicine. If for some reason Dr. Gallofin is not able to see the patients I will be able to see them via state of the art internet services. If I am correct there is an application process, to obtain authorization to perform "telemedicine". Please correct me if I am wrong.

I am attaching an application for a registration number with the Board of Pharmacy. I hope that I have answered all the questions correctly this time. I would like to thank you again for forcing me to take this time off and getting my life in order. The depression from the divorce has improved significantly and as I stated I have undergone my evaluation which showed that I am not suffering from any problems that may interfere with my cognitive abilities, especially subsequent to the head trauma. I would be very grateful if you could place me on the agenda of the Board of Pharmacy on August 19 or sooner, in Reno Nevada. I truly hope to have your support and a positive recommendation this time. I pledge and guarantee to you that you will not regret supporting my application.

I decided to er on the side of too much disclosure as opposed to too little disclosure. I answered yes to the question ""been arrested, charged etc. because after the hearing of 1/11/2011 I was in fact arrested and charged, albeit, the attached letter from the DA shows that "his office determined not to file formal charges". I answered "yes" to the question of "administrative complaints pending, because I don't know what was the outcome of the discussions of the "probable Cause Panel" about the "missing logs".



Carolyn Cramer, Counsel

07/05/2011

Page 5

Mr. Burgess has indicated that they were going to be dismissed but I have not received a final word. About the complaint filed by Kendra Still, I was sent and cleared by the diversion evaluator; the probable cause panel did not send me anything in regard to this. I am not even sure if it qualifies as a "pending complaint. I also answered "yes" to the third question, My license in Nevada has not been subjected to any discipline, but I was in violation of pharmacy drug laws, because I wrote prescriptions in Nevada without the proper registration with the Board of Pharmacy. I am also enclosing a cashier's check for \$ 80. I hope I completed the form correctly this time.

With Kindest Regards, I Remain

Respectfully

A handwritten signature in black ink, appearing to read 'M. Saleh', is written below the word 'Respectfully'.

M. Saleh, M.D., B.C.F.M., F.A.P.A., A.S.A.M.

Diplomate American Board of Psychiatry & Neurology, A.B.P.N.

A.B.P.N., Board Certified in Forensic Psychiatry

A.B.P.N., Board Certified in Addiction Psychiatry

A.S.A.M. Certified, American Society Addiction Medicine

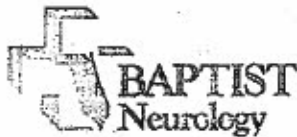
M.R.O., Certified Medical Review Officer

F.A.P.A., Fellow American Psychiatric Association

B.C.F.M., Board Certified Forensic Medicine

MS: amm

#17824, 1782



Carlos H. Gama, M.D.
Barry Strohman, PA-C

January 19, 2011

Re: Mohammed Saleh MD.

To Whom It May Concern:

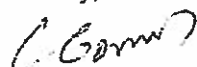
Dr. Saleh has been a patient in this Neurology practice since September of 2009. He presented following a motor vehicle accident where he suffered a closed head injury with a forehead laceration. Following this, he developed symptoms of slurred speech, drooling, gait difficulties and inattention. In view of his history further neurological work up was obtained to rule out structural brain abnormalities as well as metabolic and deficiency states.

He was last seen on January 5, 2010 for his test results with unrevealing test results. However it was apparent that Dr. Saleh had a tremendous work load since he was actively managing two practices at the same time, one here in Jacksonville Florida and another one in Las Vegas Nevada, allowing him little time to sleep and recover from his excessive work load. He was recommended to reduce his work load and importance of appropriate sleep and rest was emphasized at that visit.

Dr. Saleh presents today to this office requesting I write a letter in his behave. A formal neurological evaluation is not performed today since this was not a scheduled appointment. However on observational basis it appears obvious that he has made a remarkable recovery. He is here alone, he is well groomed, fluent in his speech with significant improvement in his slurred speech and with no drooling. His attention is appropriate as well as insight. His organizational, planning and executive skills appear appropriate, judging by his ability to continue developing different business and to manage to reduce his practice to a more comfortable pace and still remain successful. He is able to inform me of his most recent personal, business and practice events. He does report recent eye lid ptosis for which he is undergoing work up under the direction of his ophthalmologist.

I have known Dr. Saleh for many years and feel that he is one of the best physicians in the area. He has always been a hard worker physician with high professionalism. He has been the Chairman of Psychiatry for Baptist Medical Center and a Senior Director of the Riverpoint Psychiatric Hospital of North Florida.

Sincerely,


Carlos H. Gama, MD.
Neurology

San Marco Division

Hiram A. Carrasquillo, M.D.
Foot and Ankle Surgery; General
Orthopaedic Surgery

Steven M. Crenshaw, M.D.
General Orthopaedics; Sports
Medicine

David A. Doward, M.D.
Physical Medicine & Rehabilitation;
Interventional Spine & Sports Medicine

Philip R. Hardy, M.D.
Arthroscopic & Joint Replacement
Surgery

Kevin M. Kaplan, M.D.
Sports Medicine & General Orthopedics;
Advanced Arthroscopic Joint Surgery

Gregory C. Keller, M.D.
Adult & Adolescent Spine Surgery;
General Orthopaedic Surgery

Garry S. Kitay, M.D.
Hand, Elbow & Shoulder Minimally
Invasive & Joint Replacement
Surgery; Microvascular Surgery

R. Stephen Lucie, M.D.
Sports Medicine; Joint Replacement
Surgery

Jennifer L. M. Manuel, M.D.
Hand & Microvascular Surgery;
Upper Extremity Reconstruction

William G. Pujadas, M.D.
General Orthopaedics & Sports
Medicine; Total Joint Surgery;
Reconstructive Surgery

Robert G. Savarese, D.O.
Physical Medicine & Rehabilitation;
Non-Surgical Spine Rehabilitation

Michael S. Scharf, M.D., F.A.C.S.
Adult Spine Surgery; Hip Reconstruction

Bruce Steinberg, M.D.
Hand, Elbow, & Shoulder Minimally
Invasive & Joint Replacement Surgery;
Microvascular Surgery

Carlos R. Tandron, M.D.
Sports Medicine; General Orthopaedics;
Joint Replacement Surgery; Knee &
Shoulder Arthroscopic Surgery



January 27, 2011

Board of Pharmacy
Nevada, USA

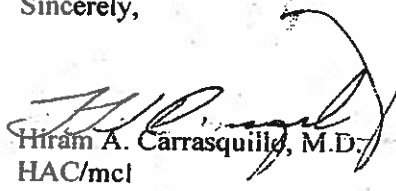
RE: Mohamed Saleh, M.D.
DOB: 07-08-1953

To Whom It May Concern:

I am writing this letter in behalf of Dr. Mohamed Saleh. Currently, I am the treating physician for his right foot bunion and second hammertoe deformity that seem to be progressive in nature. He had considered surgery in the past; however, it had to be postponed secondary to a fall as well as his extensive flying schedule and commitments. He is expected to undergo surgery in the near future to correct the deformity. He may resume his air travel as soon as the surgery completely heals, which may take up to approximately three months.

Please do not hesitate to contact my office should you need any further information regarding this patient.

Sincerely,


Hiram A. Carrasquillo, M.D.
HAC/mcl

Official Sports
Medicine Partner





Neil T. Shmunes, M.D. Richard L. Simmons, M.D. Charles V. Duss, M.D.
Diplomates of the American Board of Ophthalmology
C. Steven Lancaster, O.D., F.A.A.O.
Board Certified

January 14, 2011

RE: Mohammed Saleh, M.D.

To Whom It May Concern:

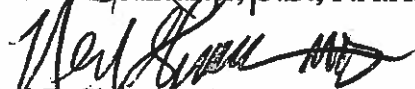
We have had the pleasure of seeing this 57-year-old, African American male in our office for detailed examinations over the past 5 years. His most recent visit was on January 14, 2011, for a progress evaluation for a prismatic correction which was added to his present spectacle correction. Upon examination, his best corrected visual acuity was OD 20/20 and OS 20/20 minus. His pupils were equal, round, and reactive to light and accommodation. Cover testing revealed an alternating exotropia at near without nystagmus. He has a left upper lid ptosis upon fatigue with variable findings. He had a concussion in 2010 after a motor vehicle accident. CT scan reports were negative at that time. For more information about issues related to the concussion please see records from Dr. Gama, his Neurologist.

Our concern for Dr. Saleh is the possible diagnosis of myasthenia gravis. Dr. Saleh assures us he is undergoing further testing with his primary care physician in the near future to rule out this condition. We have asked Dr. Saleh to return to our office in 6 weeks for a follow-up visit and will be glad to provide any further additional information as requested and released by the patient. At present, Dr. Saleh has essentially 20/20 corrected vision in each eye with no reported diplopia without fatigue. We will await further testing from his primary care physician and Neurologist regarding pending results.

Please do not hesitate to contact us if we can be of further assistance regarding this patient.

Sincerely,


C. Steven Lancaster, O.D., F.A.A.O.


Neil T. Shmunes, M.D.

CSL/crs/AEI014SL-CRS/822308
Transcription Solutions, Inc. (904-264-1180)

Thomas R. Wikstrom, M.D.

Psychiatry

February 18, 2011

To Whom It May Concern:

I am writing this letter on behalf of Mohammed Saleh, M.D. I have known Dr. Saleh over 15 years. We have practiced together at Baptist Hospital. He was the Chairman of the Department of Psychiatry at Baptist for seven or eight years until he went to work as a Senior Medical Director at River Point Hospital.

Dr. Saleh came to see me almost 2 years ago because he was concerned about some forgetfulness, difficulties keeping up with his work activities, focus and attention. I completed psychological testing and examined him. My findings indicate Dr. Saleh is suffering from Adult Attention Deficit Disorder. It is possible that he has had this condition for many years and Dr. Saleh has stated as much. He believes because he has maintained a regimented lifestyle he has been able to compensate for the disorder. He also stated that he has been keeping meticulous notes of his activities, his appointments and his work. This has allowed him to be very successful from every standpoint.

I am treating Dr. Saleh with Adderall. The regiment started with 20mg taken three times daily. He has since been titrated up to Adderall 30mg taking one tablet four times daily. Initially, Dr. Saleh was inconsistent in his compliance because he was reluctant to take the Adderall. However, he has had excellent results.

When Dr. Saleh started treatment with me he was also experiencing serious difficulties coping due to increasing problems with his marriage. I believe that the emotional turmoil in his marriage had thrown him off his balance.

Dr. Saleh began experiencing severe anxiety which is attributed to his marital discord and I felt that he would benefit from small doses of Xanax. I prescribed Xanax 0.5mg taking one tablet 3 or 4 times a day as needed. Last month I increased the dose to Xanax 1mg taking one tablet 4 times a day. He appears to have benefited from this treatment.

Dr. Saleh continues to be in an extremely stressful situation as he has recently filed for divorce. I have referred him for individual psychotherapy and he continues to see me on a regular basis.

At no time has he abused his medication and at no time he has requested an early refill on his medication. It is possible that the increase in the Xanax dosage may have caused him

increased sedation. This may have interfered with his functioning during the time he was participating in the hearings with the Board of Pharmacy in Nevada, last month.

I had the opportunity to speak with Dr. Saleh on January 19, 2011. He was alert and cognitively intact. In my opinion he is competent to practice his profession and as soon as his problems related to his divorce are over he will function at a much better level.

Should you have further questions, please don't hesitate to contact my office.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas R. Wikstrom". The signature is fluid and cursive, with a prominent "T" and "W".

Thomas R. Wikstrom, M.D.

TRW/esm

PSYCHIATRIC EVALUATION**NAME:** Mohamed Saleh, M.D.**DATE:** July 7, 2011

CHIEF COMPLAINT: Mohamed Saleh, M.D. is a 58-year-old black male, married from Jacksonville, Florida who presents for a psychiatric evaluation, per request, of Mr. Gavin Burgess, Esq. (DOH). **HISTORY OF PRESENT ILLNESS:** At 1:15 p.m. on July 1, 2011, the undersigned spoke with Mr. Gavin Burgess, Esq. Regarding the concerns that the Department of Health had in reference to the case of Dr. Saleh. As well, the undersigned asked Mr. Burgess what specific issues did the Department of Health need addressed in Dr. Saleh's evaluation. The undersigned reviewed in detail the "Report of Investigation" performed by Detective Kendra Still (Nevada DEA Task Force Officer) performed on January 11, 2011. Detective Still commented: "On January 11, 2011, Dr. Mohamed Omar Saleh was arrested on eight counts of dispensing a controlled substance without having the proper licensure, a Class C felony in that state of Nevada. Details: 1) On January 11, 2011, Detective Kendra Still, with the Nevada Department of Public Safety, investigation division (NVPDS - ID) who is currently assigned to the Drug Enforcement Administration (DEA) as a Task Force Officer (TFO) traveled to 6671 S. Los Vegas Blvd., Las Vegas, Nevada, where Dr. Saleh would be attending a Disciplinary Hearing in front of the Nevada Board of Pharmacy (NVBOP), for issuing prescriptions for controlled substances without having a controlled substance license. Detective Bruce Gentner, with the Las Vegas Metropolitan Police Department (LVMPD), as well as Detective Rugstin Wilson with NVDPS - ID assisted TFO Still. 2) At approximately 11 a.m., Saleh was observed walking into the NVBOP's hearing room where he was asked to step to the front of the room to discuss his case. TFO Still, who was sitting in the first row of seats noticed that Saleh was having a difficult time speaking and was not making coherent statements. TFO Still also noted that Saleh kept closing his eyes, as if he was falling asleep while the Board was questioning Saleh. Saleh was standing behind a table and appeared to be swaying. Based upon TFO Still's training and experience in dealing with impaired persons, TFO Still made contact with the NV Board of Medical Examiners (NVBOME) Investigator Steve Ray and informed him that based upon her observations of Saleh, that she felt that Saleh was under the influence of drugs and/or alcohol. 3) During the Board's hearing, Saleh asked for a continuance as his counsel had an emergency that had come up. The Board granted a continuance for Saleh's hearing and Saleh began walking out of the boardroom. When TFO Still approached Saleh and requested to speak with Saleh away from his office manager, Carmelo Nastrosimone, and Saleh's 5-year-old daughter, Saleh stepped out of the boardroom where TFO Still identified herself verbally and with a department issued badge to being law enforcement. TFO Still requested that Saleh turn around and place

NAME: Mohamed Saleh, M.D.

DATE: July 2, 2011

Page 2

EC

his hands behind his back, Saleh complied. After Saleh was handcuffed and his immediate area had been searched, TFO Still turned Saleh around as to face TFO Still, when TFO Still informed Saleh that he was being placed under arrest for dispensing controlled substances in the State of Nevada without a controlled substance license. Saleh stated that he has a DEA number in Florida and that he did not know that he needed a controlled substance license in order to prescribe controlled substances in Nevada. Although, Saleh had applied for a controlled substance license in 2006 and then rescinded his application at a later date. 4) While speaking with Saleh, TFO Still noticed that Saleh was having a difficult time making full, complete and coherent sentences, causing TFO Still to have to repeatedly asking Saleh to repeat his sentences. TFO Still also noticed that Saleh was unsteady as he stood in front of TFO Still. TFO Still asked Saleh if he was under the influence of any drugs and/or alcohol. Saleh stated that he had taken a 1 mg Xanax earlier to help him with his anxiety and then began talking to TFO Still about his hammer toe and bunions that were also giving him trouble. TFO Still asked Saleh if he had any problems with his eyes. Saleh stated he had a prism just put into one lens of his glasses. TFO Still asked Saleh if he would be willing to allow TFO Still to perform a test on him. Saleh stated that she could, TFO Still performed the horizontal gaze nystagmus test on Saleh. TFO Still observed Saleh to have the lack of smooth pursuit in both eyes, distinct nystagmus was observed at maximum deviation (2 in both eyes), and the onset of nystagmus was visible prior to 45 degrees. 5) Saleh was questioned as to who his daughter could be given to or a person we could contact regarding the care of his daughter. Saleh stated that he wanted his daughter to go with Mastro Simone. TFO Still asked Saleh for his wife's phone number so that his wife could be contacted to make arrangements if he was unable to bail out of jail. Saleh stated that he did not want his wife knowing that he was arrested as they were involved in a bitter divorce and would use this against him. TFO Still had to inform Saleh that the well being of his daughter was first and foremost to his divorce. Saleh gave Detective Gentner his wife's cellular phone number, as well as his wife's divorce attorney's number as Detective Gentner was unable to contact Saleh's wife, as her phone would not accept incoming calls. 6) After Mastro Simone left with Saleh's daughter, TFO Still, Detective Gentner and Detective Wilson walked Saleh to Detective Wilson's vehicle to be transported to DEA Field Office to be processed. 7) Saleh was processed and Investigator Donald Andreas with the NVBOME began speaking with Saleh regarding the type of prescription medication he was on. Saleh stated that he was taking Adderall and Xanax, that was prescribed to him by his psychiatrist who practices in Florida. Saleh stated that he has Attention Deficit Disorder, as well as anxiety. After

NAME: Mohamed Saleh, M.D.

DATE: July 1, 2011

Page 3

Investigator Andreas finished interviewing Saleh. TFO Still read Saleh his Miranda Rights from her department issued card. TFO Still asked Saleh if he understood. Saleh stated that he did, as was also reciting his Miranda Rights with TFO Still as she read them to him. TFO Still produced eight original prescriptions that TFO Still and Diversion Investigator (DI) Cynthia Hooks had acquired from the multiple pharmacies throughout the valley previously. Copies of the prescriptions were placed in front of Saleh where he was asked if he was the person whom authorized the prescriptions either by writing it or by calling it in. Saleh was asked to sign each paper that he authorized. Saleh signed each paper and informed TFO Still that he did in fact authorize all of the prescriptions. TFO Still informed Saleh that he was unable to prescribe controlled substances in the State of Nevada without having obtain a valid controlled substance license from the State of Nevada first. Saleh was also informed that he would also need to obtain a second DEA registration for his practice location in Nevada, as he could not prescribe in Nevada using his Florida DEA registration number. The interview of Saleh ended at this time. 8) On January 12, 2011, Detective Gentner was contacted by a source of information (SOI) who wishes to stay anonymous who stated that they had heard that Saleh had been taken into custody and that they were surmising that he was taken into custody because he was transporting prescription drugs from Florida and selling them in Las Vegas to his patients. The SOI stated that they had a personal knowledge of him doing this. Indexing: Saleh, Mohamad remarks: Saleh was arrested for eight counts of dispensing controlled substances without the proper licensing from the State.

Attached please find the letter Dr. Saleh wrote on 4/11/2011 to SAC Timothy J. Landrum. Letter to Mr. William Pittman written by Dr. Saleh 6/3/11, as well as letter to Mr. Gavin Burgess, Esq. Letter by Hiram Carrasquillo, M.D. dated 1/27/11. Letter by Thomas R. Wikstrom, M.D. dated 2/18/11 where Dr. Wikstrom indicated that Dr. Saleh came to see him "almost two years ago". The physician diagnosed Dr. Saleh with Adult Attention Deficit Disorder and was treating him with Adderall 209 mg q.i.d. He also indicated that he felt that "Dr. Saleh began experiencing severe anxiety which was attributed to his marital discord and I felt that he would benefit from small doses of Xanax. I prescribed Xanax 0.5 mg 3-4 times a day as needed. Last month I increased the dose to Xanax 1 mg, four times a day. He appears to have benefited from the treatment". Dr. Wikstrom indicated that at no time did Dr. Saleh abuse his medication. He did mention that the increase in the Xanax dosage may have caused him increased sedation and explains that "this may have interfered with his functioning during the time he was

NAME: Mohamed Saleh, M.D.
DATE: July 1, 2011
Page 4

Participating in the hearings with the Board of Pharmacy in Nevada, last month".

Also attached please find a copy of the letter written by Dr. Gama (Neurology) dated 1/19/2011 when Dr. Gama identifies Dr. Saleh as a patient of his practice since 9/2009 and that Dr. Saleh presented there status post Closed-Head Injury with a forehead laceration status post MVA. "He developed slurred speech, drooling, gait difficulties, and inattention".

Letter from Atlantic Eye Institute: C. Steven Lancaster, D.O., F.A.A.O. clearly indicates that Dr. Saleh presents for evaluation of left upper lid ptosis upon fatigue, with variable findings. Concern for Dr. Saleh is the possible diagnosis of Myasthenia Gravis. Please also find enclosed copy of Jacksonville Orthopedic Institute that discloses Dr. Saleh's chronic problem with right hammertoe and right/foot bunion that causes an antalgic gait.

Attached please also find document B produced by Dr. Saleh on June 25, 2011 regarding the issue of the DEA number in Nevada. Also please find attached psychiatric records provided by Dr. Saleh from the treatment that he received by Thomas Wikstrom, M.D.

I spoke at length to Dr. Saleh regarding his current home environment, work status, his various business, and typical routine day. The patient works three days a week now, per his choice, as he wants to spend time with his three children, ages 3, 3, and 6 which he has custody of. He is focused on ensuring that his children are receiving adequate parenting and time with them. His speech was fluent, repetition was good, comprehension was intact. His gait was antalgic due to painful right foot pathology. His thought production was relevant and coherent. He remained on task. He answered questions in a straight forward manner. No circumstantiality was noted. No perseveration was noted. On exam, apraxia was noted. No dyslexia. Speech was slightly dysarthric status post TBI (which had not been present the last time I saw Dr. Saleh in a conference several years ago). I suspect this is status post TBI from MVA of 2009. No cognitive impairment was detected.

The patient specifically denies depression and/or anxiety. Sleep is restorative. Energy level and motivation are normal. He is interested in his hobbies. He is motivated in his work and the future of his children and family life. He appears to have realistic plans for his future. Cognitive: Intact. No problems with sustained attention span at the present time. Appetite is normal. Weight: 180 at 5' 11 inches. BM: Normal. No suicidal

AUG-6-2008 23:20 FROM:

NAME: Mohamed Saleh, M.D.**DATE:** July 1, 2011

Page 5

ideation. No mania or hypomania. No delusions. No hallucinations. No panic attacks. No generalized anxiety. No agoraphobia. No OCD symptoms. **DRUG AND ALCOHOL HISTORY:** None. **ALLERGIES:** None. **CURRENT MEDICATION:** Takes Xanax rarely on a p.r.n. basis as prescribed by his psychiatrist. **PAST MEDICAL HISTORY:** Right foot bunion and hammertoe that do cause impairment of gait as evidenced in today's evaluation. Myasthenia Gravis has not been ruled out. Patient states that this apparently was not felt to be necessary. The undersigned did notice the left upper eyelid to be somewhat more droopy than the right. This appears to have occurred according to the patient's information status post MVA in 2009. Patient has had some problems with BPH. There is a history of MVA in 2009 leading to a traumatic brain injury. Fortunately, no significant sequelae. Currently, no problems with attention span. He does report slight erratic drooling and/or dysarthria, particularly when fatigued. **PAST PSYCHIATRIC HISTORY:** Patient was treated for posttraumatic ADHD status post MVA due to TBI. Patient no longer is taking Adderall. He does not feel that he needs it. There is no history of psychiatric hospitalizations. No history of suicide attempts. Patient did mention that he was sent to Anchor Hospital in Atlanta. Apparently, his ex-girlfriend accused him "falsely" of abusing substances. The patient was evaluated at Anchor Hospital for one week and was cleared. **FAMILY HISTORY:** No history of psychiatric disorder in the family. **SOCIAL HISTORY:** The patient is the third of ten children. He reported a wholesome family life during his developmental years. No history of abuse. Education: Medical doctor. Languages spoken: Seven. He has been married three times, divorced twice. He is currently going through a stressful divorce. He lives in his house and has custody of three of the five children. Legal history: None. Occupation: Physician. Patient has an active practice in Jacksonville. **MENTAL STATUS EXAM:** A 58-year-old black male, well developed, well nourished, alert, active, oriented times three. Spontaneous, cooperative, without psychomotor agitation or retardation. Behaving appropriately. Speech was fluent for the most, it was erratically dysarthric. Comprehension was intact. Repetition was good. Affect was euthymic. No thought disorder. No issues of harming self or others. No delusions. No abnormal perceptual symptoms. Memory: Mini Mental Status Exam was performed and the patient obtained 30/30. Immediately memory was intact, as well as past, recent and remote memory. No cognitive deficits were detected. Insight and judgement are good. Good abstracting ability. **DIAGNOSTIC IMPRESSIONS:** Axis I: 1) History of Cognitive Disorder, NOS status post MVA 2009 causing TBI (symptoms that apparently were consistent with ADHD inattentive type). Patient is off of the medication and MMSE is 30/30 - no cognitive deficits were detected today. 2)

NAME: Mohamed Saleh, M.D.

DATE: July 1, 2011

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Partner Relational Problem (patient states he is going through a less than amicable divorce). Axis II: None. Axis III: 1) History of post concussion syndrome status post MVA 2009. (Closed head injury - per Dr. Gama). 2) Left upper lid ptosis upon fatigue, with variable findings - per C. Steven Lancaster, D.O., F.A.A.O. 3) Chronic pain from right hammertoe and right foot bunion. Axis IV: Problems with primary support group. Axis V: Current GAF of 78. **IMPRESSION:** The undersigned opines that Dr. Saleh currently displays no evidence of psychiatric impairment of any nature (behavioral, emotional, or cognitive). Currently, he does not meet criteria for psychiatric disorder. The undersigned sees no reason why Dr. Saleh should refrain from practicing medicine - psychiatry without any restrictions. Psychiatric follow-up is currently not necessitated as there are no psychiatric issues that require treatment/monitoring. If the patient feels that there is an exacerbation of the intermittent residual symptoms of the MVA of 2009 (intermittent dysarthria, left upper eyelid ptosis, or symptoms of ADHD, he should contact his Neurologist, Dr. Gama, his ophthalmologist, or his psychiatrist Dr. Wikstrom). If you have any questions, please do not hesitate to contact me. Opinions rendered are within a reasonable degree of medical probability.

Respectfully submitted,



Domingo Cerra, M.D.

cc: Mr. Gavin Burgess, Esq. Assistant General Counsel,
Department of Health.

Plant

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

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

Registration Fee: \$80.00 (non-refundable money order or cashier's check only, no cash)

First: RICHARD Middle: Sy Last: Tetl Degree: M.D.

Practice Name (if any): _____

Nevada Address: 2440 PROFESSIONAL CT Suite #: 110

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

PO Box: _____

SS#: _____

City: LAS VEGAS

State: NV

Zip Code: 89128

E-mail address: _____

Nevada Work: _____

Date of Birth: _____

Nevada Fax: _____

Sex: ☒ M or ☐ F

Practitioner License Number: 8220

Specialty: INTERNAL MEDICINE

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

| | 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 <u>any</u> state? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Been the subject of an administrative action whether completed or pending in <u>any</u> state? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If you marked **YES** to any of the numbered questions (1-3) above, include the following information & provide documentation:

| Board Administrative Action: | State | Case #: |
|--|-------|---------|
| Criminal Action: <u>Voluntarily Surrendered DEA License pending Rx Investigation. Case Dismissed with Prejudice.</u> | | |

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.

Original Signature, no copies or stamps accepted. Richard S Tetl

Date 9/14/11

Board Use Only

Received: SEP 21 2011 Amount: 80.00 Entity# 58117

COPY

FILED IN OPEN COURT
DATE: 9/14/11
CLERK: o.n.

ORD

MACE J. YAMPOLSKY, LTD.

Nevada Bar No. 001945

625 South Sixth Street

Las Vegas, Nevada 89101

Tel: (702) 385-9777

Fax: (702) 385-3001

mace@macelaw.com

Attorney for Defendant

LAS VEGAS JUSTICE COURT

CLARK COUNTY, NEVADA

THE STATE OF NEVADA,

Plaintiff,

vs.

RICHARD TEH aka.,

RICHARD SY TEH #2545539,

Defendant.

CASE NO.: 11F03617X

DEPT. NO.: 1

ORDER AUTHORIZING DISMISSAL OF CASE WITH PREJUDICE

This matter having come on regularly for hearing. Mace J. Yampolsky, Esquire,
appearing on behalf of Richard Teh, Deputy District Attorney David Stanton appearing

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MACE J. YAMPOLSKY, LTD
625 SOUTH SIXTH STREET
LAS VEGAS, NEVADA 89101
(702) 385-9777

MACE J. YAMPOLSKY, LTD
625 SOUTH SIXTH STREET
LAS VEGAS, NEVADA 89101
(702) 385-9777

1 on behalf of the State of Nevada. Upon the motion of the District Attorney in good cause
2 appearing it is hereby Ordered that this case is dismissed with prejudice.

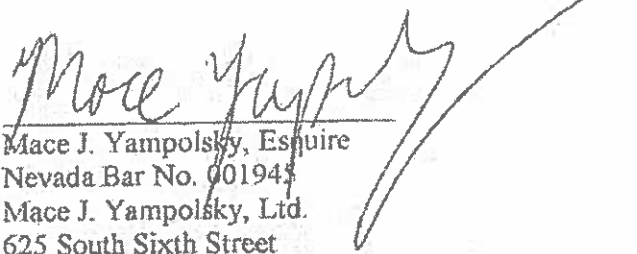
3 **IT IS SO ORDERED** that this case is dismissed with prejudice.

4 DATED this 14th day of September, 2011.

5
6 **DEBORAH J. LIPPIS**
7 JUSTICE COURT JUDGE
8
9
10

11 Respectfully submitted by:

12 MACE J. YAMPOLSKY, LTD.

13 
14 Mace J. Yampolsky, Esquire
15 Nevada Bar No. 001943
16 Mace J. Yampolsky, Ltd.
17 625 South Sixth Street
18 Las Vegas, Nevada 89101
19 Business: (702) 385-9777
20 Facsimile: (702) 385-3001
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NO CS
unrequired

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

APPLICATION FOR AUTHORITY TO DISPENSE DRUGS

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

New Dispensing Location ☒

Address Change ☐ (Requires Fee and New Application)

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

First: Richard Middle: Lefroy Last: Bailey Degree: MD

Practice Name (if any): Radiance Med Spa

Nevada Address: 9555 S. Eastern Avenue, Las Vegas, NV 89123 Suite #: 155

PO Box: 21944

E-mail address:

City: Bullhead City

State: AZ

Zip Code: 86439

Nevada Work Telephone:

Nevada Fax:

| | | | | | | 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 <u>any</u> state? | | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?..... | | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.... | | | | | | | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation: | | | | | | | | |
| Board Administrative Action: | | State | Date: | Case #: | | | | |
| | | | / / | | | | | |
| Criminal Action: | State | Date: | Case #: | County | Court | | | |
| | | / / | | | | | | |

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

Original Signature, no copies or stamps accepted.

Date

7/8/2011

Board Use Only

Received:

JUL 26 2011

Amount:

300.00

Entity#

57469



Roberto Beltran
7229 Abbeyville Dr
Las Vegas, NV 89119
(702) 883-6824
r_beltran_jr@yahoo.com

September 27, 2011

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

To Whom it May Concern:

Due to my termination from school, I am requesting for my pharmacy technician-in-training license to be reinstated. I understand the Board of Pharmacy will be meeting in October in the Las Vegas area. At which time, I would like to appeal to the board for the reinstatement of my license.

Should you need any further information, please contact me at the address or phone number listed above. Thank you for your time, for I understand it is valuable.

Sincerely,

Roberto Beltran



3333 E. Flamingo Rd. • Las Vegas, NV 89121

RICHARD L. LUEBKE, SR
Founder 1972-2008

MARK P. LUEBKE
President

RICHARD L. LUEBKE, JR
Chief Executive Officer

JO ANN LUEBKE
Secretary/Treasurer

CAMPUS LOCATIONS

ALBUQUERQUE CAMPUS
2201 San Pedro NE B-3 #100
Albuquerque, NM 87110
Holly Woelber
Campus Director

CHULA VISTA CAMPUS
780 Bay Blvd. #101
Chula Vista, CA 91910
James Volpe
Campus Director

COLORADO SPRINGS CAMPUS
3770 Citadel Dr., North
Colorado Springs, CO 80909
Karen McGrath
Campus Director

DENVER CAMPUS
7475 Dakin St., Ste. 100
Denver, CO 80221
Susan Anderson
Campus Director

EAST VALLEY CAMPUS
2160 S. Power Rd.
Mesa, AZ 85209
Steve Buckley
Campus Director

LAS VEGAS CAMPUS
3333 E. Flamingo Rd.
Las Vegas, NV 89121
Sam Gentile
Campus Director

MESA CAMPUS
957 S. Dobson Rd.
Mesa, AZ 85202
Kristen Torres
Campus Director

RENTON CAMPUS
555 S. Renton Village Pl. #110
Renton, WA 98050
Robert Panerio
Campus Director

SEATTLE CAMPUS
9709 Third Ave., N.E., Ste. 400
Seattle, WA 98115
Carey Hochman
Campus Director

TUCSON CAMPUS
3550 E. Grant Rd., Ste. 200
Tucson, AZ 85716
Dale Berg
Campus Director

April 25, 2011

Ms. Jeri Walter
Nevada State Board of Pharmacy
431 W Plumb Lane
Reno, NV 89509

Dear Ms. Walter,

As per our conversation last week, please find herewith the Pharmacy Technician in Training License for Roberto Rafael Beltran. He is in violation of our Student Conduct Policy and therefore will be terminated from the program.

Should you need any further information, please contact me at (702) 458-9650 ext. 213.

Thank you for your time, for I understand it is valuable.

Sincerely,

A handwritten signature in cursive script that reads "Julianne May".

Julianne May
Career Services Coordinator

APR 28 2011

(July 24, 2011)

Nevada State Board of Pharmacy
431 West Plumb Lane
Reno, NV 89509-3766

Dear To Whom it may Concern:

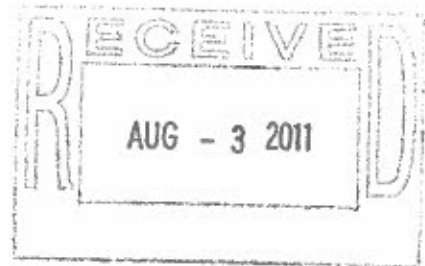
Due to circumstances beyond my control, I missed my hearing date of May 13, 2011 and I would like to take this opportunity to sincerely apologize for the inconvenience to the Board. The circumstances causing this mix-up are that I had recently moved from 2429 Windy Hills Ave. to my current address of 9247 Horseshoe Basin. I left a mail-forwarding request with the post office but unfortunately your forwarded letter was not delivered to my new address until the DAY AFTER the hearing date. I would certainly have attended the hearing had I received your notification in time.

I would like to request a new hearing date at your convenience.

Thank you for your consideration of my request.

Sincerely,

Alexander Frankos
9247 Horseshoe Basin.
Las Vegas, NV 89149



Board Action:

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

Second: Keith Macdonald

Action: Passed Unanimously

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

A. Brian Fello

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

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

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



B. Alexander G. Frankos



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

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

Board Action:

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

Second: Cheryl Blomstrom

Action: Passed Unanimously

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: Alexander Middle: George Last: Frankos
Home Address: 2429 Windy Hills Ave. Apt #: _____
City: N. Las Vegas State: NV Zip Code: 89131
Telephone: _____ Social Security Number: _____
Date of Birth: _____ Place of Birth: Las Vegas, NV Sex: ☒ M or F
E-mail Address: _____

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

Pharmacy: Anthem Institute Store #: _____
Address: 2320 S. Rancho Drive
City: Las Vegas State: NV Zip Code: 89102
Signature of Managing Pharmacist: [Signature] Lic #: 704128 Date: 9/16/10
(Without the signature of the managing pharmacist, the application will be returned.)

- 1) Are you 18 years of age or older? Yes ☒ 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 State: Nevada Date: 12-22-2008 Case #: CR013752-08
County: Clark Court: case was closed

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

I am _____ I am not ☒ 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 _____

Board Use Only

Received: OCT 05 2010

Check Number: MO

Date: 9-9-2010

Amount: 40.00

Case number: CR0022154-07

I was pulled over on 3-23-2007 by North Las Vegas Police for a minor traffic violation. In my vehicle I was in possession of marijuana less than an oz. The case was closed.

Case number: CR010142-07

I was pulled over for a minor traffic violation. I was taken to North Las Vegas Police Department where I was asked to give a blood sample. After the results of the blood test came back it was determined that I was driving under the influence of marijuana. The case was closed.

City of North Las Vegas
Municipal Court Online

General Inquiry

New Search

Summary

Parties

Events

Dockets

Fields

Notes

Disposition

Costs

CRIMINAL NLV - Summary

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

(s)

DEFENDANT(s)

FRANKOS, ALEXANDER GEORGE

Attorney(s)

Attorney(s)

Full Name

Full Name

Address

Address

City/State/Zip

City/State/Zip

Phone

Phone

CONT-SUB-MARJ

POSSESSION OF CONTROLLED SUBSTANCE -
LESS 1 OZ MARIJUANA

Additional Fields

ACCIDENT

AGENT

AGENT DIVISION

BASE IDENTIFICATION NUMBER

COMMERCIAL VEHICLE

CONSTRUCTION ZONE

COLLECTIONS WARRANT WALL

INJURY

JED WARRANT LETTER TRACKING

MASTER FILE

POLICE DEPARTMENT INCIDENT NUMBER 08032955

SCHOOL ZONE

SCOPE

SCOPE SID#

TR HISTORY NUMBER

12-22-2008

Case Attributes

Number CR013752-08

Status CLOSED

Filed 12-27-2008

IN THE MUNICIPAL COURT OF THE CITY OF
NORTH LAS VEGAS

COUNTY OF CLARK - STATE OF NEVADA

JUDGMENT OF SENTENCE

DEFENDANT: ALEXANDER GEORGE FRANKOS COURT: CR010264-06

SSNO: _____ DATE OF BIRTH: _____

DATE OF ARREST/VIOLATION : 12/04/2006

VIOLATION OF ORDINANCE (S):

DRIVING ON A CANCELLED, REVOKED, OR SUSPENDED D/L

POSSESSION OF NARCOTICS PARAPHERNALIA

POSSESSION OF CONTROLLED SUBSTANCE - LESS 1 OZ MARIJUANA

REGISTRATION CERTIFICATE TO BE CARRIED IN VEHICLE

FAIL TO SIGNAL LANE CHANGE ON MARKED HIGHWAY

SPEEDING 11- 20 MPH OVER LIMIT

DATE OF DISPOSITION 01/11/2007

IN OPEN COURT

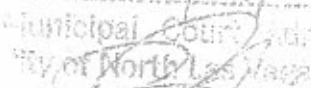
| FINAL CHARGE (S) | CONVICTION | DISPOSITION OF SENT. |
|---|---------------------------|-----------------------|
| DRIVING WITHOUT VALID LICENSE | PLEA NOLO FOUND GUILTY | FINE 250 |
| POSSESSION OF NARCOTICS PARAPHERNALIA | PLEA GUILTY | FINE 1000 |
| POSSESSION OF CONTROLLED SUBSTANCE - LESS 1 OZ MARIJUANA | DISMISSED | DISMISSED |
| PARKING VIOLATION | PLEA GUILTY | SS |
| PARKING VIOLATION | PLEA GUILTY | SS |
| PARKING VIOLATION | PLEA GUILTY | SS |
| | | CASE CLOSED 1/11/2007 |


COURT CLERK

CERTIFIED COPY

This document to which this certificate is
attached is a full, true and correct copy
of the original on file and of record in
my office.

DATE 1/26/11


Municipal Court Administrator of the
City of North Las Vegas, State of Nevada


SEAN HOEFLGER
MUNICIPAL JUDGE

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

JUDGMENT OF SENTENCE

DEFENDANT: ALEXANDER GEORGE FRANKOS **COURT:** CR013752-08


SSNO: _____ **DATE OF BIRTH:** _____

DATE OF ARREST/VIOLATION : 12/22/2008

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

DATE OF DISPOSITION 02/03/2009 **IN OPEN COURT**

| FINAL CHARGE (S) | CONVICTION | DISPOSITION OF SENT. |
|--|-------------|----------------------|
| POSSESSION OF CONTROLLED SUBSTANCE - LESS 1 OZ MARIJUANA | PLED GUILTY | FINE 600 |
| DRIVING WITHOUT HEADLIGHTS | PLED GUILTY | SS 2 DYS |
| | | |
| | | CASE CLOSED 2/3/2009 |
| | | |



COURT CLERK



MUNICIPAL JUDGE

CERTIFIED COPY
The document to which this certificate is
attached is a full, true and correct copy
of the original on file and of record in
my office.

DATE 1/26/11

Municipal Court Administrator of the
City of North Las Vegas, State of Nevada.
BY 

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

JUDGMENT OF SENTENCE

DEFENDANT: ALEXANDER GEORGE FRANKOS COURT: CR010142-07

SSNO: _____ DATE OF BIRTH: _____

DATE OF ARREST/VIOLATION : 12/04/2006

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

DATE OF DISPOSITION 05/27/2008 IN OPEN COURT

| FINAL CHARGE (S) | CONVICTION | DISPOSITION OF SENT. |
|------------------|---------------------------|--|
| RECKLESS DRIVING | PLEA NOLO FOUND GUILTY | FINE 400 VIP DRG/ALC SCH SUS 180 DYS SOOT WCO DRG/ALC EVAL RANDOM DRG TEST - 12 WKS, ABSTAIN FROM ALCOHOL COUNS LEVEL 1 ORDERED: 1 XWK/ 12 WKS |
| | | |
| | | CASE CLOSED 12/17/2008 |
| | | |
| | | |


COURT CLERK

CERTIFIED COPY

The document to which this certificate is attached is a full, true and correct copy of the original on file and of record in my office.

DATE 12/26/11
Municipal Court Administrator of
City of North Las Vegas, State of Nevada


MUNICIPAL JUDGE

Blank

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane ~ Reno, NV 89521 ~ (775) 850-1440

PHARMACEUTICAL TECHNICIAN IN TRAINING APPLICATION

Registration Fee: \$40.00 - (non-refundable money order or cashier's check only, no cash)

Complete Name (no abbreviations):

First: VINCENT Middle: ANTIPOLO Last: MCCLURE

Home Address: 4350 CHESSMAN WAY Apt #: N/A

City: LAS VEGAS State: NV Zip Code: 89147

Tele _____ Social Security Number: _____

Date _____ Place of Birth: ZAMBALES, PHILIPPINES Sex: ☒ M or ☐ F

E-mail Address: _____

I am requesting registration at the following pharmacy:

Pharmacy: WELL CARE PHARMACY Store #: _____

Address: 542 S. DECATUR BLVD.

City: LAS VEGAS State: NV Zip Code: 89107

Signature of Managing Pharmacist: [Signature] Lic #: 16742 Date: 9/7/11

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

1. Are you 18 years of age or older? Yes ☒ No ☐

2. Are you a high school graduate or the equivalent? Yes ☒ No ☐

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

Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or _____ Yes No

Physical condition that would impair your ability to perform the essential functions of your license?..... ☐ ☒

3. Been charged, arrested or convicted of a felony or misdemeanor in any state?..... ☒ ☐

4. Been the subject of an administrative action whether completed or pending in any state?..... ☐ ☒

5. Had your license subjected to any discipline for violation of pharmacy or drug laws in any state?..... ☐ ☒

*If you marked YES to any of the numbered questions (3-5) above, include the following information & provide documentation:

| | | | | |
|------------------------------|-----------|-------------------|--|--------------------|
| Board Administrative Action: | State | | Case #: | |
| Criminal Action: | State | | Court | |
| | <u>NV</u> | <u>09/08/2008</u> | <u>MISDEMEANOR</u> | <u>EXORCERATED</u> |
| | | | <u>CARSON CITY JUSTICE AND MUNICIPAL COURT</u> | |

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

Are you the subject of a court order for the support of a child?..... Yes No ☐ ☒

IF you marked YES to the question, above are you in compliance with the court order?..... ☐ ☒

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

* Original Signature, no copies or stamps accepted

Date

Board Use Only Received: SEP 22 2011 Amount: 40 Entity # 58145

* Has been mailed to sign or he can sign his application at the meeting.

JUDGMENT AND ORDER OF THE COURT
CARSON CITY JUSTICE AND MUNICIPAL COURT

DEFENDANT: MCCLURE, VINCENT A

COURT CASE #: 08 CR 01804 1C

ORIGINATING CASE #:

LANGUAGE SPOKEN: ENGLISH STATUS: OPEN

PROSECUTING ATTORNEY: CARSON CITY DISTRICT ATTORNEY DEFENSE ATTORNEY: NATHAN YOUNG

CHARGE AND SENTENCE INFORMATION

CHARGES: 200.508.2B1 - CHILD NEGLECT OR ENDANGERMENT, FIRST OFFENSE

AMENDED TO: 200.508.2B1 ATTEMPT CHILD NEGLECT OR ENDANGERMENT, 1ST OFFENSE

PLEA: 11/14/2008 - GUILTY

DISPOSITION: 11/14/2008 - GUILTY

JAIL: 3 DAYS, - 3 DAYS CREDIT, = 0 DAYS TO SERVE,
177 ADDITIONAL DAYS SUSPENDED FOR 1 YEAR

CHARGES: 454.316.1 - POSSESS DANGEROUS DRUG WITHOUT LEGAL PRESCRIPTION, FIRST OR SECOND OFFENSE

AMENDED TO: 8.04.125 CS POSSESS DRUG NOT TO BE INTRODUCED INTO INTERSTATE COMMERCE

PLEA: 11/14/2008 - GUILTY

DISPOSITION: 11/14/2008 - GUILTY

JAIL: 3 DAYS, - 3 DAYS CREDIT, = 0 DAYS TO SERVE,
177 ADDITIONAL DAYS SUSPENDED FOR 1 YEAR TO
RUN CONSECUTIVE TO COUNT 1

FINES AND FEES

ORIGINAL AMT

AMT PAID

AMT DISMISSED

AMT DUE

ADDITIONAL FEES

TOTAL OWING AS OF THIS DATE: NO FINES OR FEES ARE DUE ON THIS CASE.

CONDITIONS INFORMATION

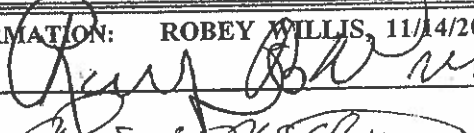
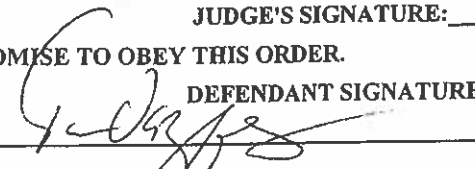
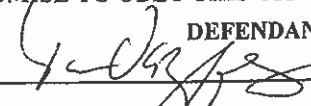
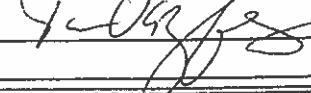
| REQUIREMENTS | DUE DATE | CONDITION(S) | COMPLETED |
|--------------|------------|--|-----------|
| 1 EVALUATION | 12/01/2008 | SUBSTANCE ABUSE EVALUATION; RECEIVE THE EVALUATION, ENSURE THAT THE COURT RECEIVES IT BY THE DUE DATE ORDERED AND FOLLOW ALL OF THE EVALUATOR'S RECOMMENDATIONS. | |
| | | NO DRUGS OR DRUG PARAPHERNALIA, MEDS RX ONLY | |
| | | SEARCH & SEIZURE; DRUGS/Rx, PARA | |
| | 11/14/2009 | SUSPENDED SENTENCE: INFORMAL PROBATION | |
| 1 COURSES | 04/01/2009 | PARENTING CLASS | |
| | | ENROLL BY 12/01/08 | |
| | | OBEY ALL LAWS | |

| | | | |
|--|------------|---|--|
| | 12/31/2008 | MISCELLANEOUS CONDITION | |
| | | MUST ATTEND PRIVATE CONSULTATION WITH PUBLIC HEALTH NURSE | |
| | | MISCELLANEOUS CONDITION | |
| | | NO UNSUPERVISED CONTACT WITH MINOR VICTIM NAASDASKIA BARNES | |

| ARREST/BAIL/BOND INFORMATION | | | | |
|------------------------------|-------------|----------------|-----------|--------------|
| ARREST DATE | STATUS DATE | CURRENT STATUS | AMOUNT | TYPE OF BAIL |
| 09/08/2008 | 11/14/2008 | EXONERATED | 15,000.00 | CASH ONLY |

| NEXT COURT HEARING INFORMATION | |
|---|--|
| NO FUTURE COURT DATE SCHEDULED AT THIS TIME | |

| ADDITIONAL CASE INFORMATION | |
|-----------------------------|--|
| NO FURTHER INFORMATION | |

| | | | |
|---|-------|--------------------------|------------|
| JUDGMENT OF CONVICTION AND ORDER OF THE COURT CONFIRMATION: | | ROBEY WILLIS, 11/14/2008 | |
| JUDGE'S SIGNATURE:  | | DATE: | 11/14/08 |
| I UNDERSTAND AND PROMISE TO OBEY THIS ORDER. | | | |
| DEFENDANT SIGNATURE:  | | DATE: | 11-14-08 |
| ISSUED BY MARSHAL:  | DATE: | 11/14/08 | TIME: 1156 |
| RECEIVED BY DEPUTY:  | DATE: | | TIME: |

JUDGMENT AND ORDER OF THE COURT
CARSON CITY JUSTICE AND MUNICIPAL COURT

DEFENDANT: MCCLURE, VINCENT ANTONIO

COURT CASE #: 08 CR 01805 1C ORIGINATING CASE #: 08-6739 LANGUAGE SPOKEN: ENGLISH STATUS: CLOSED

PROSECUTING ATTORNEY: CARSON CITY DISTRICT ATTORNEY DEFENSE ATTORNEY: NATHAN YOUNG

CHARGE AND SENTENCE INFORMATION

CHARGES: 454.316.1 - POSSESS DANGEROUS DRUG WITHOUT LEGAL PRESCRIPTION, FIRST OR SECOND OFFENSE

PLEA: NO PLEA

DISPOSITION: 11/14/2008 - DISMISSED

JAIL:

FINES AND FEES

| | ORIGINAL AMT | AMT PAID | AMT DISMISSED | AMT DUE |
|-----------------|--------------|-----------|---------------|---------|
| ADDITIONAL FEES | 15,000.00 | 15,000.00 | 0.00 | 0.00 |
| | 15,000.00 | 15,000.00 | 0.00 | 0.00 |

TOTAL OWING AS OF THIS DATE: 0.00

CONDITIONS INFORMATION

| REQUIREMENTS | DUE DATE | CONDITION(S) | COMPLETED |
|--------------|----------|--------------|-----------|
|--------------|----------|--------------|-----------|

NO CONDITIONS ARE CURRENTLY ORDERED ON THIS CASE.

ARREST/BAIL/BOND INFORMATION

| ARREST DATE | STATUS DATE | CURRENT STATUS | AMOUNT | TYPE OF BAIL |
|-------------|-------------|----------------|-----------|--------------|
| 09/08/2008 | 11/14/2008 | EXONERATED | 15,000.00 | CASH ONLY |

NEXT COURT HEARING INFORMATION

NO FUTURE COURT DATE SCHEDULED AT THIS TIME

ADDITIONAL CASE INFORMATION

NO FURTHER INFORMATION

JUDGMENT OF CONVICTION AND ORDER OF THE COURT CONFIRMATION: ROBEY WALLIS, 11/14/2008

JUDGE'S SIGNATURE: 

DATE: 11/14/08

I UNDERSTAND AND PROMISE TO OBEY THIS ORDER.

DEFENDANT SIGNATURE: 

DATE: 11/14/08

ISSUED BY MARSHAL: 

DATE: 11/14/08

TIME: 1155

RECEIVED BY DEPUTY: _____

DATE: _____

TIME: _____

Letter Of Explanation

I, Israel Ochoa-Tirado, Certificate Of Registration PT-12782, do hereby acknowledge I was recently suspended from Pima Medical Institute #3333 E. Flamingo Rd. Las Vegas, NV for testing positive on the drug screen for the usage of marijuana.


I would like to state my explanation for this situation.

At a birthday reunion, where I was celebrating with others, there was a bowl with homemade snacks made with marijuana. Unaware of the presence of the content in the snack I ate one of them a few of days before my completion of the Pharmaceutical Technician Program. It was later that day when I was told the ingredients of the snacks. I realized the immense error I made. A few days later, The following week, the final meeting of my school program was held and I took the drug screen test which gave a positive result for THC.

I would like to note I am completely aware of the accidental utilization of a C-I substance. My mistake taught me a true lesson for the rest of my life. I have meditated the situation in a personal and professional manner. I take full responsibility for my actions and any disciplinary procedure that may be forthcoming. It is my request to be considered to be included in the next B.O.P meeting agenda so I may again plead my case and be considered for reinstatement of my license.

Thank you in advance for you time, for I understand it is valuable.

Sincerely,



Israel Ochoa-Tirado

SEP 15 2011

Jeri Walter

From: Julianne May [jmay@pmi.edu]
Sent: Friday, July 15, 2011 12:37 PM
To: Jeri Walter
Subject: Student from Pima
Attachments: PIMA- Pharm Tech Israel Tirado 7-15-2011.pdf

Good Afternoon, Ms. Walter,

I am submitting drug screen results for Israel Ochoa-Tirado PT#12782. Unfortunately, even with a low number, we still have to terminate him from the program.

Please advise if there is anything else you will need from me. Thank you for your assistance in this matter.

Julianne May|Career Services Coordinator
Pima Medical Institute
T:702.458.9650| F: 702.898.6864
www.pmi.edu | jmay@pmi.edu

Nevada State Board of Pharmacy

To whom it may concern
I Trina Dela Trinidad was scheduled to appear before The State Board of Pharmacy on wed July 13, 2011 at 2:00pm at The Las Vegas chamber of commerce. I apologize for my absence, I got lost and couldn't find the address. When I finally found the chamber of commerce the meeting was over. If you could please take it into consideration to give me another chance to appear before you... Getting my Pharmacy Technician Licence in Nevada means a very great deal to me. Once again I do apologize and I Thankyou for your time.

Sincerely

Trina Dela Trinidad
Trina Dela Trinidad

9-11-11

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane ~ Reno, NV 89509 ~ 775/850-1440
PHARMACEUTICAL TECHNICIAN APPLICATION

Registration Fee: \$40.00 - (non-refundable)

Complete Name (no abbreviations):

First: Trina Middle: DeLa Last: Trinidad

Home Address: 905 E. Twain Ave Apt #: B-12

City: Las Vegas State: NV Zip Code: 89169

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: Paramount CA. Sex: M or (F)

E-mail Address: N/A

To qualify as a pharmaceutical technician you will need to meet one of the following criteria. Please check the appropriate one and include documentation.

- ☒ I have completed a pharmaceutical technician program or school approved by the board. (Include copy of certification of completion.)
- ☒ I am currently registered as a pharmaceutical technician in another state. (Include copy of registration or verification letter from the state in which you are registered.)

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

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

- a) Board Administrative Action and/or State: _____ Date: _____ Case #: _____
- b) Criminal Action County: _____ 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 and understand that a violation of any such statutes, rules and regulations may be grounds for suspension or revocation of this permit.

Trina Trinidad

Signature

4-23-11

Date

Board Use Only

Received: MAY 03 2011

Check Number: MO

Amount: 40.00

56752

days of today's hearing. Board staff is given authority to approve application if this Order is complied with.

Second: Leo Basch

1/108

Action: Passed With One Negative Vote

D. Trina Trinidad

Trina Trinidad appeared and was sworn by President Boudreaux prior to answering questions or offering testimony.

Ms. Trinidad was requesting a pharmaceutical technician-in-training application to go to work at Rite Aid. Since her submission of the application Rite Aid has changed ownership and she has no opportunity for employment at this time.

Ms. Trinidad took a correspondence course and asked the Board if she could use that certificate for licensure. Since the correspondence course was not ACPE accredited it could not be considered.

When asked about the affirmative questions she answered on her application, she indicated that she spent 25 days in jail for traffic tickets. She had warrants out for her arrest and some of them were very old so she was jailed. Ms. Trinidad also indicated that she was charged with hitting her mother-in-law but she stated that she was cleared of those charges.

Since Ms. Trinidad has no managing pharmacist or store to work in, the Board can not accept her application for pharmaceutical technician-in-training. The Board directed staff to have Ms. Trinidad re-appear if she pursues a job as a PTT in the future.

12. Request for Correction to September 2007 Minutes – Non Appearance:

Robb Miller – Diabetic Life Supply

Robb Miller made a request to the Board to amend the September 2007 meeting minutes to remove the inference that Robert Maxwell stated that Diabetic Life Foundation was the parent company of Diabetic Life Supply. Diabetic Life Foundation is not the parent company of Diabetic Life Supply.

Board Action:

Motion: Ray Seidlinger moved to amend the September 2007 Board meeting minutes as referenced.

Second: Chad Luebke

Action: Passed Unanimously

Ms. Garcia stated that on her 18th birthday she was with someone that committed a crime by using someone else's credit card. Since that person was convicted she was considered guilty by association. Ms. Garcia was told that when she completed probation the conviction would be removed from her record.

Board Action:

Motion: Keith Macdonald moved to approve Ms. Garcia's application for pharmaceutical technician-in-training and have Ms. Garcia provide a copy of the document that verifies her testimony.

Second: Dave Wuest

Action: Passed Unanimously

C. Trina D. Trinidad

1/2006

Trina Trinidad appeared and was sworn by President Kellogg prior to answering questions or offering testimony.

Ms. Trinidad advised the Board that she had been offered a job with Smith's as a pharmaceutical technician-in-training. On her application she noted that she was once a student at Heritage College in the pharmaceutical technician program. Ms. Trinidad advised the Board that she was terminated from enrollment with Heritage because she failed to provide a urine analysis. She maintains that was not true and told the Board that she had gone to do the urine analysis, however she had an emergency and asked if she could come back later so she could leave to attend to her child. Ms. Trinidad said that when she returned close to midnight she was advised that she could not test.

Board Action:

Motion: Keith Macdonald moved to approve Ms. Trinidad's application for pharmaceutical technician-in-training.

Second: Katie Craven

Action: Passed Unanimously

7. Appearances:

- A. Your Success Rx Report – Katie Johnson
Cale Batt
Dale Hawkins

Pharmacy Board

From: Steve Feaver [SFeaver@heritagecollege.com] **Sent:** Tue 12/11/2007 4:48 PM
To: Pharmacy Board
Cc:
Subject: RE: Trina Trindiad
Attachments:

Candy,

Trina Trinidad was a student at Heritage College in 2002. She was dismissed from the college for non-compliance regarding her drug screen. Trina did not return to complete the program and completed less than half of the curriculum before being dismissed. Trina met before the board about a year ago reapplying for licensure, claiming employment. My executive director and I appeared with documentation regarding her drug screen requested by Louis Ling. To make a long story short, she was not employed and was denied licensure.

Feel free to contact me if you need any further information.

Steve

From: Pharmacy Board [mailto:pharmacy@pharmacy.nv.gov]
Sent: Tuesday, December 11, 2007 3:37 PM
To: Steve Feaver
Subject: Trina Trindiad

Hi Steve,

I was wondering if you could tell me if Trina Trinidad completed the requirements for Heritage College. I know she attended the school in 2006.

Any information you can provide would be helpful. She is reapplying for licensure and I'm not sure if she should be a tech or tech in trainee.

Blank

Reinstatement

uofirph@aol.com [uofirph@aol.com]

Sent: Thursday, September 22, 2011 11:41 AM

To: Pharmacy Board

Dear Sirs:

I would like the opportunity to request a hearing for the reinstatement of my Nevada pharmacist license. Thanks for your time and consideration.

Michael J. Adams

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testimony of Ms. Kennedy and the records in the possession of the Board, the Board finds the following to be the facts of this matter.

2. On September 17, 2003, Mr. Adams was asked by his employer, THC, to provide a urine sample for testing. Mr. Adams initially refused to submit a sample, stating that he would not provide a sample until his wife arrived. When Mrs. Adams arrived, she and Mr. Adams had a brief private conversation, after which Mr. Adams indicated that he would be willing to submit a sample.

3. Preliminary to taking the sample, Mr. Adams was asked to empty his pockets. In Mr. Adams' pockets were 2 tubes of morphine, 2 tubes of hydromorphone, 2 tube holders, 1 25-gauge needle, and 1 Precocity tablet. When Mr. Adams removed his hands from his pockets, a device fell through the leg of his pants and ended up on the floor. The device was called a urinator, and it consisted of a bladder containing urine that was heated by a battery-powered device that was connected through a piece of tubing to a valve through which the heated urine could be released.

4. Once the urinator was discovered, Mr. Adams refused to provide a urine sample. When the Adams' prepared to leave, Mrs. Adams demanded the return of the contents of Mr. Adams' pockets. Ms. Kennedy refused to return the drugs or the urinator. After Ms. Kennedy's refusal to release the contents of Mr. Adams' pockets, Mrs. Adams became verbally abusive and hostile towards Ms. Kennedy. Ms. Kennedy informed Mrs. Adams that the police had been called. Mrs. Adams left the office at that time. Mrs. Adams then returned a few minutes later and was allowed in by one of Mrs. Kennedy's staff. Mrs. Adams again verbally abused Ms. Kennedy, and before she left

for the second time, Mrs. Adams threw the contents of her beverage cup on Ms. Kennedy.

5. On September 25, 2003, Board staff prepared an Order of Summary Suspension of License and served it upon Mr. Adams after receiving notice from Mr. Adams' employer of the incidents that occurred on September 17, 2003.

6. Mr. Adams' history with the Board was extensive. On March 18, 1996, the Board entered Findings of Fact, Conclusions of Law, and Order regarding Mr. Adams. This Order was the result of Mr. Adams' removal and personal use of large quantities of XENIX, a controlled substance, without a lawful prescription therefore and while Mr. Adams was on duty as a pharmacist. Paragraph (1)(g) of the Order provided: "Respondent shall abstain entirely from alcohol and any scheduled or prescription drugs. If Respondent obtains a legitimate prescription from a practitioner, Respondent must immediately advise the Board office in writing."

7. On February 25, 2000, the Board office was notified by PRN-PRN that Mr. Adams had breached his substance abuse treatment contract with PRN-PRN. The basis for PRN-PRN's notification to the Board office was that on February 17, 2000, Mr. Adams had provided a urine sample that proved to be dilute. Mr. Adams claimed to PRN-PRN to be on a diet and that he was drinking increased amounts of water. Mr. Adams provided a second urine sample on February 22, 2000, which sample tested positive for hydromorphone.

8. On March 8, 2000, the Board received a second letter from PRN-PRN that indicated that Mr. Adams had a prescription for hydrocodone that could test as hydromorphone in a urine analysis. Mr. Adams had had a problem with his shoulder

and had visited his physician in October 1999, at which time he had been given a prescription for hydrocodone to alleviate the pain he was experiencing. Mr. Adams filled the prescription, but he claimed that he hoped he would not need to take the medication. Mr. Adams claimed that he did not notify PRN-PRN of the hydrocodone prescription as required in his contract because he was fearful that he would not be allowed to keep or take the medication.

9. On May 17, 2000, the Board issued Findings of Fact, Conclusions of Law, and Order regarding Mr. Adams' diluted urine sample and his testing positive for hydromorphone. In the Order, the Board extended Mr. Adams' PRN-PRN substance abused treatment and monitoring probation for five years from the May 17, 2000 date.

10. On November 21, 2001, the Board issued Findings of Fact, Conclusions of Law, and Order regarding three urine samples that Mr. Adams had submitted that had tested positive for hydrocodone. Although the Board dismissed the Causes of Action because of evidence of explanation produced by Mr. Adams, the Board modified Mr. Adams' 1996 Order to require Mr. Adams to produce records of his prescriptions only to PRN-PRN.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter because Mr. Adams was a pharmacist licensed by the Board.

2. In failing to comply with the Board's Orders and his PRN-PRN contract by attempting to produce an adulterated or false urine sample, Mr. Adams violated NRS 639.210(4) and NAC 639.945(1)(h) and (l).

3. In possessing controlled substances, namely morphine, hydromorphone, and Percocet, without a lawful prescription or order therefore, Mr. Adams violated NRS 453.391(1) and 639.210(1), (4), and (12), and NAC 639.945(1)(h).


ORDER

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

1. Mr. Adams' pharmacist's license (#10850) is revoked. Mr. Adams may not be employed in any business or facility licensed by this Board in any capacity unless and until his license as a pharmacist has been reinstated.

2. Mr. Adams shall return to the Board's Reno office his wallet card(s) and wall certificate within 10 days of his receipt of this Order. His failure to do so will result in a fine of \$1,000 per day until the wallet card(s) and wall certificate are received by the Board office.

Signed and effective this 11th day of February, 2004.



Larry L. Pinson, President
Nevada State Board of Pharmacy

REPORT OF THE CONTINUING EDUCATION (CE) COMMITTEE

The CE Committee met the morning of September 29, 2011, to review and make recommendations on the following programs:

- 1) Interprofessional Faculty Training Program in Integrated Management of Type II Diabetes and Comorbidities” (6 hours, accredited)
 - a. UNLV School of Dental Medicine
- 2) Quality Assurance and Legal/Regulatory Issues (4 hours, accredited)
 - a. Pharmacist training sessions by Board member Jody Lewis
- 3) ISMP Risk Assessment (4 hours, accredited)
 - a. Request by Inspector Seidlinger; self assessment of pharmacies with respect to safe practice procedures.

DISCUSSION AND DETERMINATION – OCTOBER 2011

1) UNCODIFIED REGULATIONS

- a. Mrs. Blomstrom has requested a discussion of the some 33 regulations that have been passed by the Board of Pharmacy and have yet to be codified by LCB. She indicated that she had a message in to Assemblyman Hansen to address the situation and hopefully will have something to share with us. It should be noted that all of the Boards are in the same situation, not just the Board of Pharmacy, and all to whom I have spoken share our frustration.
- b. Uncodified regulations present a particular frustration to our licensees, who rely on our law book for guidance, and are especially bothersome to upcoming pharmacists studying for the law exam.

2) ELECTRONIC PRESCRIBING OF CII PRESCRIPTIONS

- a. Ken Whittemore of Surescripts will make a presentation on this topic (separate agenda item) after which we can discuss the direction the Board wishes to take. The one given that we can all agree upon is the fact that we have a serious problem with prescription opiates in our country. Whether the electronic prescribing of these drugs will help or hinder this epidemic is yet to be seen. Hopefully, electronic prescribing will make it more difficult to forge, however the vast majority of these prescriptions filled are pursuant to legitimate prescriptions, not forgery, and to obtain a legitimate prescription for a CII, the patient now must see the doctor to pick up a written script. Electronic prescribing will eliminate that step, possibly making it even easier for the over-prescribers and over-users to operate. Time will tell.

GENERAL COUNSEL REPORT

As reported at our last Board meeting, the Board of Pharmacy called a meeting of representatives from the Board of Medical Examiners, the Nursing Board and the Cosmetology Board to discuss some of the alarming issues we have seen in "Medi-Spas". The result of that meeting was the calling of a meeting with the Governor's Office and the Office of the Attorney General. General Counsel Cramer attended those discussions in Executive Secretary Larry Pinson's stead and will report accordingly.

TEMPORARY LICENSES
(Issued since last board meeting)

Wal-Mart

Joy Pressier

FW: Law CE

Pharmacy Board

Sent: Monday, September 19, 2011 8:25 AM

To: LARRY L. PINSON; Lisa J. Hedaria

From: Daniel Ting [txturg@me.com]
Sent: Wednesday, September 14, 2011 2:32 PM
To: Pharmacy Board
Subject: Law CE

Dear Nevada State Board of Pharmacy -

Thank you for arranging the free 1 hr Law through Pharmacist's Letter. That is very thoughtful and proactive.

I am also licensed in California - for licensees before 2001 - they lost all fingerprint records. With my renewal - I had to get re-fingerprinted (at my expense) and then pay them an extra \$59.00 for a background check. They lost them and they make me pay for it. Given this recent experience - I just wanted to reach out to Nevada State Board and say Thank You for doing it right!

Best regards,

Daniel Ting



Nevada State Board of Pharmacy

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(775) 850-1440 • 1-800-364-2081 • FAX (775) 850-1444
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NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

SEPTEMBER 14 & 15, 2011 BOARD MEETING HELD IN RENO, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the September, 2011 Board meeting.

Licensing Activity:

- 11 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 8 licenses were granted for Out-of-State pharmacies.
- 18 licenses were granted for Out-of-State wholesalers.
- 6 licenses were granted for a Nevada pharmacy (pending inspection).
- 1 license was granted for a Nevada MDEG company and 1 tabled.

Disciplinary Action:

- Pharmacist RS was ordered into Your Success Rx (remedial training) for a second misfill. He was put on probation for 2 years as well as other restrictions.
- Pharmacist BC was revoked for diverting and stealing controlled substances for his personal use.
- Pharmacist KR was ordered into Your Success Rx (remedial training) and put on probation for one year for a calculation error on a prescription for a two year old. Pharmacy CV was fined \$1000 plus fees & costs.
- Pharmacists CS was ordered into Your Success Rx (remedial training) for a misfill resulting in a tenfold overdose.
- Pharmacist RF was fined \$250 for a misfill resulting in a tenfold overdose and was ordered continuing education on medication errors.

Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements.
- Medco's PVSX System (extension of automation) was approved for use in Nevada.
- Executive Secretary Pinson gave a presentation on prescription drug abuse.

- The comprehensive review of regulations to be presented to the Governor was approved by the Board.
- Medi-Spa concerns of staff were shared with the Board.

Workshop:

Amendment of Nevada Administrative Code 453.510 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.