

November 22, 2011

AGENDA

◆ PUBLIC NOTICE ◆

NEVADA STATE BOARD OF PHARMACY

BOARD MEETING

at the

Airport Plaza Hotel
1981 Terminal Way
Reno

Wednesday, December 7, 2011 – 9:00 am

Thursday, December 8, 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 October 12-13, 2011, Minutes for Possible Action
2. Applications for Out-of-State Pharmacy – Non Appearance for Possible Action:
 - A. Aspire Rx Pharmacy – Draper, UT
 - B. Convergys Customer Management Group Inc. – Tucson, AZ
 - C. Direct Success Pharmacy Dept – Farmingdale, NJ
 - D. Everest Pharmacy – Sandy, UT
 - E. Foothills Professional Pharmacy – Phoenix, AZ
 - F. Forest Hills Rx, Inc. – Forest Hills, NY
 - G. Injured Workers Pharmacy, LLC – Andover, MA
 - H. Meds at Home – Columbus, OH
 - I. ProPharmCare – Orange, CA
 - J. Summit Pharmacy Inc. – Phoenix, AZ
 - K. TAG Pharmacy – Folcroft, PA
 - L. Walgreen Co. – Miami Lakes, FL

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

- M. Biocompatibles, Inc. – Oxford, CT
- N. CaridianBCT, Inc. – Lakewood, CO
- O. Citra Labs, LLC – Braintree, MA
- P. Dendreon – Union City, GA
- Q. Hospital Pharmaceutical Consulting – San Antonio, TX
- R. J.T. Posey Company – Elk Grove Village, IL
- S. Masters Pharmaceutical, Inc. – Fairfield, OH
- T. Midlothian Laboratories – Montgomery, AL
- U. VWR International, LLC – Visalia, CA

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

- V. Advanced Diabetic Solutions, LLC – Lawrenceville, GA
- W. AeroFlow Inc. – Asheville, NC
- X. Allenmed – Gilmer, TX
- Y. American HomePatient – Knoxville, TN
- Z. American Medical Direct – San Antonio, TX
- AA. Applied Medicals LLC – Miami, FL
- BB. Apria Healthcare, Inc. – Bullhead City, AZ
- CC. Beachwood Medical Supply – Baldwin Park, CA
- DD. Carefree Health Services, Inc. – Delray Beach, FL
- EE. Carolina Diabetic Supply Group Inc. – New Bern, NC
- FF. CureCare Home Medical Equipment & Supplies, Inc. – La Habra, CA
- GG. Diabetes Providers Inc. – Jupiter, FL
- HH. Diabetic Support Program – Wellington, FL
- II. Edwards Health Care Services, Inc. – Hudson, OH
- JJ. Four Leaf Clover, Inc. – Hayesville, NC
- KK. Great Lakes Medical Supply, LLC – Warren, MI
- LL. Home Health Advisors – Wellington, FL
- MM. Lifeline Diabetic – Amory, MS
- NN. Lormed, LLC – Mt Vernon, IL
- OO. Med-EI Corporation – Durham, NC
- PP. Monroe Medical Equipment Co., LLC – Tompkinsville, KY
- QQ. Perfect Medical Solutions, LLC – Rosemount, MN
- RR. Premier Diabetic Solutions – Lafayette, LA
- SS. Prescriptions Plus, Inc. – Wellington, FL
- TT. Quality Medical Products, LLC – Delray Beach, FL
- UU. Wright & Filippis, Inc. – Rochester Hills, MI

Applications for Nevada MDEG – Non Appearance for Possible Action:

- VV. American Respiratory and Medical Equipment, Inc. – Carson City
- WW. American Respiratory and Medical Equipment, Inc. – Reno

Applications for Nevada Pharmacy – Non Appearance for Possible Action:

- XX. Family Care Pharmacy – Las Vegas
- YY. Horizon Specialty Hospital of Henderson – Las Vegas
- ZZ. Wal-Mart Pharmacy #10-4239 – Reno

◆ REGULAR AGENDA ◆

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

Gail Krivan, MD

(11-004-CS-N)

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

Christopher Irwin

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

- A. Amira Medical Supply – Las Vegas
- B. Forrester Custom Prosthetics – Reno
- C. Global DME – Las Vegas
- D. RespMed, Inc. – North Las Vegas

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

Medication Review, Inc. – Gardnerville

7. Appearance for Possible Action:

Affiliated Monitors – Vincent DiCianni

8. Petition by Retail Association of Nevada to Amend NAC 639.735 for Possible Action

9. Discussion and Determination for Possible Action:

- A. Controlled Substance Diversion in Pharmacies
- B. Board Initiative Prescription Drug Abuse Education

10. Comprehensive Review of Regulations for Possible Action

11. Nevada Nursing Regional Action Coalition for Possible Action

12. E-Prescribing Committee Report for Possible Action

13. Selection of Board Treasurer for Possible Action

14. Your Success Rx Reports for Possible Action:

- A. Marty Martins
- B. Jennifer Chan

15. General Counsel Report for Possible Action:

Report on Meeting with DA Dick Gammick on Med Spa Issues

16. Executive Secretary Report for Possible Action:

- A. Financial Report
 - 1. Audit
- B. Temporary Licenses
- C. Staff Activities
 - 1. NASCSA Annual Meeting (October)
 - 2. NABP District 1,2 (October)
 - 3. Walgreen's Arizona Facility Visit (November)
 - 4. NABP Compliance Officer Forum (December)
 - 5. Paralegals Presentation (December)
- D. Reports to Board
 - 1. Suspended DEA Licenses
- E. Board Related News
 - 1. Emergency Scheduling of Bath Salts by DEA
- F. Activities Report

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)

18. Next Board Meeting:

January 18-19, 2012 – Las Vegas

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

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

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

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

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



Nevada State Board of Pharmacy

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

BOARD MEETING

at the

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

October 12 & 13, 2011

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

Board Members Present:

Keith Macdonald
Russell Smith

Beth Foster
Jody Lewis

Cheryl Blomstrom
Kam Gandhi

Board Members Absent:

Kirk Wentworth

Board Staff Present:

Larry Pinson

Jeri Walter

Carolyn Cramer

Rose Marie Reynolds

PUBLIC COMMENT

October 12, 2011

There was no public comment.

October 13, 2011

Dan Luce, from Walgreens, took the opportunity to thank Keith Macdonald for bringing the reality of the working pharmacist to the Board and noted that he would be missed.

CONSENT AGENDA

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

The consent agenda applications and supporting documents were reviewed.

NOTE: Russ Smith disclosed that he works for Walgreens however it will not affect his vote on items T and U.

Board Action:

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

Second: Cheryl Blomstrom

Action: Passed Unanimously.

Discussion:

Cheryl Blomstrom noted that the minutes did not reflect what she said during Public Comment with reference to being one of the first to allow CII electronic prescribing. Board staff indicated that she did say that on the record. Ms. Blomstrom would like it noted that she meant that she wants the Board to be prepared to allow CII electronic prescribing, not necessarily be first, when CII electronic prescribing is allowed by the DEA.

Motion: Cheryl Blomstrom moved to approve the minutes with the referenced clarification.

Second: Kam Gandhi

Action: Passed Unanimously

REGULAR AGENDA

2. Discipline for Possible Actions:

A. Gary A. Hart II, PT (11-064-PT-S)

NOTE: Jody Lewis recused from participation in this matter as she works for CVS and participated in the investigation.

Even though Mr. Hart was not present, Carolyn Cramer called Don Dugger to testify.

Don Dugger, CVS loss prevention, appeared and was sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer presented a copy of the returned letter sent to Mr. Hart advising him of the time of his appearance marked by the postal service Return to Sender, Not Deliverable as Addressed, Unable to Forward, and asked that it be marked as Exhibit A. Ms. Cramer presented Mr. Hart's written statement admitting to the theft of \$320.00 in cash from CVS, and asked that it be marked as Exhibit B. She also presented a document of the loss from the cash register and asked that it be marked as Exhibit C.

All three Exhibits were accepted into the record.

Mr. Dugger testified regarding his procedures that led to finding that Mr. Hart was the person responsible for causing shortages in the cash from the pharmacy at CVS #5144.

Board Action:

Motion: Cheryl Blomstrom moved to find Gary Hart guilty of the alleged violations.

Second: Kam Gandhi

Action: Passed Unanimously

Motion: Kam Gandhi moved to revoke Gary Hart's pharmaceutical technician registration.

Second: Cheryl Blomstrom

Action: Passed Unanimously

B. Adrian Romero, PT

(11-082-PT-S)

NOTE: Jody Lewis recused from participation in this matter as she works for CVS and participated in the investigation.

Carolyn Cramer presented the green card indicating that Mr. Romero had received the Accusation and asked it to be marked Exhibit A and the notice of today's hearing marked as Exhibit B. She presented Mr. Romero's written statement and marked it Exhibit C and the DEA form 106 marked as Exhibit D. The Exhibits were accepted into the record.

Don Dugger, CVS loss prevention, appeared and was sworn again by President Foster prior to answering questions or offering testimony.

Mr. Dugger testified regarding his procedures that led to determining that Mr. Romero was the person that had been stealing drugs from CVS #2929. Mr. Romero admitted in

a written statement that he had taken approximately 50 to 75 stock bottles of hydrocodone 10/500 and 20 to 50 stock bottles of Alprazolam 2 mg. tablets from CVS #2929 to supplement his income because his family was having financial problems.

President Foster directed Board staff to include a Discussion and Determination item for the next Board meeting to discuss drug diversion from retail and hospital pharmacies.

Board Action:

Motion: Russ Smith moved to find Adrian Romero guilty of the alleged violations.

Second: Cheryl Blomstrom

Action: Passed Unanimously

Motion: Cheryl Blomstrom moved to revoke Adrian Romero's pharmaceutical technician registration.

Second: Russ Smith

Action: Passed Unanimously

C.	Krystal Satran, R.Ph	(11-052-RPH-S)
D.	Sav-On #6043	(11-052-PH-S)

NOTE: Kam Gandhi recused from participation in this matter as he is employed by Albertson's/Sav-On. Jody Lewis disclosed that she knows Krystal Satran from when she worked for Albertson's/Sav-On, however she feels she can participate impartially in this matter.

Carolyn Cramer advised the Board that she, Jay Bogdan, Sav-On's attorney, and Ms. Satran had signed a Stipulated Agreement and she read it into the record.

Ms. Satran had verified and dispensed a prescription for eye drops that was misfilled with ear drops with directions to instill one to two drops in each eye every four hours. Ms. Satran has agreed to pay a fine of \$1,000.00 and be required to complete a continuing education course on patient counseling. Sav-On #6043 will receive a letter of reprimand.

Board Action:

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

Second: Jody Lewis

Action: Passed Unanimously

E.	Heidi Wickham, R.Ph	(11-030-RPH-S)
F.	Walgreens #05369	(11-030-PH-S)

NOTE: Russ Smith disclosed that he has no knowledge of Ms. Wickham or Walgreens #05369 and feels he can participate impartially in this matter even though he is employed by Walgreens.

Rob Graham was present to represent Walgreens and advised that he and Ms. Cramer have dismissed the charges against Ms. Wickham in this matter. Mr. Graham explained that since an unknown employee returned to stock a bottle that was labeled metaxalone but was originally misfilled with Metformin that caused the error in dispensing Ms. Beam's prescription for metaxalone with both metaxalone and Metformin, Ms. Wickham should not be held responsible in this instance.

Carolyn Cramer advised the Board that a Stipulated Agreement had been signed and she read the Agreement into the record. Walgreens #05369 will participate in the Your Success Rx program and, as the managing pharmacist, Ms. Wickham will work with the program administrator. Walgreens #05369 will pay a fine of \$1,000.00 for this ingested misfill.

Board Action:

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

Second: Kam Gandhi

Action: Passed Unanimously

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

All in One Pharmacy – Las Vegas

Edgar Gonzalez, George Ross and Ricardo Farro appeared and were sworn by President Foster prior to answering questions or offering testimony.

They have a pharmacy in California that serves HIV positive patients. They have been in business for seven years and they serve a patient base of approximately 250 patients in California. They explained that Mr. Yee will be the managing pharmacist in Nevada and will be moving once the pharmacy is operational. They explained that they have a patient advocacy program for their patients. When asked who they use to obtain their drugs, they explained that they order their drugs from HD Smith at the moment, however are looking into AmeriSource Bergen.

Board Action:

Motion: Kam Gandhi moved to accept the application for All In One Pharmacy.

Second: Russ Smith

Action: Passed Unanimously

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

A. Axtell Pharmacy – Pilot Point, TX

Axtell Pharmacy withdrew their application for out of state pharmacy.

B. Equinox Healthcare – Ellicott City, MD

Equinox Healthcare rescheduled their appearance to the January 2012 Board meeting.

C. Retail Pharmacy Customer Care Center – Cumberland, RI

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

Board staff advised the Board that it was not necessary for Retail Pharmacy Customer Care Center to appear and asked for a motion.

Board Action:

Motion: Russ Smith moved to accept the application for Retail Pharmacy Customer Care Center.

Second: Cheryl Blomstrom

Action: Passed Unanimously

D. University Specialty Pharmacy – Commerce, CA

Scott Shoemaker and Doug Cann appeared and were sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer asked why Mr. Silber was not present because she had specific questions for him that Mr. Shoemaker and Mr. Cann may not be able to answer. Apparently it was not convenient for Mr. Silber to appear at this time. Ms. Cramer indicated that there was a \$325,000.00 fine imposed in California that was not disclosed on the application for University Specialty Pharmacy. Ms. Cramer suggested

that the Board postpone making a decision on this application until the January 2012 Board meeting so Mr. Silber can be present to address these issues and explain why the California matter was not disclosed on this application.

President Foster suggested that a new application would be appropriate since this application was not completed properly.

Board Action:

Motion: Russ Smith moved to table the application for University Specialty Pharmacy to the January 2012 Board meeting.

Second: Jody Lewis

Action: Passed Unanimously

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

A. Global DME – Las Vegas

No one appeared to represent Global DME.

Board Action:

Motion: Keith Macdonald moved to deny the application for Global DME.

Second: Kam Gandhi

Action: Passed Unanimously

B. Pulmocare Respiratory Services – Las Vegas

Bruce Gingle and Nicholas Graves appeared and were sworn by President Foster prior to answering questions or offering testimony.

They described their facility as a respiratory skill practice serving children and long term care facilities. They have a medical director and respiratory therapist on staff and they service their equipment. When asked if they carry ventilators they indicated that they do which is why they have a respiratory therapist on staff.

Board Action:

Motion: Russ Smith moved to accept the application for Pulmocare Respiratory Services pending review of the respiratory therapist's records and correction to the application to include Assistive Equipment and Life Sustaining Equipment.

Second: Cheryl Blomstrom

Action: Passed Unanimously

6. Requests for Pharmacist License – Appearance for Possible Action:

A. Robert Brower II

Robert Brower appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Brower gave an open, honest, concise history of his past alcohol problems to the Board. He takes complete responsibility for his past actions and has been sober for over 15 years. Mr. Brower indicated that he currently has active unrestricted licenses in 14 states, still has to take the MPJE for South Dakota and Oklahoma and has been approved for reciprocity to West Virginia. The Board questioned Mr. Brower and he answered their questions satisfactorily.

Board Action:

Motion: Jody Lewis moved to accept Mr. Brower's application for reciprocity to Nevada.

Second: Keith Macdonald

Action: Passed Unanimously

B. Nabil L. Zawaideh

Nabil Zawaideh appeared and was sworn by President Foster prior to answering questions or offering testimony.

The Board questioned Mr. Zawaideh extensively about a felony complaint that was filed against him in 1988. In 1991 Mr. Zawaideh pled nolo contendere to ten counts of felony Medicaid fraud. Mr. Zawaideh admitted that his license was suspended for six months and was open about the charges against him. He stated that he was working in a pharmacy owned by his son, Save-Plus, in Pontiac, Michigan. Once his suspension was lifted he has been working continually. There was discussion about the exclusion of working in a pharmacy or facility that bills Medicare or Medicaid and he explained that the exclusion of five years had passed. Kam Gandhi looked Mr. Zawaideh up on the federal list and his name was not on the exclusion list.

Board Action:

Motion: Keith Macdonald moved to approve Mr. Zawaideh's application for reciprocity to Nevada.

Second: Jody Lewis

Action: Passed Unanimously

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

A. David L. Packer, MD

Carolyn Cramer explained that Dr. Packer was asked to appear to explain the recent charges in Florida for practicing without a license. There were five counts against him including operating a health care clinic without a license, owning a nonregistered pain management clinic and prescribing or dispensing controlled substances from the nonregistered pain management clinic.

Dr. Packer tried to explain the circumstances, however the Board had difficulty with Dr. Packer's explanations.

Board Action:

Motion: Keith Macdonald moved to remand this application back to Board staff to come to an amenable agreement for a restricted license.

Second: Kam Gandhi

Action: Passed Unanimously

B. Mohamed Saleh, MD

Continued to the January 2012 Board meeting.

C. Richard S. Teh, MD

Dr. Teh's application was accepted and he was not required to appear.

8. Request for Practitioner Dispensing Registration - Appearance for Possible Action:

Richard L. Bailey, MD

Dr. Bailey has rescheduled to the January 2012 Board meeting.

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

A. Roberto R. Beltran

Roberto Beltran appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Beltran failed a drug test because he had taken a Tylenol with codeine that was prescribed for his mother when he was sick. Mr. Beltran was appearing to request reinstatement of his pharmaceutical technician in training registration so he can complete his classes at Pima Medical Institute.

It was explained to Mr. Beltran that he cannot have a PTT registration without being enrolled in a school or if he has a job in a pharmacy where the managing pharmacist would be responsible for his training. Since the school released him from the program he would have to be reinstated there before the Board can consider reinstatement of the PTT registration.

B. Alexander G. Frankos

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

Mr. Frankos advised the Board that he is now enrolled in the pharmacy school in southern Nevada and explained that he used to be enrolled at Anthem in the pharmaceutical technician program. He would like to complete his program with Anthem so he could work in the pharmacy while going to school to become a pharmacist. Mr. Frankos testified that he had a DUI in 2006 and that he broke his back in 2008. At that time he re-evaluated his lifestyle and does not use marijuana or any drugs now. Mr. Frankos indicated that Anthem would take him back into the program if the Board would reinstate his PTT registration.

Melba Reynolds, extern coordinator for Anthem, and Monique Wincher, teacher for Anthem's pharmaceutical technician program, appeared and were sworn by President Foster prior to answering questions or offering testimony.

Ms. Reynolds voiced her appreciation for Mr. Frankos leadership in the pharmaceutical technician program and noted that he was always very positive and ready to assist others.

Ms. Wincher testified that Mr. Frankos was an excellent student and always on top of his assignments and attained top grades throughout the program.

Both Ms. Reynolds and Ms. Wincher recommended that Mr. Frankos be given his pharmaceutical technician in training registration so he can complete the course at Anthem.

Board Action:

Motion: Cheryl Blomstrom moved to approve reinstatement of Mr. Frankos pharmaceutical technician in training registration pending a positive PRN-PRN evaluation reported to Board staff.

Second: Kam Gandhi

Action: Passed Unanimously

C. Vincent A. McClure

Vincent McClure appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. McClure testified that he was currently working at Wellcare Pharmacy as a driver and he would like to become a pharmaceutical technician. His boss, Jim Thompson, has encouraged him to pursue a pharmaceutical technician in training registration so he can teach him the skills needed in the pharmacy. Mr. McClure indicated that he had been arrested in 2008 for child neglect. He had two dangerous drugs in his wallet that were prescribed for his roommate, however when he broke his neck he borrowed them from his friend, even though he had a prescription for his own medication. The dangerous drug charge was dismissed by the court.

President Foster asked Mr. McClure if Mr. Thompson was aware of his problems with law enforcement and he indicated that he was. When asked why Mr. Thompson was not present to testify on his behalf, Mr. McClure indicated that Mr. Thompson was working alone at the pharmacy.

Carolyn Cramer offered to contact Mr. Thompson by telephone. Ms. Cramer indicated that she spoke with Mr. Thompson, and he could not appear because he was working alone, however he indicated that he is comfortable with training Mr. McClure and that he trusts him implicitly.

Board Action:

Motion: Russ Smith moved to accept the application for pharmaceutical technician in training for Mr. McClure

Second: Kam Gandhi

Action: Passed Unanimously

D. Israel Ochoa-Tirado

Israel Ochoa-Tirado appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Ochoa testified that he was at a party and had eaten a cookie that had been baked with marijuana in it. He was unaware of this until after he had eaten the cookie and was told. Mr. Ochoa was randomly drug tested at Pima, where he was enrolled in the pharmaceutical technician program, and tested positive for marijuana. Mr. Ochoa indicated that if he had known there was marijuana in the cookie he would never have eaten it and jeopardized his career goals in any way.

The Board recommended that Mr. Ochoa have a PRN-PRN evaluation and be prepared to bring someone from Pima to testify on his behalf and acknowledge that they will allow him to return to the pharmaceutical technician program.

E. Trina D. Trinidad

Trina Trinidad appeared and was sworn by President Foster prior to answering questions or offering testimony.

Carolyn Cramer reviewed the Board's history with Ms. Trinidad. In 2006 Ms. Trinidad was terminated from Heritage College's pharmaceutical technician program because she failed to provide a urine analysis. At that time Ms. Trinidad testified that she had an emergency and could not test immediately and was told when she returned to test at approximately midnight that she could not test. In 2008 Ms. Trinidad appeared again requesting a PTT registration, however the store that was going to employ her closed and consequently she had no opportunity for work. She also indicated on her application that there were warrants out for her arrest and that she had spent 25 days in jail for traffic tickets that she could not pay. She also indicated that she was charged with hitting her mother-in-law but stated that she was cleared of those charges.

Ms. Trinidad testified that she has an active California pharmaceutical technician license and that she is in good standing in California.

Ms. Trinidad was advised that she would need to provide Board staff with an amended application, checking the boxes appropriately, and provide a copy of her Active pharmaceutical technician registration from California. There would be no additional fees.

Board Action:

Motion: Kam Gandhi moved to continue this matter to the January 2012 Board meeting to give Ms. Trinidad an opportunity to provide Board staff with a pharmaceutical technician application that has been appropriately completed and a copy of her Active California registration.

Second: Cheryl Blomstrom

Action: Passed Unanimously

10. Request for Reinstatement of Pharmacist License – Appearance for Possible Action:

Michael J. Adams

Michael Adams appeared and was sworn by President Foster prior to answering questions or offering testimony.

Mr. Adams advised the Board that he is currently self employed and is working on his Masters degree. He indicated that he obtained his PharmD in 2004 after the Nevada Board revoked his license. Mr. Adams indicated that he was confused about how to go about asking for reinstatement of his Nevada license. He maintained that he was present to get direction from the Board because no one he spoke with was able to tell him what to do.

The Board suggested that before he request reinstatement again that he gather supporting documentation of any PRN-PRN-like programs he has been involved with in Iowa since his revocation, obtain letters of recommendation from his supporters, and bring proof of participation in support groups and testimony from his sponsor if he has one.

11. Surescripts Presentation for Possible Action:

Ken Whittemore

Ken Whittemore from Surescripts made a presentation to the Board on the electronic prescribing of controlled substances. The presentation included the current status of the program, the certification process in general, and the general working of the system.

12. CE Committee Report for Possible Action:

Larry Pinson advised the Board that the CE Committee met and three continuing education programs were approved.

- A. Interprofessional Faculty Training Program in Integrated Management of Type II Diabetes and Comorbidities – 6 hours of CE credits
- B. Quality Assurance and Legal/Regulatory Topics – 3 hours plus 1 hour of Nevada law for a total of 4 CE credits
- C. ISMP Risk Assessment for Retail – 4 hours of CE credits

Mr. Pinson asked for a motion to approve.

Board Action:

Motion: Russ Smith moved to approve the recommended CE programs.

Second: Keith Macdonald

Action: Passed Unanimously

13. Discussion and Determination for Possible Action:

A. Uncodified Regulations

Larry Pinson advised that Cheryl Blomstrom had requested this topic be placed on the agenda for discussion. Ms. Blomstrom indicated that it was unacceptable to have 33 regulations that have yet to be codified by the Legislative Counsel Bureau. Our law book has not been updated since 2007 and you cannot get the updated laws on the website. Ms. Blomstrom asked Ira Hansen to look into this problem and she has not heard back from him, which she found disappointing. Larry Pinson indicated that all Boards are in the same position we are in, and there is no timeline as to when our laws, or any other Boards laws, will be codified. Cheryl Blomstrom volunteered to seek answers to this unacceptable situation.

B. Electronic Prescribing of CII Prescriptions

It was determined that a workgroup would be established and a meeting set up to further discuss the merits of electronic prescribing of CII prescriptions. Names were taken of interested parties and President Foster and Larry Pinson will select a group and establish a meeting date that would be equitable to all involved.

14. General Counsel Report for Possible Action:

Report on Meeting with Governor's Office and AG Regarding Med Spas and other Practices

Carolyn Cramer, along with representatives from the Medical Board, Nursing Board and Cosmetology Board met with the Governor's and AG's offices to discuss regulatory issues in Med Spas. The purpose of the meeting was to advise both offices of the unregulated, sometimes unsafe and often unethical activities in this arena and to point out that there really is not an agency overseeing these practices. Each of the four Boards represented has a small piece of regulatory oversight but there is no agency to pull it all together. Some facilities are buying "Botox" over the internet because it is cheaper, but in reality Botox can only be purchased from the manufacturer, Allergan, and the facilities are using misbranded or counterfeit products on their unsuspecting patients. Larry Pinson's resolution that was adopted at the District 6, 7 and 8 meeting is a start at bringing the problem to the forefront. Mr. Pinson is also meeting with the

Cosmetology Board, both in the North and in the South, to teach their inspectors what to watch for.

15. 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 has been granted since the last Board meeting.

C. Staff Activities

1. CE in Fallon (9/27)

Mr. Pinson and Joe Depczynski are going to do an early morning Nevada law CE in Fallon on September 27th.

2. NABP Executive Office Forum

Some of the topics discussed were PBM's, drug abuse, internet pharmacies from Canada – we only have 2 left, the Dental Association problem with teeth whitening kiosks, the Rite Aid 15 minute guarantee, in North Dakota they now license the med-management practices separately from the pharmacies so they can get an NPI number so they can bill Medicaid for the service, pharmacy competency exams, dwindling Board resources in most states, licensing of dispensing practitioners, and pharmacy robberies.

3. NABP District 6,7,8 Meeting – Seattle

Larry Pinson advised the Board that the Nevada contingent submitted a resolution regarding Med Spa's that was adopted by all three Districts.

4. Upcoming CE

Mr. Pinson indicated that there was a lot of CE being presented during the month of October throughout Nevada for pharmacists so they can get their Nevada law before the end of the month for the renewal of their licenses.

5. FARB Conference

Carolyn Cramer attended the FARB Conference, along with Rose Marie Reynolds from the AG's office. Ms. Cramer and Ms. Reynolds gave examples of the case problems discussed at the conference.

D. Reports to Board

1. Ting email

Daniel Ting wrote an e-mail to the Board to thank us for having the Nevada law online through the Pharmacist's Letter.

E. Board Related News

1. Mr. Pinson advised the Board that he and Jeri Walter would be attending the Executive Director and Administrator meeting in Carson City on November 3rd at the Office of the Attorney General. Topics include administrative hearings and procedures, ethics and the open meeting laws.

2. Mr. Pinson distributed a flyer to the Board that Keith Marcher sent regarding disclosure and abstaining from matters on the agenda.

3. President Foster has learned that the first woman pharmacist in Nevada is living in Reno and she is researching to find more information on her.

F. Activities Report

16. Next Board Meeting:

December 7 & 8, 2011 – Reno

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

October 12, 2011

Keith Macdonald thanked the Board for their kind comments on his leaving the Board.

Melissa Mentol, a student at a pharmaceutical technician school, indicated that she has concerns for patients that go to Med Spas or the dentist and do not know what they are receiving. She asked what the reality of manufacturing test strips would be so they could test products before ingesting them. Larry Pinson indicated that there are too many drugs on the market to even attempt such a task and there is no research and development team available to take on such a daunting project. Even if there is a trace of a drug how would you determine if it is medically effective – however it is an interesting concept.

October 13, 2011

Larry Pinson voiced a problem Board staff has noticed in sending out notices to pharmacies advising when a practitioner has lost his/her DEA license. Many pharmacies continue to fill controlled substance new and refill prescriptions, even after notification has been sent. Mr. Pinson would like to discuss this problem with chain store upper management to find out whom to send these notices to get these practitioners out of their system and thus halting the filling of these unlawful prescriptions.

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

GENERAL INFORMATION

Pharmacy Name: Aspire RX Pharmacy

Physical Address: 949 E. 12400 South, Suite A-6, Draper, UT 84020

Mailing Address: 949 E. 12400 S. Suite A-6

City: Draper State: UT Zip Code: 84020

Telephone Number: 877-221-3464 Fax Number: 877-221-3472

Toll Free Number: 877-221-3464

E-mail: CS@aspirerxpharmacy.com Website: N/A

Managing Pharmacist: Way Alan Roach License Number: 149279-1701

Hours of Operation:

Monday thru Friday 7 am 4 pm

Saturday On am Call pm

Sunday On am Call 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: OCT 06 2011 Check Number: CC Amount: 500.00

58251

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

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

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

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

GENERAL INFORMATION

Pharmacy Name: Convergys Customer management Group Inc
Physical Address: 3760 N. Commerce Drive Ste 160 Tucson, AZ 85705
Mailing Address: 3760 N. Commerce Drive Suite 160
City: Tucson State: Arizona Zip Code: 85705
Telephone Number: (520) 407-7366 Fax Number: (520) 407-7335
Toll Free Number: N/A (Required per NAC 639.708)
E-mail: N/A Website: N/A
Managing Pharmacist: John Belbraydic License Number: S008583
exp. 10/31/13

Hours of Operation:

Monday thru Friday 6 am 11 pm Saturday 6 am 11 pm
Sunday 6 am 11 pm 24 Hours

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

Board Use Only

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

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

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

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

GENERAL INFORMATION

Pharmacy Name: Direct Success Pharmacy Dept
Physical Address: 1710 Highway 34
Mailing Address: (Same)
City: Farmingdale State: NJ Zip Code: 07727
Telephone Number: (732) 919-1234 Fax Number: (732) 280-1350
Toll Free Number: (877) 404-3338 (Required per NAC 639.708)
E-mail: pharmacist@dsuccess.com Website: N/A
Managing Pharmacist: Andrea Grandinetti License Number: 28R101696900

Hours of Operation:

Monday thru Friday 9 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: NOV 03 2011 Amount: 500.00 Entity: 58444 1

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

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

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

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

GENERAL INFORMATION

Pharmacy Name: Everest Pharmacy
Physical Address: 588 West 8360 South, Sandy UT 84070
Mailing Address: 588 West 8360 South, &
City: Sandy State: UT Zip Code: 84070
Telephone Number: 877.217.3768 Fax Number: 877.217.4934
Toll Free Number: 877.217.3768
E-mail: jcatts@everestdiabetic.com Website: N/A
Managing Pharmacist: Sahily Paoline License Number: 7849313-1701

Hours of Operation:

Monday thru Friday 7 am 4 pm Saturday on call am _____ pm
Sunday on am call pm 24 Hours no

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

Board Use Only

Received: OCT 06 2011 Check Number: cc Amount: 500.00

58250

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

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

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

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

GENERAL INFORMATION

Pharmacy Name: Foothills Professional Pharmacy
Physical Address: 4545 E Chandler Blvd #100
Mailing Address: same
City: Phoenix State: AZ Zip Code: 85048
Telephone Number: 480-496-4444 Fax Number: 480-496-4450
Toll Free Number: 877-496-2924 (Required per NAC 639.708)
E-mail: foothillspharmacy@gmail.com Website: foothillspharmacy.com
Managing Pharmacist: Tim Vitullo License Number: 5012758

Hours of Operation:

Monday thru Friday 9:00 am 5:30 pm Saturday 9:00 am 12:00 pm
Sunday _____ am _____ pm 24 Hours NO

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

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

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

Application must be printed legibly

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

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

GENERAL INFORMATION

Pharmacy Name: Forest Hills Rx, Inc.

Physical Address: 101-04 Queens Blvd., Forest Hills, NY 11375

Mailing Address: 2301 Caroline Street, Unit A

City: Houston State: TX Zip Code: 77004

Telephone Number: 718-997-8200 Fax Number: 877-541-1503

Toll Free Number: 800-511-5144

E-mail: info@foresthills-rx.com Website: www.itsrx.com

Managing Pharmacist: Dina Kaykov License Number: 051223 (NY)

Hours of Operation:

Monday thru Friday 9 am 7 pm Saturday closed am pm
Sunday 10 am 2 pm 24 Hours RPh on call

TYPE OF PHARMACY

SERVICES PROVIDED

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

Board Use Only

Received: OCT 17 2011 Check Number: MO Amount: 500.00

58318

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

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

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New Pharmacy _____ Ownership Change ☒ Name Change _____ Location Change _____
(Please provide current license number if making changes: PH 02281)

GENERAL INFORMATION

Pharmacy Name: Injured Workers Pharmacy, LLC
Physical Address: 300 Federal Street, Andover, MA 01810
Mailing Address: 300 Federal Street
City: Andover State: MA Zip Code: 01810
Telephone Number: 888-321-7945 Fax Number: 800-497-4276
Toll Free Number: 888-321-7945 (Required per NAC 639.708)
E-mail: gcayer@iwpharmacy.com Website: www.iwpharmacy.com
Managing Pharmacist: Roger A. Scandura, RPh License Number: MA Lic# PH18853

Hours of Operation:

Monday thru Friday 7:30 am 6:00 pm Saturday 9:00 am 12:00 pm
Sunday Closed 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

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

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

Application must be printed legibly

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

GENERAL INFORMATION

Pharmacy Name: Meds at Home

Physical Address: 255 Phillipi Road, Suite # 300, Columbus, OH 43228

Mailing Address: 1640 Century Center Parkway

City: Memphis State: TN Zip Code: 38016

Telephone Number: 614-278-5683 Fax Number: N/A

Toll Free Number: 800-242-0016

E-mail: information@mymailpharmacy.com Website: N/A **Top parent Medco Health Solutions, Inc. has website

Managing Pharmacist: Thomas Wiley License Number: 03-311749 (OH)

Hours of Operation: *Mon - Fri 8:00A.M. - 5:00P.M. On call 24hrs/7days thru toll-free number

Monday thru Friday 8:00 am 5:00 pm Saturday * am * pm

Sunday * am * pm 24 Hours On call 24hrs/7days

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: NOV 10 2011

Check Number: 676

Amount: 500.00

58459

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

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

Application must be printed legibly

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

GENERAL INFORMATION

Pharmacy Name: PROPHARM CARE

Physical Address: 265 S ANITA DR, SUITE 220

Mailing Address: SAME AS ABOVE

City: ORANGE State: CA Zip Code: 92868

Telephone Number: 714 935-0522 Fax Number: 714 935 0493

Toll Free Number: _____

E-mail: INFO@PROPHARM CARE.COM Website: WWW.PROPHARM CARE.COM

Managing Pharmacist: HELENE GROSFAM License Number: CA # 45579

Hours of Operation:

Monday thru Friday _____am _____pm

Saturday _____am _____pm

Sunday _____am _____pm

24 Hours ☒

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

Board Use Only

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

57717

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

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

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

GENERAL INFORMATION

Pharmacy Name: Summit Pharmacy Inc.

Physical Address: 2432 W. Peoria Ave Ste 1286

Mailing Address: same as above

City: Phoenix State: AZ Zip Code: 85029

Telephone Number: 602.678.5400 Fax Number: 602.678.5401

Toll Free Number: 877.678.5400 (Required per NAC 639.708)

E-mail: ajones@summitrx.com Website: www.summitrx.com

Managing Pharmacist: APRIL JONES License Number: S012314 AZ

Hours of Operation:

Monday thru Friday 8 am 5 pm

Saturday 8 am 11 ~~pm~~ ^{am}

Sunday NONE 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: OCT 26 2011 Amount: 500- Entity: 58369

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

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

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

GENERAL INFORMATION

Pharmacy Name: TAG Pharmacy

Physical Address: 780 Primes Ave Unit E

Mailing Address: Same

City: Folkcroft State: Pa Zip Code: 19032

Telephone Number: 888-824-8100 Fax Number: 610-522-9006

Toll Free Number: 888-824-8100 (Required per NAC 639.708)

E-mail: RMOSSOR@tagaseptic.com Website: WWW.TAGASEPTIC.COM (under construction for info only)

Managing Pharmacist: Richard C Mossor License Number: RP031280L

Hours of Operation:

Monday thru Friday 8:30 am 7 pm Saturday 8:30 am 5 pm

Sunday on am call pm 24 Hours X

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

Board Use Only

Received: NOV 10 2011 Amount: 500.00 Entity: 58495 1

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

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(non-refundable and not transferable money order or cashier's check only)
Application must be printed legibly or typed

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

GENERAL INFORMATION

Pharmacy Name: Walgreen Co.

Physical Address: 14901 NW 79th Ct.

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

City: Miami Lakes State: FL Zip Code: 33016

Telephone Number: 786-362-8201 Fax Number: 786-362-8207

Toll Free Number: N/A (Required per NAC 639.708)

E-mail: greg.gamble@walgreens.com Website: _____

Managing Pharmacist: Greg Gamble License Number: PS22405 (FL)

Hours of Operation:

Monday thru Friday 8 am 11 pm (Eastern) Saturday 8 am 9 pm
Sunday 8 am 9 pm (Eastern) 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
- See attached description

Board Use Only

Received: NOV 21 2011 Amount: 500.00 Entity: 58561 1

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

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

Application must be printed legibly

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

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

GENERAL INFORMATION

Facility Name: Biocompatibles, Inc.

Physical Address: 115 Hurley Road, Oxford, CT 06478

Mailing Address: 115 Hurley Road

City: Oxford State: CT Zip Code: 06478

Telephone Number: 203-262-4198 Fax Number: 203-262-6314

Toll Free Number: n/a

E-mail: jim.matons@btgplc.com Website: www.biocompatiblesinc.com

Facility Manager: Wayne Richardson

Professional qualifications and experience of facility manager: see attached resume

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: OCT 18 2011 Check Number: CC Amount: 500.00

58344

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

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

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

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

GENERAL INFORMATION

Facility Name: Caridian BCT, Inc.

Physical Address: 10811 W. Collins Avenue

Mailing Address: Same

City: Lakewood State: CO Zip Code: 80215

Telephone Number: 303-232-6800 Fax Number: 303-231-4756

Toll Free Number: _____

E-mail: Mark.Hertzberg@caridianbct.com Website: www.caridianbct.com

Facility Manager: Craig Rinehardt

Professional qualifications and experience of facility manager: 20 years experience - see attached

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☒ Practitioners ☒ Hospitals ☐ Wholesalers
☒ Other: Blood collection centers

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: NOV 01 2011 Amount: 500- Entity: 58410 1

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

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

Application must be printed legibly

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

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

GENERAL INFORMATION

Facility Name: Citra Labs, LLC

Physical Address: 55 Messina Drive

Mailing Address: Same

City: Braintree State: MA Zip Code: 02184

Telephone Number: (781) 848-9386 Fax Number: (781) 848-6781

Toll Free Number: N/A

E-mail: suzanne.randall@biomet.com Website: _____

Facility Manager: Suzanne Randall, Director Quality/Regulatory Affairs

Professional qualifications and experience of facility manager: Ms. Randall has her BS in Microbiology from the University of New Hampshire and her MA in Biology from Harvard University. She has worked in the pharma industry since 2002 and has worked with her current company since 2007 as the manager of Quality/Regulatory Affairs.
Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers

Type of Products to be handled or wholesaled:

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

Licensed as a Manufacturer by the FDA? ☒ Yes ☐ No, If yes include a copy of the FDA registration. FDA #1216032 - see attached

Board Use Only

Received: NOV 21 2011 Check Number: mo Amount: 500.00

58594

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

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

Application must be printed legibly

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

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

GENERAL INFORMATION

Facility Name: Dendreon Distribution, LLC dba Dendreon

Physical Address: 6715 Oakley Industrial Blvd., Union City, GA 30291

Mailing Address: 6715 Oakley Industrial Blvd.

City: Union City State: GA Zip Code: 30291

Telephone Number: 678-834-1222 Fax Number: 206-299-9881

Toll Free Number: n/a

E-mail: sschaeffer@dendreon.com Website: www.dendreon.com

Facility Manager: Anthony Rotunno, Sr.

Professional qualifications and experience of facility manager: see attached resume

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: **OCT 18 2011** Check Number: CC Amount: 500-

Page 1 - 2010

58327

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

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

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

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

GENERAL INFORMATION

Facility Name: Real Value Products Corporation d/b/a Hospital Pharmaceutical Consulting

Physical Address: 5100 Commerce Way , San Antonio, Texas 78218

Mailing Address: 5100 Commerce Way

City: San Antonio State: TX Zip Code: 78218

Telephone Number: 210-979-3399 Fax Number: 210-979-3398

Toll Free Number: N/A

E-mail: randy@hospitalpharmacyconsulting.com Website: www.hospitalpharmacyconsulting.com

Facility Manager: Rafael Jesus Menchaca

Professional qualifications and experience of facility manager: Director Of Distribution for Real Value Products Corporation d/b/a Hospital Pharmaceutical Consulting from 8/2011 thru current date and Distribution Manager for SPFM LP dba Promesa

from 8/2004 thru 8/2011. (Rafael Menchaca has over 7 years working in the distribution of Pharmaceutical products), see attached resume.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers

Type of Products to be handled or wholesaled:

☒ Legend Pharmaceuticals, Supplies or Devices ☐ Hypodermic Devices
☐ Poisons or Chemicals ☐ Veterinary Legend Drugs
☐ Controlled Substances (include copy of DEA) ☐ Parenterals
☒ Other: OTC, Vitamins, Injectables, Liquids(Orals), Ophthalmic, Dental, Topical, and Vaccines/Biologicals

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

Board Use Only

Received: NOV 21 2011 Check Number: CC Amount: 500.00

58565

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

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

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

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

GENERAL INFORMATION

Facility Name: J. T. Posey Company

Physical Address: 2433-2443 Delta Lane, Elk Grove Village, IL 60006

Mailing Address: 5635 Peck Road

City: Arcadia State: CA Zip Code: 91006

Telephone Number: (847) 860-1176 Fax Number: (847) 860-1213

Toll Free Number: (800) 447-6739

E-mail: regulatoryaffairs@posey.com Website: www.posey.com

Facility Manager: Thomas Mullin, VP Manufacturing

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

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers

Type of Products to be handled or wholesaled:

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

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

Board Use Only

Received: NOV 21 2011 Check Number: CC Amount: 500.00

58563

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

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

Application must be printed legibly

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

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

GENERAL INFORMATION

Facility Name: Masters Pharmaceutical, Inc.

Physical Address: 8695 Seward Road, Fairfield, OH 45011

Mailing Address: 11930 Kemper Springs Drive

City: Cincinnati State: OH Zip Code: 45240

Telephone Number: 513-354-2690 Fax Number: 513-354-2689

Toll Free Number: 800-982-7922

E-mail: mharmon@mastersrx.com Website: www.mastersrx.com

Facility Manager: Bryan Malone

Professional qualifications and experience of facility manager: Masters employee for 4 years.
Assistant warehouse manager for two.

Types of licensed outlets or authorized persons firm will serve:

☒ Pharmacies ☒ Practitioners ☒ Hospitals ☒ Wholesalers

Type of Products to be handled or wholesaled:

☒ Legend Pharmaceuticals, Supplies or Devices

☐ Poisons or Chemicals

☒ Controlled Substances (include copy of DEA)

☐ Other: DEA applied for 9/30/2010--pending

☒ Hypodermic Devices

☒ Veterinary Legend Drugs

☒ Parenterals

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

Board Use Only

Received: NOV 21 2011 Check Number: 00 Amount: 500.00

VAWD

58554

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

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

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

New Wholesaler _____ Ownership Change ☒ Name Change _____ Location Change _____
(Please provide current license number if making changes: WH01199)

GENERAL INFORMATION

Facility Name: Midlothian Laboratories
Physical Address: 780 Industrial Park Blvd., Unit C, Montgomery, AL 36117
Mailing Address: same
City: Montgomery State: AL Zip Code: 36117
Telephone Number: 334-288-8661 Fax Number: 334-288-8651
Toll Free Number: 1-800-344-8661
E-mail: info@midlothianlabs.com Website: www.midlothianlabs.com
Facility Manager: Bryce M. Harvey
Professional qualifications and experience of facility manager: 20+ years in pharmaceutical industry

Types of licensed outlets or authorized persons firm will serve:

☐ Pharmacies ☐ Practitioners ☐ Hospitals ☒ Wholesalers

Type of Products to be handled or wholesaled:

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

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

Board Use Only

Received: OCT 06 2011 Check Number: cc Amount: 500.00

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

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

GENERAL INFORMATION

Facility Name: VWR International, LLC

Physical Address: 8711 Riggins Ave, Visalia, CA 93291

Mailing Address: 100 Matsonford Road, Building One, Suite 200

City: Radnor State: PA Zip Code: 19087

Telephone Number: 610 386 1353 Fax Number: 484 881 5984

Toll Free Number: 800 548 6245

E-mail: regulatory-affairs@vwr.com Website: vwr.com

Facility Manager: Chuck Freeman

Professional qualifications and experience of facility manager: 3+ years experience at a VAHD accredited warehouse. Distribution of pharmaceuticals into several states

Types of licensed outlets or authorized persons firm will serve:

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

Type of Products to be handled or wholesaled by firm:

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

Board Use Only

Received: NOV 21 2011 Amount: 500.00 Entity: 58564 1

PT

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

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

Application must be printed legibly or typed

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

Facility Name: ADVANCED DIABETIC SOLUTIONS, LLC

Physical Address: 1576 ATKINSON RD

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

Mailing Address: 1576 ATKINSON RD

City: LAWRENCEVILLE State: GA Zip Code: 30043

Telephone Number: (770) 339-1190 Fax Number: (770) 339-1192

E-mail: gsantulli@advanced Website: www.advanceddiabetic
diabeticsolutions.net solutions.net

Mon: 8 to 4:30 Tue: 8 to 4:30 Wed: 8 to 4:30 Thu: 8 to 4:30

Fri: 8 to 4:30 Sat: to Sun: to Holidays: to

Name: GREGORY P. SANTULLI

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

☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosthesis
 Other:

****If providing these types of services 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:**

Received	NOV 16 2011	Amount	500.00	Entity	58464
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NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: Aeroflow Inc.

Physical Address: 3165 Sweeten Creek Rd
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3165 Sweeten Creek Rd

City: Asheville State: NC Zip Code: 28803

Telephone Number: (888)345-1780 Fax Number: (828)277-9779

E-mail: Julie@aeroflowinc.com Website: www.aeroflowinc.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5
Fri: 8 to 5 Sat: on call to Sun: on call to Holidays: on call to

FACILITY ADMINISTRATOR INFORMATION

Name: Julie Lewis

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

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

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

Board Use Only
Received NOV 10 2011 Amount 500.00 Entity 58463 1

NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: Allenmed

Physical Address: 107 E. Marshall Street, Gilmer, Texas 75644
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 107 E. Marshall Street, Gilmer, Texas 75644

City: Gilmer State: Texas Zip Code: 75644

Telephone Number: 903-680-3113 Fax Number: 903-680-5131

E-mail: jallen@allenmed.com Website: www.allenmed.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8AM to 4:30 PM Tue: 8AM to 4:30 PM Wed: 8AM to 4:30 PM Thu: 8AM to 4:30 PM

Fri: 8AM to 4:30 PM Sat: N/A to N/A Sun: N/A to N/A Holidays: N/A to N/A

FACILITY ADMINISTRATOR INFORMATION

Name: John Allen

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

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

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis
- Other: _____

**If providing these types of services 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 NOV 10 2011 Amount 500.00 Entity 58466

NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

New MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: American HomePatient

Physical Address: 10301 Cogdill Rd. Ste 305 Knoxville, TN 37932
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 5200 Maryland Way, suite 400

City: Brentwood State: TN Zip Code: 37027

Telephone Number: 866-569-6295 Fax Number: 888-702-9092

E-mail: Kevin.McElyea@ahom.com Website: www.ahom.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

FACILITY ADMINISTRATOR INFORMATION

Name: Kevin McElyea

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 Supplies

**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: Kevin McElyea Telephone: 866-569-6295

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Received NOV 21 2011 Amount 500- Entity 58567 1

NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: AMERICAN MEDICAL DIRECT

Physical Address: 1862 W. BITTERS #301 SAN ANTONIO, TX 78248
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 1862 W. BITTERS #301

City: SAN ANTONIO State: TX Zip Code: 78248

Telephone Number: 877-505-8383 Fax Number: 866-296-8811

E-mail: brock@amdhc.com Website: www.americanmedicaldirect.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 8:30a to 5:00p Sat: on call to on call Sun: on call to on call Holidays: on call to on call

FACILITY ADMINISTRATOR INFORMATION

Name: JEREMY CARR

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: UROLOGICAL SUPPLIES - CATHETERS

**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: ANGELO MASTRO Telephone: 702-235-6101

Board Use Only

Received

UCT 18 2011

Amount 500.00

Entity

58343

1

NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: Applied Medicals Llc
Physical Address: 20 SE 3RD Ave Floor 3, Miami FL 33131
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 20 SE 3RD Ave Floor 3
City: Miami State: FL Zip Code: 33131
Telephone Number: 877 706 3837 Fax Number: 877 571 8129
E-mail: _____ Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 to 4 Tue: 9 to 4 Wed: 9 to 4 Thu: 9 to 4
Fri: 9 to 4 Sat: N/A Sun: N/A Holidays: N/A

FACILITY ADMINISTRATOR INFORMATION

Name: Igal Zakhodin

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

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

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

Board Use Only

Received

NOV 09 2011

Amount 500.00

Entity

58474

1

NEVADA STATE BOARD OF PHARMACY

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

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

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

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

New MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: Apria Healthcare, Inc.

Physical Address: 2020 Silvercreek Rd Ste 105, Bullhead City AZ 86442

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

Mailing Address: 26220 Enterprise Court - Attn: Clinical Svc-Licensing

City: Lake Forest State: CA Zip Code: 92630

Telephone Number: 520 763-7787 Fax Number: 520 763-4301

E-mail: james_donohue@apria.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING M-F 8:00am - 5:00pm

Mon: _____ to _____ Tue: _____ to _____ Wed: _____ to _____ Thu: _____ to _____

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

FACILITY ADMINISTRATOR INFORMATION

Name: James Donohue

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

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

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis
- Other: _____

**If providing these types of services 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: James Donohue Telephone: (888) 492-7742

Board Use Only
Received NOV 16 2011

Amount 500.00

Entity 58515

NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: Beachwood Medical Supply

Physical Address: 13851 Garvey Ave, Ste B3

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

Mailing Address: 13851 Garvey Ave, Ste B3

City: Baldwin Park

State: California

Zip Code: 91706-4910

Telephone Number: (626) 338-5300

Fax Number: (626) 338-5800

E-mail: pkaldas@gmail.com

Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9 AM to 5 PM

Tue: 9 AM to 5 PM

Wed: 9 AM to 5 PM

Thu: 9 AM to 5 PM

Fri: 9 AM to 5 PM

Sat: 9 AM to 5 PM

Sun: On to Call

Holidays: On to Call

FACILITY ADMINISTRATOR INFORMATION

Name: Maher (AKA "Peter") Kaldas

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

☒ Medical Gases**

☒ Respiratory Equipment**

☐ Life-sustaining equipment**

☒ Diabetic Supplies

☐ Assistive Equipment

☒ Parenteral and Enteral Equipment**

☐ Orthotics and Prosthesis

Other: _____

**If providing these types of services 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: Edgar Quintas Telephone: (702) 804 - 3000

Board Use Only
Received NOV 10 2011

Amount 500.00

Entity 58499

1

NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

New MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: Carefree Health Services, Inc.

Physical Address: 115 Avenue L Delray Beach, FL 33483

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

Mailing Address: 115 Avenue L

City: Delray Beach State: FL Zip Code: 33483

Telephone Number: 561-279-1811 Fax Number: 561-401-7126

E-mail: mgeorge@cfhprospects.com Website: www.carefreehealth.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9AM - 5PM Est Tue: 9AM - 5PM Est Wed: 9AM - 5PM Est Thu: 9AM - 5PM Est

Fri: 9AM - 5PM Est Sat: Closed Sun: Closed Holidays: Closed

FACILITY ADMINISTRATOR INFORMATION

Name: Michael T. George

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

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

**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 _____ Amount 500.00 Entity 58465 1

NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

FACILITY INFORMATION

Facility Name: CureCare Home MEDICAL Equipment & Supplies, Inc.

Physical Address: 631 S. Palm unit I, La Habra, Ca 90631

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

Mailing Address: 631 S. Palm unit I, La Habra, Ca 90631 d.h.

City: La Habra State: CA Zip Code: 90631

Telephone Number: 562-697-5727 Fax Number: 562-697-2047

E-mail: Crystal@CureCaremedical.com Website: working on currently

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30^A to 6^P Tue: 8:30^A to 6^P Wed: 8:30^A to 6^P Thu: 8:30^A to 6:00 P.m.

Fri: 8:30^A to 6^P Sat: to Sun: to Holidays: to
Closed CHRISTMAS
EASTER
THANKS GIVING
NEW YEARS
LABOR DAY
Memorial Day

FACILITY ADMINISTRATOR INFORMATION

Name: Crystal HARTLEY

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

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

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

**If providing these types of services 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 NOV 16 2011 Amount 500.00 Entity 58517 1

NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

FACILITY INFORMATION

Facility Name: Carolina Diabetic Supply Group Inc.

Physical Address: 3336 Martin Luther King JR Blvd
(This must be a business address, we can not issue a license to a home address)

Mailing Address: P.O. Box 12734

City: NEW BEAN State: NC Zip Code: 28561

Telephone Number: 252-633-2244 Fax Number: 252-633-4156

E-mail: KMcKenna@cdsg-nc.com Website: www.cdsg-nc.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

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

FACILITY ADMINISTRATOR INFORMATION

Name: Paula Hardison

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

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

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

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

Board Use Only
Received NOV 21 2011 Amount 500.00 Entity 58598 1

NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

FACILITY INFORMATION

Facility Name: DIABETES PROVIDERS INC.

Physical Address: 880 JUPITER PARK DR. #8
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME AS ABOVE

City: JUPITER State: FL Zip Code: 33458

Telephone Number: 800-689-4377 Fax Number: 800-887-6145

E-mail: ddiabeticsupply@aol.com Website:

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 A to 5pm Tue: 8:30 A to 5pm Wed: 8:30 A to 5pm Thu: 8:30 A to 5pm

Fri: 8:30 A to 5pm Sat: to Sun: to Holidays: to

FACILITY ADMINISTRATOR INFORMATION

Name: Andrew Donofrio, President

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

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

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

Other:

**If providing these types of services 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

NOV 16 2011

Amount

500.00

Entity

58470

1

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

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

Application must be printed legibly or typed

New MDEG X Ownership Change _____ Name Change _____ Location Change _____

1

NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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New MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: Edwards Health Care Services, Inc.

Physical Address: 5640 Hudson Industrial Parkway
(This must be a business address, we can not issue a license to a home address)

Mailing Address: same as physical

City: Hudson State: Ohio Zip Code: 44736

Telephone Number: 888-344-3434 Fax Number: 330-342-9559

E-mail: blevay@directhealthcaresupply.com Website: www.directhealthcaresupply.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 to 5:00 ^{AM} _{PM} Tue: 8:30 to 5:00 ^{AM} _{PM} Wed: 8:30 to 5:00 ^{AM} _{PM} Thu: 8:30 to 5:00 ^{AM} _{PM}
Fri: 8:30 to 5:00 ^{AM} _{PM} Sat: _____ to _____ _{closed} Sun: _____ to _____ _{closed} Holidays: _____ to _____ _{closed}

FACILITY ADMINISTRATOR INFORMATION

Name: Barbara J. Levay

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: Insulin pumps, pump supplies

**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

NOV 05 2011

Amount

500.00

Entity

58473

1

NEVADA STATE BOARD OF PHARMACY

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

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

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

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New MDEG ☒ Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: Four Leaf Clover, Inc.

Physical Address: 3280 Hwy 69 Suite 11 Hayesville NC 28904-6953
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3280 Hwy 69 Suite 11

City: Hayesville State: NC Zip Code: 28904-6953

Telephone Number: (888) 777-3203 Fax Number: (704) 353-7879

E-mail: ara84leafcloverdiabetics.net Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 4 Tue: 8 to 4 Wed: 8 to 4 Thu: 8 to 4

Fri: 8 to 4 Sat: - to - Sun: - to - Holidays: - to -

FACILITY ADMINISTRATOR INFORMATION

Name: Michael Sweeney

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

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

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

Board Use Only

Received NOV 09 2011 Amount 500.00 Entity _____

NEVADA STATE BOARD OF PHARMACY

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

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

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

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

FACILITY INFORMATION

Facility Name: Great Lakes Medical Supply, LLC

Physical Address: 23247 Pinewood St., Warren, MI 48091
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 23247 Pinewood Street

City: Warren State: MI Zip Code: 48091

Telephone Number: 800-774-0788 Fax Number: 586-501-1018

E-mail: info@glmsupply.com Website: www-glmsupply.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

FACILITY ADMINISTRATOR INFORMATION

Name: Sean Mahone / Brian Bookmeier

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

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

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

Other: _____

**If providing these types of services 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 NOV 16 2011 Amount 500.00 Entity 58518

NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

FACILITY INFORMATION

Facility Name: Home Health Advisors

Physical Address: 3381 Fairlane Farms Road, Suite 3-C, Wellington, FL 334
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3381 Fairlane Farms Rd, Suite 3-C

City: Wellington State: FL Zip Code: 33414

Telephone Number: (561) 472-3999 Fax Number: (561) 791-7672

E-mail: skolts@prescriptionsplus.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

Fri: 9AM to 5PM Sat: N/A to Sun: N/A to Holidays: N/A to

FACILITY ADMINISTRATOR INFORMATION

Name: Beverly Taylor

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

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

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

Other: _____

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

Board Use Only

Received NOV 21 2011 Amount 500.00 Entity 58596

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

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

Application must be printed legibly or typed

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

Facility Name: LifeLine Diabetic

Physical Address: 201 3rd Avenue North
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 201 3rd Avenue North

City: Amory State: ms Zip Code: 38821

Telephone Number: 462-597-9200 Fax Number: 888-918-2226

E-mail: sstevens@lifelinediabetics.com Website: Lifelinediabetics.com

Mon: 7:30 to 5:00 Tue: 7:30 to 5:00 Wed: 7:30 to 5:00 Thu: 7:30 to 5:00

Fri: 8:00 to 12:00 Sat: to Sun: to Holidays: to

Name: Tracy Bryant

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

☐ Assistive Equipment
☐ Parenteral and Enteral Equipment**
☐ Orthotics and Prosthesis
 Other: _____

****If providing these types of services 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: _____**

NEVADA STATE BOARD OF PHARMACY

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

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

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

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New MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: LORMED, LLC

Physical Address: 3307 BROADWAY, SUITE 150, MT. VERNON, IL 62864
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3307 BROADWAY, SUITE 150

City: MT. VERNON State: IL Zip Code: 62864

Telephone Number: 855.208.1289 Fax Number: 618.244.2880

E-mail: Melissah@LORMED.COM Website: LORMED.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30^{AM} to 5:00^{PM} Tue: 8:30^{AM} to 5:00^{PM} Wed: 8:30^{AM} to 5:00^{PM} Thu: 8:30^{AM} to 5:00^{PM}
Fri: 8:30^{AM} to 5:00^{PM} Sat: CLOSED to CLOSED Sun: CLOSED to CLOSED Holidays: CLOSED to CLOSED

FACILITY ADMINISTRATOR INFORMATION

Name: MELISSA R. HARRIS

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: DYSTONY, UROLOGICAL, TEACH, ENTERAL AND WOUND CARE
SUPPLIES TO SKIN NURSING HOME RESIDE

**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 OCT 10 2011 Amount 500.00 Entity 58249

NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

FACILITY INFORMATION

Facility Name: MED-EL Corporation

Physical Address: 2511 Old Cornwallis Rd Ste 100 Durham, NC
(This must be a business address, we can not issue a license to a home address) 27713

Mailing Address: 2511 Old Cornwallis Rd. Ste 100

City: Durham State: NC Zip Code: 27713

Telephone Number: 919-572-2222 Fax Number: 919-314-3009

E-mail: Reimbursement@medel.com Website: www.Medel.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00 to 5:30 Tue: 9:00 to 5:30 Wed: 9:00 to 5:30 Thu: 9:00 to 5:30
Fri: 9:00 to 5:30 Sat: ON CALL Sun: CUSTOMER SERVICE 24/7 Holidays: to

FACILITY ADMINISTRATOR INFORMATION

Name: J. Louie Yilling

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

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

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

Other: _____

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

Board Use Only
Received NOV 21 2011 Amount 500.00 Entity 58599 1

NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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New MDEG X Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: MONROE MEDICAL EQUIPMENT CO., LLC

Physical Address: 801 NORTH MAIN STREET, TOMPKINSVILLE, KY 42167
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 801 NORTH MAIN STREET

City: TOMPKINSVILLE State: KY Zip Code: 42167

Telephone Number: (270) 407.5060 Fax Number: (270) 407.5063

E-mail: MCATALANO@SILVERSTAFF.COM Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 to 5:00 Tue: 8:30 to 5:00 Wed: 8:30 to 5:00 Thu: 8:30 to 5:00
Fri: 8:30 to 5:00 Sat: N/A to N/A Sun: N/A to N/A Holidays: N/A to N/A

FACILITY ADMINISTRATOR INFORMATION

Name: WENDY SMITH

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

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

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

Other: _____

**If providing these types of services 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

NOV 03 2011

Amount

500.00

Entity

58412

1

NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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New MDEG ☒ Ownership Change _____ Name Change _____ Location Change _____

FACILITY INFORMATION

Facility Name: Perfect Medical Solutions, LLC

Physical Address: 15170 Chippendale Avenue W Ste. #105
(This must be a business address, we can not issue a license to a home address)

Mailing Address: SAME

City: Rosemount State: MN Zip Code: 55068

Telephone Number: 651-322-7034 Fax Number: 651-322-7813

E-mail: jeffrey.kaufman@perfectmedicalsolutions.com Website: perfectmedicalsolutions.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9:00 to 4:30 Tue: 9:00 to 4:30 Wed: 9:00 to 4:30 Thu: 9:00 to 4:30
Fri: 9:00 to 4:30 Sat: Closed Sun: Closed Holidays: Closed

FACILITY ADMINISTRATOR INFORMATION

Name: Jeffrey Kaufman

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

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

- ☐ Assistive Equipment
- ☐ Parenteral and Enteral Equipment**
- ☐ Orthotics and Prosthesis
- Other: _____

**If providing these types of services 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 NOV 16 2011 Amount 500.00 Entity 58516 1

NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

FACILITY INFORMATION

Facility Name: CCFR, UC dba Premier Diabetic Solutions

Physical Address: 1001 W Pinhook Rd. Bldg #3, STE 105B Lafayette, LA.
(This must be a business address, we can not issue a license to a home address) 70503

Mailing Address: 1001 W Pinhook Rd. Bldg #3, STE 105B

City: Lafayette State: LA. Zip Code: 70503

Telephone Number: 877-449-5089 Fax Number: 877-335-5579

E-mail: chrisse@premierdiabetic.com Website: www.PremierDiabetic.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9^{AM} to 4^P Tue: 9^{AM} to 4^P Wed: 9^{AM} to 4^{PM} Thu: 9^{AM} to 4^{PM}
Fri: 9^{AM} to 4^{PM} Sat: Closed Sun: Closed Holidays: Closed

FACILITY ADMINISTRATOR INFORMATION

Name: Charisse Comeaux

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

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

**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: Charisse Comeaux Telephone: 337-331-3757

Board Use Only
Received NOV 21 2011 Amount 500- Entity 58555

NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: Prescriptions Plus, Inc

Physical Address: 3361 Fairlane Farms Road
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3361 Fairlane Farms Road

City: Wellington State: FL Zip Code: 33414

Telephone Number: (561) 795-1636 Fax Number: (561) 472-7957

E-mail: skolta@prescriptionsplus.com Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 9AM to 5PM Tue: 9AM to 5PM Wed: 9AM to 5PM Thu: 9AM to 5PM
Fri: 9AM to 5PM Sat: N/A Sun: N/A Holidays: N/A

FACILITY ADMINISTRATOR INFORMATION

Name: ALAN KRAVET

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

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

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

Other: _____

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

Board Use Only
Received NOV 21 2011 Amount 500.00 Entity 58597 1

NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: Quality Medical Products, LLC
Physical Address: 5180 W Atlantic Ave #105 Delray Beach, FL 33484
(This must be a business address, we can not issue a license to a home address)
Mailing Address: 5180 W Atlantic Ave #105 Delray Beach, FL 33484
City: Delray Beach State: FL Zip Code: 33484
Telephone Number: 800-356-0685 Fax Number: 800-528-0793
E-mail: Jordan@qualitymedicalproductsllc.com Website: _____

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30 AM to 5 PM Tue: 8:30 AM to 5 PM Wed: 8:30 AM to 5 PM Thu: 8:30 AM to 5 PM
Fri: 8:30 AM to 5 PM Sat: N/A to N/A Sun: N/A to N/A Holidays: N/A to N/A

FACILITY ADMINISTRATOR INFORMATION

Name: Jordan Soblick

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 SUPPLIES NO MACHINE

**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

UCT 06 2011

Amount

500.00

Entity

58240

1

NEVADA STATE BOARD OF PHARMACY

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

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

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

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

Application must be printed legibly or typed

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

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

FACILITY INFORMATION

Facility Name: Wright & Filippis, Inc.

Physical Address: 2638 Bond Street, Rochester Hills, MI 48309
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 2845 Crooks Road

City: Rochester Hills State: MI Zip Code: 48309

Telephone Number: (248) 829-8200 Fax Number: (248) 853-9102

E-mail: teaton@wright-filippis.com Website: www.firsttoserve.com

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8am to 5pm Tue: 8am to 5pm Wed: 8am to 5pm Thu: 8am to 5pm

Fri: 8am to 5pm Sat: to Sun: to Holidays: to

FACILITY ADMINISTRATOR INFORMATION

Name: Tom Eaton

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

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

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

Board Use Only

Received

OCT 27 2011

Amount 500.00

Entity

58383

1

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 X Location Change MP00686

FACILITY INFORMATION

Facility Name: AMERICAN RESPIRATORY AND MEDICAL EQUIPMENT, INC.

Physical Address: 2701 CONESTOGA DR. SUITE 108 CARSON CITY 89706
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3708 LAKESIDE DR. SUITE 200

City: RENO State: NV Zip Code: 89509

Telephone Number: 775/826-8090 Fax Number: 775/826-9008

E-mail: CBONILLA@CAREAHC.COM Website: WWW.CAREAHC.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

FACILITY ADMINISTRATOR INFORMATION

Name: JOHN CARSTARPHEN

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

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

**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: CARLOS L. BONILLA Telephone: (775) 240-6900 (CELL)

Board Use Only

Received _____ Amount 500.00 Entity _____ 1

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 X Location Change _____ MP00183

FACILITY INFORMATION

Facility Name: AMERICAN RESPIRATORY AND MEDICAL EQUIPMENT, INC.

Physical Address: 4855 JOULE ST. SUITE B-2 RENO - NV. 89502
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 3708 LAKESIDE DR. SUITE 200

City: RENO State: NV Zip Code: 89509

Telephone Number: 775/826-8090 Fax Number: 775/826-9008

E-mail: CBONILLA@CAREAHC.COM Website: WWW.CAREAHC.COM

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

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

FACILITY ADMINISTRATOR INFORMATION

Name: Carlos Bonilla

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

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

**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: CARLOS L. BONILLA Telephone: (775) 240-6900 (CELL)

Board Use Only

Received _____ Amount 500.00 Entity _____ 1

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

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

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

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

GENERAL INFORMATION

Pharmacy Name: FAMILY CARE PHARMACY
Physical Address: 5625 S RAINBOW BLVD LAS VEGAS NV
Mailing Address: 11129 SCOTSCRAIG COURT 89118
City: LAS VEGAS State: NV Zip Code: 89141
Telephone Number: 702-292-0886 Fax Number:
Toll Free Number:

E-mail: Website:
Managing Pharmacist: HITENDRA CHOKHI RPH License Number: 10803

Hours of Operation:

Monday thru Friday 9 am 6 pm
Sunday am pm
Saturday 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: 11-21-11 Amount: 500 - Entity: 58553 1

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

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

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

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

GENERAL INFORMATION

Pharmacy Name: Horizon Specialty Hospital of Henderson
Physical Address: 8550 S. Eastern Avenue
Mailing Address: Same as above
City: Las Vegas State: NV Zip Code: 89123
Telephone Number: 702-382-3155 Fax Number: 702-405-1995
Toll Free Number: N/A
E-mail: david.tupper@fundlta.com Website: fundlta.com
Managing Pharmacist: Nelson Mwangi License Number: 16311

Hours of Operation:

Monday thru Friday 8:30 am 5:00 pm Saturday 6 Hours + call am _____ pm
Sunday 6 hours + call am _____ pm 24 Hours N/A

TYPE OF PHARMACY

- ☐ Retail
- ☒ Hospital (# beds 39)
- ☐ Internet
- ☐ Nuclear
- ☐ Out of State
- ☐ Ambulatory Surgery Center

SERVICES PROVIDED

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

Board Use Only

Received: NOV 16 2011 Amount: 500.00 Entity: 58514 1

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

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

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

Application must be printed legibly or typed

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

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

GENERAL INFORMATION

Pharmacy Name: Walmart Pharmacy 10-4239

Physical Address: 250 Vista Knoll Parkway

Mailing Address: 702 SW 8th St., Bentonville Ark. 72716-0230

City: Reno State: NV Zip Code: 89506

Telephone Number: _____ Fax Number: _____

Toll Free Number: _____

E-mail: _____ Website: _____

Managing Pharmacist: Consolacion B. Pagayunan License Number: 14219

Hours of Operation:

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

TYPE OF PHARMACY

SERVICES PROVIDED

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

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

✓ Board Use Only

Received: NOV 16 2011

Amount: 500.00

Entity: 58513

1

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**NOTICE OF INTENDED ACTION
AND ACCUSATION**

GAIL P. KRIVAN, M.D.,

Controlled Substance Registration No: CS10632

Case No. 11-004-CS-N

Respondent.

_____/

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

I.

The Nevada State Board of Pharmacy has jurisdiction over this matter because Respondent Gail P. Krivan has a controlled substance registration issued by the Board.

II.

On or about January 19, 2011 Board staff received a complaint regarding Dr. Krivan's practice of pre-signing prescription pads and leaving the pre-signed pads for her office staff to complete when they saw patients in her absence. The timeframe between mid-December 2010 and mid-January 2011 was investigated.

III.

Dr. Krivan was on vacation for eleven days between December 23, 2010 and January 3, 2011. A report of Dr. Krivan's prescriptions was obtained from the Prescription Monitoring Program for that timeframe. The report showed 115 controlled substance prescriptions were written by Dr. Krivan for the period that Dr. Krivan was on vacation.

Of the 115 prescriptions, 76 were for CII's, 19 were for CIII's and 20 were for CIV's.

IV.

A copy of Dr. Krivan's calendar indicates that she did not work at her pain management clinic on Wednesdays in December 2010. Another Prescription Monitoring Program report shows that 24 prescriptions were written on Wednesday, December 8, 2010 and 15 prescriptions were written on Wednesday, December 15, 2010.

FIRST CAUSE OF ACTION

V.

By pre-signing prescription blanks without having seen the patients for which they were being written, Respondent Krivan violated Nevada Revised Statutes (NRS) 639.210(4) and (12) and/or Nevada Administrative Code (NAC) 630.304(4).

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

Signed this 28th day of July, 2011.


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

NOTICE TO RESPONDENT

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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

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

**GAIL P. KRIVAN, M.D.,
Controlled Substance Registration
No: CS10632**

Case No. 11-004-CS-N

Respondent.

_____/

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

I.

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

II.

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

III.

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

IV.

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

DATED this 28th day of July, 2011.


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

BEFORE THE NEVADA STATE BOARD OF PHARMACY

NEVADA STATE BOARD OF PHARMACY,

Petitioner,

v.

**GAIL P. KRIVAN, M.D.,
Controlled Substance Registration
No: CS10632**

**ANSWER AND NOTICE
OF DEFENSE
Case No. 11-004-CS-N**

Respondent.

_____/

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

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

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.

Gail P. Krivan, M.D.,

Blank

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

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

First: CHRIS Middle: M Last: IRWIN

Home Address: 1722 Bell Ave Apt #: _____

City: Sparks Fallon State: NV Zip Code: 89406

Telephone: _____ Social Security Number: _____

Date of Birth: _____ Place of Birth: Reno NV Sex: ☒ M or F

E-mail Address: _____

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

Pharmacy: Career College of Northern Nevada Store #: School

Address: 1421 Pullman Drive

City: Sparks State: Nevada Zip Code: 89434

Signature of Managing Pharmacist: Adrienne Santiago Lic #: PT01986 Date: 5/31/2011

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

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

a) Board Administrative Action and/or State: _____ Date: _____ Case #: _____
b) Criminal Action County: _____ State: _____ Date: _____ Case #: _____
Court: _____

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

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

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

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

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

Signature: _____

Date: 2-28-11

Board Use Only
Received: JUN 16 2011

Check Number: 775

Amount: 40.00

57100



Career College of Northern Nevada

"Training Employees to Employer Specifications"

1421 Pullman Drive
(775) 856-2266
www.ccnn.edu



Sparks, NV 89434
FAX (775) 856-0935

May 31, 2011

Re: Chris M Irwin
Pharmacy Technician Training Application

Dear Nevada State Board of Pharmacy,

This student enrolled in the program on July 19, 2010. The student was made aware of the requirements of the program, which included a background check. As of this date this student refuses to submit to a background check.

We are submitting his application for Pharmacy Technician in Training, as he is close to externship in this program. This student will not be able to complete the program as the clinical rotations require a background check.

While this student checked "no" on his application, the student also told me he is in the process of getting an item removed from his criminal background history. The student refuses to tell me exactly what is contained in his background.

Thank you,

A handwritten signature in black ink that reads "Adrienne Santiago". The signature is fluid and cursive.

Adrienne Santiago
Department Chair
Pharmaceutical Technician Training

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: AMIRA MEDICAL SUPPLY

Physical Address: 3650 E. FLAMINGO ROAD, SUITE 4 LAS VEGAS, NV 89121

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

Mailing Address: 556 STAGHORN PASS AVE

City: LAS VEGAS State: NV Zip Code: 89183

Telephone Number: 702 547-5991 Fax Number: 702 547-5992

E-mail: AMIRAMEDICALSUPPLY@CENTURYLINK.NET Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8:30^a to 4:30^p Tue: 8:30^a to 4:30^p Wed: 8:30^a to 4:30^p Thu: 8:30^a to 4:30^p

Fri: 8:30^a to 4:30^p Sat: by appointment to only Sun: closed to Holidays: closed to

FACILITY ADMINISTRATOR INFORMATION

Name: MICHAEL OLORUNNIMBE IGELSKE

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

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

**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 OCT 27 2011 Amount 500 Entity 58382 1

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA
Parent Company if any: N/A
Corporation Name: AMIRA MEDICAL SUPPLY INC.
Mailing Address: 3650 E. FLAMINGO ROAD, SUITE #4
City, State and Zip: LAS VEGAS NEVADA 89121
Telephone Number: 702 547-5991 Fax Number: 702 547-5992
License Contact Person: STACEY IGEELEKE
Professional Compliance Contact Person: MICHAEL IGEELEKE

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

Officer or director name

Officer or director title

STACEY ANN IGEELEKE

PRESIDENT

MICHAEL IGEELEKE

TREASURER

For any corporation non publicly traded, disclose the following:

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

a) _____
Name Address

b) _____
Name Address

c) _____
Name Address

d) _____
Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form.

- 2) Provide the number of shares issued by the corporation. N/A
- 3) What was the price paid per share? N/A
- 4) What date did the corporation actually receive the cash assets? _____
- 5) Provide a copy of the corporations stock register evidencing the above information.

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

N/A

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

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) J.C Medical Supply INC- 4015 W. CHARLESTON BLVD
LAS VEGAS, NV 89102
Name Address

Business

b) _____
Name Address

Business

c) _____
Name Address

Business

3) Are any of the owners health professionals? If yes, please list name. NO

- ☐ Practitioner
- ☐ Advanced Practitioner of Nursing
- ☐ Physician's Assistant
- ☐ Physical Therapist
- ☐ Occupational Therapist
- ☐ Registered Nurse
- ☐ Respiratory Therapist

Name: _____
Name: _____
Name: N/A
Name: _____
Name: _____
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.

Stacey Igaleke
Original Signature of Corporate Officer, no stamps or copies

10/21/11
Date

STACEY IGALEKE President
Type name and title

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

☞ Date

10/15/11

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 ADMINISTRATOR (DME)
Nature of MDEG
AMIRA MEDICAL SUPPLY INC. 3650 E. FLAMINGO ROAD SUITE 4 LAS VEGAS NV. 8912
Name and Address of Business for Which MDEG Administrator Is Requested
AMIRA MEDICAL SUPPLY
If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

IGELEKE
Last Name

OLURUNNIMBE
First Name

MICHAEL
Middle Name

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

556 STAGHORN PASS AVE LAS VEGAS NV. 89183

Present Residence Address-Street or RFD City State/Zip

3650 E. FLAMINGO ROAD #4 LAS VEGAS NV 89121
Present Business Address City State/Zip

ADMINISTRATOR August 2011 - present
Present Position with the MDEG Dates

Phone: 702 547-9551

Fax: 702 547-9552

Email address: _____

Lagos, NIGERIA
Place of Birth (City, County, State)

57
Age

MALE
Sex

BROWN
Color of Eyes

BLACK
Color of Hair

195 lbs
Weight

5ft 9 1/2 in
Height

Scars, tattoos or distinguishing marks and/or characteristics _____

N/A

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

If alien, registration No _____

If naturalized, certificate No _____

Date July 31, 2009

Place LAS VEGAS, NEVADA (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.

Jan to Dec 2009 JC MEDICAL SUPPLY/4015 W. CHARLESTON BLVD. LV. NV 89102 700 H

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
SERVICE TECHNICIAN/ MAINTENANCE PERSON	Deliver equipment to patients/clients residence Educate patient in proper use of equipment Maintenance performed on equipment when necessary	JOSHUA IGLEKE SI
Title	Description of Duties	Name of Supervisor

Jan to Dec 2010 JC MEDICAL SUPPLY/4015 W. CHARLESTON BLVD LV NV. 89102 700 H

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
SERVICE TECHNICIAN/ MAINTENANCE PERSON	Set up equipment in the patient residence. Complete written patient visit reports following set up visits as required.	JOSHUA IGLEKE SI
Title	Description of Duties	Name of Supervisor

Jan to Dec 2011 JC MEDICAL SUPPLY/4015 W. CHARLESTON BLVD LV. NV. 89102 400 H

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
SERVICE TECHNICIAN/ MAINTENANCE PERSON	Assist in resolving patient equipment problems. Process all orders timely. Perform equipment cleaning	JOSHUA IGLEKE SI
Title	Description of Duties	Name of Supervisor

August to Present 2011 AMIRA MEDICAL SUPPLY/3650 E. FLAMINGO RD #4 LV. NV 89121 300 H

Month and Year	Name/ Address of Employer/Business	No of Employed Hours
ADMINISTRATOR	Developed company rules & procedure, marketing plan. Installed policies to meet provider standards, vendor	STACEY IGLEKE
Title	Description of Duties	Name of Supervisor

contact, inventory control
manage branch expenses, main contact with accreditation company (HQ)
during accreditation process. Secured, state license, resale permit
and all regulatory document for the company.

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: NA

Case Number: _____

c) Criminal Action:

State: _____

Date: NA

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 writ



Date of photograph 10/18/11 04:21P

I, OLGRENINMBE MICHAEL JUELSEKE, 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.

 10/15/11
Original Signature of Applicant

Date 10/16/11

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 DME
Amira Medical Supply Inc Nature of License
3650 E. Flamingo Rd Las Vegas NV 89121
 Name and Address of Establishment for Which License Is Requested
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Igeleke Last Name STACEY First Name ANN Middle Name
MAIDEN NAME AWIS

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

556 Staghorn Pass Ave Las Vegas NV, 89183
 Present Residence Address-Street or RFD City State/Zip
3650 E. Flamingo Rd Suite 4 Las Vegas NV 89121
 Present Business Address City State/Zip

44 Dates
 Occupation Phone: Residence Business Fax
NEW ORLEANS LOUISIANA
 Place of Birth (City, County, State)

44 Age FEMALE Sex

BROWN BROWN Light 145 lbs medium 5'2"
 Color of Eyes Color of Hair Complexion Weight Build Height

Scars, tattoos or distinguishing marks and/or characteristics N/A

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial SAI

A. **Current Marriage** 7/18/97 Toledo, Ohio (Lucas)
 Date City, Count
 Spouse's full name (Maiden) Oluruthinbe Michael Igeleke S.S. No
 Date of Birth _____ Place of Birth Nigeria
 Resident address 556 Staghorn Pass Las Vegas NV 89183
 Street City State Zip
 Telephone: Residence _____ Business () N/A
 Spouse's employer RETIRED Occupation N/A
 Address of employer 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 S&I

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

Name N/A

Address _____

Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
Father			
Claude Auk		4236 Terrace View Toledo OH 43667	Retired
Mother			
Roslyn Auk		4236 Terrace View Toledo OH 43667	Factory worker
Father-in-Law			
N/A			
Mother-in-Law			
N/A			

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation
Kareem Auk		4236 Terrace View So. Toledo OH	unemployed
Spouse			
N/A			
Teisha Auk		4739 Douglas Rd Apt B-12 Toledo OH 43617	Unemployed
Spouse			
N/A			
Spouse			
Spouse			

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	Leverette	Toledo Ohio	1980-82	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	Scott	Toledo Ohio	1982-86	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	Regis	Henderson Nevada	2005-07	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any NA

College or university where obtained NA

Applicant's initial SAI

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
----------------	-----	--------	-------------------------	-----------------	------------------

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

Applicant's initial 248

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

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

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

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

Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
-----------------------------	-------------------	------	-----------------

4-04 - Present	556 Staghorn Pass A/E	Las Vegas	NV
8/00-4/04	9377 Spellman Dr	Las Vegas	NV
2/97-8/00	1808 DUNCAN St.	Toledo	OH
6/86-2/97	4236 TERRACE VIEW	Toledo	OH

Applicant's initial SAI

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
02/01 - 3/11	Ford Motor Credit, 2445 St. Rose Pkwy Henderson NV	Closed office
Title	Description of Duties	Name of Supervisor
Customer Ser. Rep.	inbound/outbound calls Reduce delinquency & losses Process extension, modification	Carolyn Kiegely
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
05/98 - 06/00	Westhaven Pharmacy 7643 Perrysburg OH	move out of state
Title	Description of Duties	Name of Supervisor
Supervisor	Collect on past due invoices Pharmaceutical drugs & medical supplies	JANE
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
10/96 - 5/98	Equity Group, 2208 Grant Road N. Baltimore OH	Growth opportunity
Title	Description of Duties	Name of Supervisor
Quality Control	Test product to make sure standards are met	Wayne Proctor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
03/93 - 10/96	Fifth Third Bank, 1606 Madison Ave Toledo OH	Growth opportunity
Title	Description of Duties	Name of Supervisor
Customer Ser. Rep.	Collect on delinquent loans	Paul Nguyen
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
05/89 - 03/93	First Choice Hair Cutters, 4505 Monroe St Toledo, OH	Lisa growth opportunity
Title	Description of Duties	Name of Supervisor
Hair Stylist	Perm, color, cut, style & sales	Lisa Daugherty
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
06/86 - 05/89	Sheraton Hotel Secor Rd in Toledo Ohio	growth opportunity
Title	Description of Duties	Name of Supervisor
Housekeeper	Clean rooms	Judy Guthrie
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial SAI Page 6

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
1. Name Jackie Marie Brown	Home 208 Belle Isle Ct.	Henderson	NV	89012		7 yrs
Employer Lisa Usighe Palace	Business 3570 Las Vegas Blvd	LV	NV			
2. Name Lisa Usighe	Home 10246 Valhalla St.	Las Vegas	NV	89183		10 yrs
Employer Retired	Business N/A					
3. Name Connie Evans Gray	Home 705 Kings Blvd	Las Vegas	NV			
Employer Western Funding	Business 3915 E. Patrick Ln	Las Vegas	NV	89120		
Name Joy Jones	Home 3103 Enright	Toledo, OH	43607			
Employer N/A	Business N/A					
Name Catherine Royal	Home 2033 Cosmic Ray Pl.	Henderson	NV	89001		
Employer Retired	Business N/A					

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
N/A			

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

Cosmetologist, Ohio 1988-2001

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.

N/A

Applicant's initial SAI

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 10/15/11 04:21 Pm

Applicant's initial BPJ

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: Forrester Custom Prosthetics

Physical Address: 615 Margrave Dr. Reno NV 89502
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 615 Margrave Dr.

City: Reno State: NV Zip Code: 89502

Telephone Number: (775) 657-9500 Fax Number: (775) 657-9520

E-mail: Scott@ForresterProsthetics.com Website: ForresterProsthetics.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 /

FACILITY ADMINISTRATOR INFORMATION

Name: Scott Forrester C.P.

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

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

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

Other: _____

**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

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OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: Nevada
Parent Company if any: N/A
Corporation Name: Forrester Custom Prosthetics LLC
Mailing Address: 615 Margrave Dr.
City, State and Zip: Reno NV 89502
Telephone Number: (775) 657-9500 Fax Number: (775) 657-9520
License Contact Person: Scott Forrester C.P.
Professional Compliance Contact Person: Scott Forrester C.P.

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>Scott Forrester C.P.</u>	<u>President</u>
_____	_____

For any corporation non publicly traded, disclose the following:

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

a)	_____	_____
	Name	Address
b)	_____	_____
	Name	Address
c)	_____	_____
	Name	Address
d)	_____	_____
	Name	Address

NOTE: All persons who are stockholders must accurately complete a personal history record form.

- 2) Provide the number of shares issued by the corporation. 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:

Application Pending / Submitted

- 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) Daniel Haney 20 Alfonso Dr. Carson City NV 897
Name Address
Ultra Prosthetics
Business

b) _____
Name Address
Business

c) _____
Name Address
Business

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


<input checked="" type="checkbox"/> Practitioner	Name: <u>Scott Forrester C.P.</u>
<input type="checkbox"/> Advanced Practitioner of Nursing	Name: _____
<input type="checkbox"/> Physician's Assistant	Name: _____
<input type="checkbox"/> Physical Therapist	Name: _____
<input type="checkbox"/> Occupational Therapist	Name: _____
<input type="checkbox"/> Registered Nurse	Name: _____
<input type="checkbox"/> Respiratory Therapist	Name: _____

Within the last five (5) years:

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

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

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


Original Signature of Corporate Officer, no stamps or copies

10-26-2011
Date

Scott Forrester C.P., President
Type name and title

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

✓Date 10-26-2011

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

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

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

Application for Prosthetics

Nature of MDEG

Forrester Custom Prosthetics 615 Margrave Dr. Reno NV 89502
Name and Address of Business for Which MDEG Administrator Is Requested

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

1. PERSONAL INFORMATION:

Forrester
Last Name

Scott
First Name

David
Middle Name

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

1208 Patrick Ave Reno NV 89509
Present Residence Address-Street or RFD City State/Zip

615 Margrave Dr. 9/8/11 → Reno NV 89502
Present Business Address City State/Zip

President 9/8/11 →
Present Position with the MDEG

Phone: (775) 657-9500 Fax: (775) 657-9520

Email address: _____

Pasadena, Los Angeles, California
Place of Birth (City, County, State)

30
Age

Male
Sex

Hazel
Color of Eyes

Brown
Color of Hair

190lbs
Weight

6'0"
Height

Scars, tattoos or distinguishing marks and/or characteristics None

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

If alien, registration No _____

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

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.

06\05 - 07\11 Ultra Prosthetics 20 Alfonso Dr. Carson City, NV 89706 12,480 hrs
Month and Year Name/ Address of Employer/Business No of Employed Hours

Prosthetist Practitioner Daniel Hancy
Title Description of Duties Name of Supervisor

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

Title Description of Duties Name of Supervisor

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

Title Description of Duties Name of Supervisor

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

Title Description of Duties Name of Supervisor

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

Title Description of Duties Name of Supervisor

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

Title Description of Duties Name of Supervisor

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 ☐

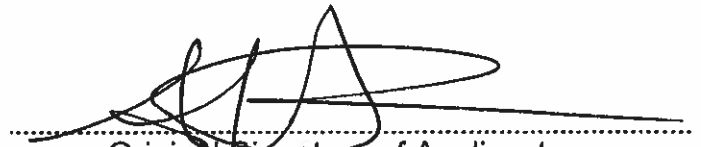
If you answer No to questions 4, 5 or 6 please provide a written letter of explanation.

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I, Scott D. Forrester C.P., 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

PERSONAL HISTORY RECORD

Date 10-26-2011

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

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

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

Application for MDEG
Forrester Custom Prosthetics Nature of License 615 Margrave Dr. Reno NV 89502
 Name and Address of Establishment for Which License Is Requested

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Forrester Last Name Scott First Name David Middle Name

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

1208 Patrick Ave Present Residence Address-Street or RFD Reno City NV 89509 State/Zip

615 Margrave Dr. Present Business Address 9/18/11 -> Dates Reno City NV 89502 State/Zip

Prosthetist Occupation 6/1/05 Dates Phone: Residence Business Fax

Reno, L.A., California Place of Birth (City, County, State)

30 Age M Sex

Hazel Color of Eyes Brown Color of Hair White Complexion 190 Weight Athletic Build 6'0" Height

Scars, tattoos or distinguishing marks and/or characteristics None

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No.

If naturalized, certificate No. Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☒ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial ADD

A. **Current Marriage** N/A
 Date _____ City, County and State _____
 Spouse's full name (Maiden) _____ S.S. No. _____
 Date of Birth _____ Place of Birth _____
 Resident address _____
 Street _____ City _____ State _____ Zip _____
 Telephone: Residence (_____) _____ Business (_____) _____
 Spouse's employer _____ Occupation _____
 Address of employer _____
 Street _____ City _____ State _____ Zip _____

B. Previous Marriages: If ever legally separated, divorced, or annulled, indicate below:

Name of Spouse	Date of Order or Decree	Date of Place of Marriage	Nature of Action	City County and State

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 ADP

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>Donald S. Forster</u>		<u>913 Shelden Ln</u> <u>Gardnerville NV 89460</u>	<u>Lawyer (Ret.)</u>
Mother <u>Kristina M. Holtberg</u>			<u>" Nurse (Ret.)</u>

Father-in-Law

Mother-in-Law

D. Brothers and Sisters:

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

Name (Maiden)	Birth Date	Address	Occupation

Spouse

Spouse

Spouse

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>Searselli Elementary</u>	<u>Gardnerville NV</u>	<u>1988 - 1994</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School <u>Douglas High School</u>	<u>Gardnerville NV</u>	<u>1996 - 2000</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University <u>University of Nevada Reno</u>	<u>NV</u>	<u>2000 - 2005</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other <u>Cal State Dominguez Hills</u>	<u>Carson CA</u>	<u>2007</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Type of degree obtained, if any B.S. Health Ecology, Prosthetics cert.

College or university where obtained University of Nevada Reno, Cal State

Applicant's initial [Signature]

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

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Applicant's initial  Page 4

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

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

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

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

Yes ☐ No ☒ If yes, complete the following:

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

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
-----------------------------	-------------------	------	-----------------

5/89 - 8/01	913 Sheridan Ln	Gardnerville	NV
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8/01 - 6/02	1525 Kings Row	Reno	NV
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6/02 - 2/08	2145 Gridley Ave	Reno	NV
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2/08 - 11/09	530 Little Sunset Ct	Reno	NV
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11/09 - 10/10	3477 Norman circle	Reno	NV
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10/10 - current	1208 Patrick Ave	Reno	NV
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Applicant's initial



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 09/11 - current	Name/Mailing Address of Employer/Business Forrester custom Prosthetics LLC 615 Margrave Dr. Reno NV 89502	Reason for Leaving
Title President	Description of Duties owner / Practitioner	Name of Supervisor Self
Month and Year 06/05 - 08/11	Name/Mailing Address of Employer/Business ultra prosthetics 20 Abasco Dr. Carson City NV 89706	Reason for Leaving Starting own Practice
Title Prosthetist	Description of Duties Prosthetic Practitioner	Name of Supervisor Daniel Hancy C.P.
Month and Year 09/04 - 06/05	Name/Mailing Address of Employer/Business TNT Logistics Store, NV	Reason for Leaving New Job
Title Stack Picker	Description of Duties Forklift operator	Name of Supervisor Tim Bulwosky
Month and Year 09/03 - 09/04	Name/Mailing Address of Employer/Business Unemployed / Student	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year 05/03 - 09/03	Name/Mailing Address of Employer/Business Nevada Conservation Corp.	Reason for Leaving School / Seasonal
Title Trail Crew	Description of Duties Building Hiking Trails	Name of Supervisor Chad Lewis
Month and Year 09/02 - 05/03	Name/Mailing Address of Employer/Business Student / unemployed	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year 5/02 - 9/02	Name/Mailing Address of Employer/Business Zephyr Cove Resort Zephyr Cove, NV	Reason for Leaving Seasonal
Title Parking Attendant	Description of Duties Parking Booth / lot	Name of Supervisor Josh Britton
Month and Year 06/00 - 5/02	Name/Mailing Address of Employer/Business Student / unemployed	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial  Page 6

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>Derek Dimitri</u>	<u>1230 W 1st St</u>	<u>Reno</u>	<u>NV</u>	<u>89509</u>		<u>22</u>
Employer <u>RMS</u>	<u>155 E. Mann</u>	<u>Reno</u>	<u>NV</u>	<u>89502</u>		
Name <u>Taylor Cohen</u>	<u>2344 Van Ness #6</u>	<u>San Francisco</u>	<u>CA</u>	<u>94109</u>		<u>15</u>
Employer <u>Yellow Door Realty</u>	<u>1 Kaiser Plaza suite 1450</u>	<u>Oakland</u>	<u>CA</u>	<u>94612</u>		
Name <u>Jennifer Koch</u>	<u>1248 Patrick Ave</u>	<u>Reno</u>	<u>NV</u>	<u>89509</u>		<u>6</u>
Employer <u>Sushi Peir</u>	<u>1507 S. Virginia St.</u>	<u>Reno</u>	<u>NV</u>	<u>89502</u>		
Name <u>Daniel Haney</u>	<u>204 Benson</u>	<u>Carson City</u>	<u>NV</u>	<u>89706</u>		<u>8</u>
Employer <u>Ultra Prosthetics</u>	<u>2235 Putnam</u>	<u>Reno</u>	<u>NV</u>	<u>89503</u>		<u>16</u>
Name <u>Bill Bradshaw</u>	<u>Self</u>	<u>"</u>	<u>"</u>	<u>"</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

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

Certified Prosthetist, National, March 2009 - Present
CP # 003652

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

[Signature]
Page 7

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

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

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

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

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 10-25-11

Applicant's initial [Signature]

Blank

GLOBAL DME

10921 Wilshire Blvd., Suite 1114. Los Angeles, CA 90024 Tel: 310-208-6104

Larry Pinson, Pharm D.

Executive Secretary of the Nevada State Board of Pharmacy

Nevada State Board of Pharmacy

431 W. Plumb Lane

Reno, Nevada 89509

Dear Dr. Pinson,

This is to petition consideration of the Global DME application received at the Nevada State Board of Pharmacy in August, 2011.

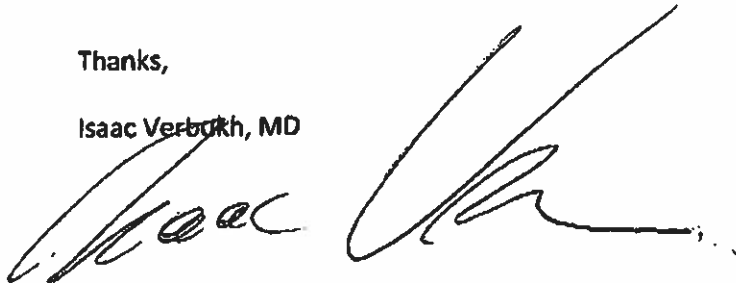
The old company address was listed on the original application and the board request for additional information was not received. As a result the last board meeting was missed. This was a result of employee turnover at the California Corporate office.

I am an anesthesiologist, never licensed in Nevada. I have not practiced medicine or had malpractice insurance for over two years. The only reason my license is active in California is for business purposes. I am not writing prescriptions and have no capacity to self refer in any state, certainly not in Nevada where I am not licensed. As an anesthesiologist by training, however, I can bring a wealth of clinical knowledge to a DME company primarily involved with sleep apnea or respiratory DME.

Please consider this application since I am not a practicing physician and my training can be of use. I will be happy to provide any additional information required by the Nevada state board of pharmacy to properly complete this application.

Thanks,

Isaac Verboon, MD

A handwritten signature in black ink, appearing to read 'Isaac Verboon', with a long, sweeping horizontal stroke extending to the right.

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: 8am 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 Dmg. Inc
 Mailing Address: 10921 Wilshire Blvd #1114
 City, State and Zip: Los Angeles, CA 90024
 Telephone Number: 310-208-6104 Fax Number: 310-208-7745
 License Contact Person: Isaac Verbulkh
 Professional Compliance Contact Person: Morton Merrick

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

Officer or director name	Officer or director title
<u>Isaac Verbulkh</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) N/A
 Name Address

b) _____
 Name Address

c) _____
 Name Address

d) _____
 Name Address

NOTE: All persons who are stockholders must accurately complete a personal history record form.

- 2) Provide the number of shares issued by the corporation. N/A
- 3) What was the price paid per share? N/A
- 4) What date did the corporation actually receive the cash assets? N/A
- 5) Provide a copy of the corporations stock register evidencing the above information.

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

N/A

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

N/A

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

a)		
	Name	Address
	Business	
b)		
	Name	Address
	Business	
c)		
	Name	Address
	Business	
d)		
	Name	Address
	Business	

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

a)		
	Name	Address
	Business	
b)		
	Name	Address
	Business	
c)		
	Name	Address
	Business	

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

<input type="checkbox"/> Practitioner	Name: _____
<input type="checkbox"/> Advanced Practitioner of Nursing	Name: _____
<input type="checkbox"/> Physician's Assistant	Name: _____
<input type="checkbox"/> Physical Therapist	Name: _____
<input type="checkbox"/> Occupational Therapist	Name: _____
<input type="checkbox"/> Registered Nurse	Name: _____
<input type="checkbox"/> Respiratory Therapist	Name: _____

None

Within the last five (5) years:

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

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

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

Original Signature of Corporate Officer, no stamps or copies

Date

Isaac Verbukh *8/18/11*
 Isaac Verbukh, CEO & President
 Type name and title

APPLICATION TO BE THE MDEG ADMINISTRATOR**Person who runs the facility on a daily basis**

Date

8/18/11

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

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

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

Application for CPAP and BiPAP machines and supplies
Nature of MDEG
Global DME Inc - 4440 S. Eastern Ave Las Vegas NV 89119
Name and Address of Business for Which MDEG Administrator is Requested
N/A
If applicable, Name Under Which It is Now Operated

1. PERSONAL INFORMATION:Henion
Last NameRichard
First NameJoshua
Middle NameJosh 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/ZipN/A N/A N/A
Present Business Address Dates City State/ZipN/A N/A
Present Position with the MDEG DatesPhone: N/A Fax: N/AEmail address: N/ASan Diego, CA
Date of Birth Place of Birth (City, County, State)29 Male
Age Social Security Number SexBlue Brown 210 6'0
Color of Eyes Color of Hair Weight HeightScars, 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/AIf naturalized, certificate No N/A Date N/APlace 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 h
 Month and Year Name/ Address of Employer/Business No of Employed Hours

Sleep tech Run sleep studies John DeCorte
 Title Description of Duties Name of Supervisor

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

N/A
 Title Description of Duties Name of Supervisor

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

N/A
 Title Description of Duties Name of Supervisor

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

Title Description of Duties Name of Supervisor

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

Title Description of Duties Name of Supervisor

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

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

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

- a) Board Administrative Action:
b)

State: N/A

Date: N/A

Case Number: N/A

- c) Criminal Action:

State: California

Date: 04/2002

Case Number: unknown

County: San Bernardino

Court: Victorville Courthouse

4. Will you be actively involved in and aware of the daily operation of the MDEG?

Yes ☒ No ☐

5. Will you be employed fulltime with the MDEG?

Yes ☒ No ☐

6. Will you be present at the site of the MDEG during its normal operating hours?

Yes ☒ No ☐

If you answer No to questions 4, 5 or 6 please provide a written

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



Date of photograph 8-18-11

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

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



.....
Original Signature of Applicant

Date 8-18-11

GENERAL INSTRUCTIONS

Type an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, continue on page 10 or use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made herein is subject to verification. Applicant must initial each page, as provided in lower right hand corner. By placing his initials on each page, the applicant is attesting to the accuracy and completeness of the information contained on that page.

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

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

Application for Medical Devices (CPAP/BiPAP Machines)
Global DME Inc, 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:

Last Name Henion First Name Richard Middle Name Joshua
Alias(es, Nicknames, maiden Name, Other Name Changes, Legal or Otherwise) Josh Henion
Present Residence Address-Street or RFD 1440 East Hacienda Ave Apt B City Las Vegas State/Zip NV 89119
Present Business Address N/A Dates N/A City N/A State/Zip N/A
Occupation N/A Dates N/A Phone: Residence () Business () Fax ()
Place of Birth (City, County, State) San Diego CA
Age 29 Sex Male
Color of Eyes Blue Color of Hair Brown Complexion White Weight 210 Build N/A Height 6'0"

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

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
----------------	-------------------------	---------------------------	------------------	-----------------------

N/A

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

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

N/A

3. **FAMILY INFORMATION:**

A. **Children and Dependents:**

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

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

B. **Child Support Information:**

Please mark the appropriate response:

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

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

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

Applicant's initial: AD

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

Name N/A

Address N/A

Contact person N/A

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

In-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
<u>Gerald Henion</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Father

<u>Susan Tillman</u>	<u>15615 arcata RD #1</u>	<u>N/A</u>
----------------------	---------------------------	------------

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
<u>Danielle Henion</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>

Spouse

N/A

N/A

Spouse N/A

N/A

Spouse N/A

N/A

Spouse N/A

N/A

4. EDUCATION:

Name of School	Location	Dates Attended	Graduate
Grammar School <u>Adelanto Elementary School</u>	<u>Adelanto, CA</u>	<u>N/A</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School <u>Mojave Youth Basin</u>	<u>Adelanto, CA</u>	<u>2001</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College <u>N/A</u>			Yes <input type="checkbox"/> No <input type="checkbox"/>
University <u>N/A</u>			Yes <input type="checkbox"/> No <input type="checkbox"/>
Other <u>N/A</u>			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 [Signature]

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 

If yes, give details below. List all cases without exception, including bankruptcies:

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	Omni 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 nistics	Family Reasons
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Sleeptech	Run sleep studies	Mark Beltran
Title	Description of Duties	Name of Supervisor
09/06 - 10/08	Unemployed	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
08/05 - 08/06	Domino's Pizza Adelanto CA	Moved to NV
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
COOK	N/A	Trude Fleeman
Title	Description of Duties	Name of Supervisor
08/04 - 04/05	Unemployed	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
03/04 - 08/04	City of Adelanto, CA Grounds Keeper	Season over
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Grounds Keeper	For the local single A Baseball team	Tino
Title	Description of Duties	Name of Supervisor
2003	Unemployed	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial



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

Name of Where Employed	Street	City	State	Zip	Telephone	Years Known
Name <u>Ryan Provenzano</u>	Home	<u>Apple Valley</u>	<u>CA</u>	<u>9730</u>		<u>15 yrs</u>
Employer	<u>N/A</u>	Business	<u>N/A</u>			
Name <u>Tamal Collins</u>	Home	<u>1440 E. Hacienda</u>	<u>Las Vegas</u>	<u>NV 89119</u>		<u>10 yrs</u>
Employer	<u>N/A</u>	Business	<u>N/A</u>			
Name <u>Dorinda Ford</u>	Home	<u>Henderson</u>	<u>NV</u>			<u>6 yrs</u>
Employer	<u>N/A</u>	Business	<u>N/A</u>			
Name <u>Steven Christie</u>	Home	<u>Livermore</u>	<u>CA</u>	<u>94550</u>		<u>20 yrs</u>
Employer	<u>N/A</u>	Business	<u>N/A</u>			
Name <u>Milton Reyes</u>	Home	<u>Las Vegas</u>	<u>NV</u>	<u>89119</u>		<u>7 yrs</u>
Employer	<u>N/A</u>	Business	<u>N/A</u>			

10. Do you have any safe deposit box or other such depository, access to any depository or do you use any other person's depository? Yes ☐ No ☒
If yes, complete the following:

Box Number or Type of Depository	Location	City and State	Authorized Users
<u>N/A</u>			
<u>N/A</u>			
<u>N/A</u>			

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

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

Yes ☐ No ☒

If yes, state type, where and years held

12. Have you ever applied for a city, county or state business, venture or industry license or held a financial interest in a licensed business or industry OUTSIDE the State of Nevada? Yes ☐ No ☒
If yes, state type, when and where and give names and locations of the businesses in which you were involved, the names and address of all partners and the agency responsible for licensing said business, venture or industry.

Applicant's Initial



14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

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

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

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

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒



Date of photograph 8-18-11

Applicant's initial RD

ss.

COUNTY OF Clark

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

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



Original Signature of Applicant

Subscribed and Sworn to before me this 19th day of

August 2011.
Martha Palomera
Notary Public



(seal)

Applicant's Initial RB

pg 10 cont. 2002 03-09 maurice stadium Adelanto, CA

cashier, season over.

2000-2002 unemployed.

98-99 Dairy Queen Adelanto CA

Applicant's initial



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: RESPMED INC.

Physical Address: 501 S. RAINBOW RD STE - E34
(This must be a business address, we can not issue a license to a home address)

Mailing Address: 4058 W EL CAMPO GRANDE AVE

City: N. LAS VEGAS State: NV Zip Code: 89031

Telephone Number: 702-648-9754 Fax Number: N/A

E-mail: RESPMED@EMBARGMAIL.COM Website: N/A

DAYS AND HOURS THAT THE FACILITY WILL BE REGULARLY OPERATING

Mon: 8 to 5 Tue: 8 to 5 Wed: 8 to 5 Thu: 8 to 5
Fri: 8 to 5 Sat: 8 to 4 Sun: off Holidays: 8 to 3

FACILITY ADMINISTRATOR INFORMATION

Name: Robert Scholl

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

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

**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: Robert Scholl RRT Telephone: 702-374-2720

Board Use Only
Received NOV 21 2007 Amount 500.00 Entity 585106 1

OWNERSHIP IS A NON PUBLICLY TRADED CORPORATION

State of Incorporation: NEVADA
Parent Company if any: N/A
Corporation Name: RESPMED INC.
Mailing Address: 501 S. RANCHO RD. STE E34
City, State and Zip: LAS VEGAS, NV 89106
Telephone Number: _____ Fax Number: _____
License Contact Person: Robert Scholl RRT, MARIVIC Scholl RN
Professional Compliance Contact Person: Robert Scholl

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

Officer or director name

Officer or director title

Robert P. Scholl

President

MARIVIC Scholl

Secretary

For any corporation non publicly traded, disclose the following:

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

a) Robert Scholl 4058 W El Campo GRANDE AVE
Name Address

b) MARIVIC Scholl 4058 W El Campo GRANDE AVE
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. 1000
3) What was the price paid per share? \$0.01
4) What date did the corporation actually receive the cash assets? 11-15-2011
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.

___ Practitioner	Name: _____
___ Advanced Practitioner of Nursing	Name: _____
___ Physician's Assistant	Name: _____
___ Physical Therapist	Name: _____
___ Occupational Therapist	Name: _____
✓ Registered Nurse	Name: <u>MARIVIC Scholl RN</u>
✓ Respiratory Therapist	Name: <u>Robert P. Scholl RRT</u>

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.

Robert P. Scholl
Original Signature of Corporate Officer, no stamps or copies

11-16-2011
Date

Robert P. Scholl RRT PRESIDENT
Type name and title

APPLICATION TO BE THE MDEG ADMINISTRATOR

Person who runs the facility on a daily basis

☞ Date 11-16-2011

Each MDEG shall employ an administrator at all times. The administrator must be:

1. A natural person.
2. Have a high school diploma or its equivalent.
3. Have: a) At least 1500 hours of verifiable work experience relating to the products provided be the medical products provider or medical products wholesaler or b) An associate's degree or higher degree from an accredited college or university in a field of study that is directly related to patient health care.
4. Be employed be the medical products provider or medical products wholesaler at the place of business or facility of the employer at least 40 hours per week or during all regular business hours if the business or facility is regularly open less than 40 hours per week and
5. Be approved by the board.
6. The administrator shall ensure that that the operation of the business or facility complies with all applicable federal, state and local laws, regulations and rules.

A medical products provider or medical products wholesaler shall notify the staff of the Board of the cessation of employment of an administrator within 3 business days after the cessation of the employment. A medical products provider or medical products wholesaler shall notify the staff of the Board of the employment of a new administrator within 3 business dates after the beginning of the employment.

A medical products provider or medical products wholesaler may not operate for more than 10 business days without an administrator. The Board may summarily suspend the operation of a business or facility that operates without an administrator.

GENERAL INSTRUCTIONS

Type or print an answer to every question. If a question does not apply to you, so state with N/A. If space available is insufficient, use a separate sheet and precede each answer with the appropriate title. Do not misstate or omit any material fact(s) as each statement made hererin is subject to verification. Applicant must initial each page, as provided in lower right hand corner.

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

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

Application for

RESPMED INC

Nature of MDEG

RESPMED INC. 501 S. RANCHO BLVD. LAS VEGAS, NV 89106

Name and Address of Business for Which MDEG Administrator Is Requested

N/A SAMR

If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Scholl
Last Name

Robert
First Name

PETER
Middle Name

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

4058 W El Campo Grande Ave N. Las Vegas, NV 89031
Present Residence Address-Street or RFD City State/Zip

501 S BAHCHA Rd New Las Vegas NV 89106
Present Business Address Dates City State/Zip

N/A
Present Position with the MDEG Dates

Phoi Fax: _____

Email address _____

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

47
Age

M
Sex

GRN
Color of Eyes

BRN
Color of Hair

190lbs
Weight

5'11"
Height

Scars, tattoos or distinguishing marks and/or characteristics NONE

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

If alien, registration No _____

If naturalized, certificate No _____ Date _____

Place _____ (If naturalized, document must be verified.)

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.

9/2007	UMC Hospital 1800 W Charleston Blvd Las Vegas, NV 89102 (10,400	
Month and Year	Name/ Address of Employer/Business	No of Employed Hours
Respiratory Therapist	Setup, Maintain Ventilator, SUN	NORI EVANS
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
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
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Month and Year	Name/ Address of Employer/Business	No of Employed Hours
----------------	------------------------------------	----------------------

Title	Description of Duties	Name of Supervisor
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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 letter of explanation.

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.....
.....

ATTACH

TAKI

30



PH

T

Date of photograph 10-21-2011

I, Robert P. Scholl, 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.

Robert P. Scholl RRT
Original Signature of Applicant

PERSONAL HISTORY RECORD

Date 11-16-2011

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

BESPMED INC. 501 S. BANCHE RD. LAS VEGAS, NV 89106
 Name and Address of Establishment for Which License Is Requested
N/A
 If applicable, Name Under Which It Is Now Operated

1. PERSONAL INFORMATION:

Last Name Scholl First Name Robert Middle Name PETER
 Alias(es, Nicknames, Maiden Name, Other Name Changes, Legal or Otherwise)
4058 W. EL CAMPO GRANDE AVE N. LAS VEGAS NV 89031
 Present Residence Address-Street or RFD City State/Zip
501 S. BANCHE RD NEW LAS VEGAS NV 89106
 Present Business Address Dates City State/Zip
RESPIRATORY THERAPIST 9/07 TO PRESENT
 Occupation Dates
 Phone: BROOKLYN NY NY Fax ()
 Age 47 Sex M
 Color of Eyes GRN Color of Hair BRN Complexion FAIR Weight 190 LBS Build MEDIAN Height 5' 11"

Scars, tattoos or distinguishing marks and/or characteristics NONE

Are you a citizen of the United States? Yes ☒ No ☐ If alien, registration No

If naturalized, certificate No Date

Place (If naturalized, document must be verified.)

2. MARITAL INFORMATION:

Single ☐ Married ☒ Separated ☐ Divorced ☐ Widowed ☐ Engaged ☐

Applicant's initial RPS

A. Current Marriage

9-21-99

TUCSON, PIMA, ARIZONA

Spouse's full name (Maiden)

Date

MARIVIC DAGATAN VELASCO

City, County and State

S.S. No

Date of Birth

12-7-1971

Place of Birth

MANILA, PHILIPPINES

Resident address

4058 W EL CAMPO GRANDE AVE N LAS VEGAS, NV 89031

Street

City

State

Zip

Telephone: Residence

Spouse's employer

SAN MARTIN HOSPITAL

Occupation

REGISTERED NURSE

Address of employer

8280 W WARM SPRINGS RD LAS VEGAS, NV 89113

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
CRISTINA SCHILL		5/96	DIVORCE	TUCSON, PIMA, AZ

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

Name	Street	City	State	Zip	Telephone
------	--------	------	-------	-----	-----------

N/A

3. FAMILY INFORMATION:

A. Children and Dependents:

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

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

N/A

B. Child Support Information:

Please mark the appropriate response:

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

Applicant's initial

RPS

FAMILY INFORMATION-Continued

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

Name N/A

Address _____

Contact person _____

C. Parents:

List names, residence addresses, dates of birth and most recent occupations of parents, step-parents, parents-

in-law or legal guardian. If retired or deceased, list last address and occupation.

Name (Maiden)	Birth Date	Address	Occupation
---------------	------------	---------	------------

Father

Robert C Schull4423 Broken Bow Cir Retired

Mother

Bernadette Schull4423 Broken Bow Cir Retired

Father-in-Law

Vicente Reyes VelascoManila Philippines Retired

Mother-in-Law

Teresita Dagatan VelascoManila Philippines Retired**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
---------------	------------	---------	------------

Babette Schull4429 Broken Bow Cir F&B Manager

Spouse

N/A

Spouse _____

Spouse _____

Spouse _____

4. EDUCATION:

	Name of School	Location	Dates Attended	Graduate
Grammar School	<u>St Williams the Abbot LI NY</u>			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
High School	<u>Marana High School</u>	<u>Marana Az.</u>	<u>1979-82</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
College University	<u>Pima Medical Institute</u>	<u>Las Vegas, NV</u>	<u>2005-07</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 AssociateCollege or university where obtained Pima Medical Institute

Applicant's initial

RPS

5 MILITARY INFORMATION:

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

Branch N/A 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 Pima State Az Date registered 1982

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
<u>N/A</u>					

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

Applicant's initial _____

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

Yes ☐ No ☒ (Other than divorces)

If yes, give details below. List all cases without exception, including bankruptcies:

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

N/A

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

Yes ☐ No ☒ If yes, complete the following:

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

N/A

7. RESIDENCES:

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

Month and Year (From-To)	Street and Number	City	State or County
-----------------------------	-------------------	------	-----------------

11-2002 to Present	4058 W El Campo Grande Ave	N. Las Vegas, NV	CLARK
4-1995 to 11-2002	2946 W Lagunita Avenue	Tucson	AZ PIMA
7-1982 to 4-1995	2842 W MESA VERDE PL	Tucson	AZ PIMA

Applicant's initial

RPS

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
9/08 to Present	UMC Hospital 1800 W Charleston Las Vegas 89102	Still there
Title	Description of Duties	Name of Supervisor
Respiratory Therapist	MANAGE VENTS & SUD	NORI EVANS
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
6/05 to 9/07	UMC Hospital 1800 W Charleston Las Vegas 89102	
Title	Description of Duties	Name of Supervisor
Monitor Tech	EKG Monitor	ANGEL CRIDER
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
3/04 to 6/05	HealthSouth Corp.	Moved to a hospital
Title	Description of Duties	Name of Supervisor
Monitor Tech	EKG Monitor	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
5/95 to 1/04	Albertson's Tucson AZ	Moved to Las Vegas
Title	Description of Duties	Name of Supervisor
Meat Cutter	Cut Meat	TIM GRIFFITH
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
8/89 to 5/95	Artist Incorporated	Better Job
Title	Description of Duties	Name of Supervisor
Test Technician	Tucson AZ	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
7/83 to 7/89	GARRETT AIRSEARCH Tucson AZ	
Title	Description of Duties	Name of Supervisor
Electronic Technician	TEST CIRCUIT BOARDS	
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor
Month and Year	Name/Mailing Address of Employer/Business	Reason for Leaving
Title	Description of Duties	Name of Supervisor

If additional space is needed, continue on page 10 or provide attachment.

Applicant's initial PPS Page 6

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>HEIDEL TRINIDAD</u>	Home <u>108 S OHOMA AVE</u>	<u>IRVINE</u>	<u>CA</u>	<u>92618</u>		
Employer <u>High hospital</u>	Business <u>Respiratory Therapy</u>					
Name <u>ANGELA TRILL</u>	Home <u>1241 DUNE TRL</u>	<u>CL HENDERSH</u>	<u>94014</u>			<u>6</u>
Employer <u>SAN MARTIN</u>	Business <u>Hospital</u>					
Name <u>WADE BOHN</u>	Home <u>730 SANDY HOOK</u>	<u>IRVINE</u>	<u>CA</u>	<u>92618</u>		
Employer <u>OWNED</u>	Business <u>SHELL GAS Station</u>					
Name	Home					
Employer	Business					
Name	Home					
Employer	Business					

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>			

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

N/A

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.

N/A

Applicant's initial

RF5

13. Have you ever appeared before any licensing agency or similar authority in or outside the State of Nevada for any reason whatsoever? Yes ☐ No ☒

14. Have you ever been denied a personal license, permit, certificate or registration for a privileged, occupational or professional activity? Yes ☐ No ☒

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

15. Have you ever been refused a business or industry license or related finding of suitability or been a participant in any group which has been denied a business or industry license or related finding of suitability? Yes ☐ No ☒

16. Have you or any person with whom you have been a participant in any group been the subject of an administrative action or proceeding relating to the pharmaceutical industry? Yes ☐ No ☒

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

18. Have you or any person with whom you have been a participant in any group ever surrendered a license, permit or certificate of registration relating to the pharmaceutical industry voluntarily or otherwise (other than upon voluntary close of a manufacturer) Yes ☐ No ☒

19. Do you have any relatives within the fourth degree of consanguinity associated with or employed in the pharmaceutical or drug related industry? Yes ☐ No ☒

ATTACH PHOTOGRAPH

TAKEN WITHIN LA

30 DAYS HERE



Date of photograph 10-21-2011

Applicant's initial NR

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

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

Application must be printed legibly

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

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

GENERAL INFORMATION

Pharmacy Name: Medication Review Inc

Physical Address: 1528 US Hwy 395 N, Suite 235

Mailing Address: Same as above

City: Gardnerville State: NV Zip Code: 89410

Telephone Number: 509-536-1900 Fax Number: 509-536-1999

Toll Free Number: 800-236-1900

E-mail: jbidondo@medicationreview.com Website: medicationreview.com

Managing Pharmacist: Jeanette Bidondo License Number: 17981

Hours of Operation:

Monday thru Friday _____ am _____ pm Saturday _____ am _____ pm
Sunday _____ am _____ pm 24 Hours X 7 days per u

TYPE OF PHARMACY

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

SERVICES PROVIDED

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

Board Use Only

Received: 11.22.11 Check Number: 838 Amount: 500.00

State of Incorporation: Washington

Parent Company if any: _____

Corporation Name: Medication Review Inc.

Mailing Address: 104 S. Freya St, Suite 217, Lilac Flag Bldg

City: Spokane State: WA Zip: 99202

Telephone: 509-536-1900 Fax: 509-536-1999

License Contact Person: Jeanette Bidondo

* Professional Compliance Contact Person: K. DOUGLAS CRAFTON, RPH

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

Officer or director name

Officer or director title

K. DOUGLAS CRAFTON

PRESIDENT SEE ATTACHED

MARY R. GIANGINI

Secretary

For any corporation non publicly traded, disclose the following:

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

a) SEE ATTACHED

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. 4,000,000

3) What was the price paid per share? \$0.50

4) What date did the corporation actually receive the cash assets? Through 2010

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

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

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

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

a) _____
Name Address
Business

b) _____
Name Address
Business

c) _____
Name Address
Business

d) _____
Name Address
Business

- 7) Has the firm or any owner(s), shareholder(s) in the last 10 years been associated with any person, business or health care entity in which pharmaceutical products were sold, dispensed or distributed?

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

~~SEE ATTACHED~~ SEE PERSONAL HISTORY

a) K. DOUGLAS CRAFTON 4512 S. TAMPA DR SPOKANE, WA 99223
Name Address
Dept of Social & Health Services, Eastern State Hospital, (Psychiatric) Medical Lake, WA -
Business

b) K. DOUGLAS CRAFTON 4512 S. TAMPA DR SPOKANE, WA 99223
Name Address
JONES PHARMACY 906 S. MONROE SPOKANE, WA 99204
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.

K Douglas Crafton
Signature of corporation officer

6/2/2011
Date

K. DOUGLAS CRAFTON
Print or Type name and title

Statement of Responsibility

Managing Pharmacist

Pharmacist Name: Medication Review Inc. Jeannette Bidondo

License #: 17981

Pharmacy Name: Medication Review Inc.

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	N
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. been charged, arrested or convicted of a felony or misdemeanor in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. been the subject of an administrative action whether completed or pending in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. had your license subjected to any discipline for violation of pharmacy or drug laws in any state?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If you marked YES to any of the numbered questions above, please include the following information

Board Administrative Action: State: _____ Date: _____ Case #: _____

And/or Criminal Action: State: _____ Date: _____ Case #: _____
County: _____ Court: _____

PHARMACY MANAGER'S RESPONSIBILITIES
(PHARMACY MANAGER TO READ, DATE, AND SIGN THIS SECTION)

1. Insure the pharmacy is operated in accordance with all state and federal laws and regulations. (NRS 639.220)
2. Maintain all outdated, mislabeled or adulterated medications in an isolated area separated from medications for current use. (NRS 639.282, NAC 639.510, NAC 639.473<2>)
3. Notify the Nevada State Board of Pharmacy of all employment changes of pharmacy staff within 10 days of the change. (NAC 639.540)
4. Maintain documentation of pharmacy technician in-service records or technician in training daily logs available for inspection at the pharmacy. (NAC 639.254<2>)
5. A complete controlled substance inventory must be taken every 2 years and whenever there is a pharmacy manager change (must be completed within 48 hours). (CFR 1304.11, NAC 453.475)
6. Report any loss or theft of controlled substances to the Nevada State Board of Pharmacy, Department of Public Safety, and Drug Enforcement Administration within 10 days of the occurrence. (NRS 453.568)
7. Maintain prescription records/logs for 2 years (2 years from last fill date for original paper prescription). NRS 639.236, NAC 453.480)
8. Maintain records of sales to practioners or other licensed providers as invoices for 2 years. (NRS 639.268, NAC 453.485)
9. Maintain invoice records separated as required for 2 years. (NRS 454.286, NAC 639.487)

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

J. Bickman
Signature

04.04.2011
Date



MEDICATION REVIEW

November 16, 2011

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

Dear Nevada Board of Pharmacy:

Medication Review, Inc. is Washington State licensed pharmacy. Our business is providing pharmacy solutions, including telepharmacy and pharmacy management services, to small and rural hospitals.

We are submitting a Non-Resident Pharmacy Application so that we may provide these services to hospitals located within the State of Nevada. We have enclosed all required materials and forms as outlined in the "Nevada Pharmacy Application Information and Checklist - Non-Publicly Traded Corporation."

Disclosure of nature of business:

Medication Review, Inc. is a healthcare service organization and proven market leader providing remote medication order entry and verification (aka., telepharmacy), electronic supervision of hospital pharmacy technicians (in states where approved), and pharmacy management services for small and medium sized hospitals. Our home office is located in Spokane, WA. We are a licensed pharmacy within the State of Washington: License # PHAR.CF.60109304.


Our services include:

1. Remote order entry and verification into the participating hospital's electronic health record system - 24 hours per day.
2. Review of medication orders against the patient's record and authorization to dispense through Automated Drug Distribution Systems (i.e., Pyxis or equivalent). This includes receiving, interpreting and clarifying medication orders, data entry, drug regimen reviews, therapeutic interventions, and drug and dosing consultations.
3. Clinical consultations with hospital providers and staff using telephone, video or encrypted electronic messaging.
4. Guidance in drug dictionary and formulary maintenance tailored to a facilities, when requested.

Our firms DOES NOT stock, distribute, fill, mail, or administer medications during this remote order entry/verification process.

If you have any questions or require any further information, please contact me at (509) 343-5200.

Sincerely,



K. Douglas Crafton, RPh
President/CEO

Enc.

104 S. Freya Street
Suite 217 - Lilac Flag Bldg.
Spokane, WA 99202
P: 509.343.5200
F: 509.343.5199
www.medicationreview.com

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JAMES R. ANLIOT
E-MAIL: JANLIOT@AFFILIATEDMONITORS.COM

_____, 2008

Hal Wand, R.Ph., MBA
Executive Director
Arizona State Board of Pharmacy
1700 W. Washington Street, Suite 250
Phoenix, AZ 85007

In re: _____, License No. _____
Board Case No. _____-PHR

COMPLIANCE AUDIT REPORT

Affiliated Monitors hereby submits this Compliance Audit Report summarizing the findings made during our on-site inspection of _____ Pharmacy (hereafter referred to as "_____"), conducted by _____, R.Ph. on August 4, 2008. This report contains our observations regarding the pharmacy's physical facilities; the business practices of the pharmacy, its staff, and its principal, _____; and the pharmacy's record-keeping and billing procedures. Our report also includes an overall assessment of the pharmacy's current level of compliance with the Arizona State Board of Pharmacy's (hereafter "Board") Consent Agreement for Probation, including the First Addendum and the Second Addendum, and applicable state and federal laws and regulations. The contents of this report are confidential and are being provided only to those entities approved by _____ on behalf of _____. This document will serve as the basis for a Compliance Plan and Manual which will be prepared for and delivered to _____ Pharmacy within the next four weeks.

During the auditing process, _____ cooperated in full with our requests. He appears willing to make some changes to his practice that will promote increased compliance with all state and federal rules and regulations as well as the specific terms of the Consent Agreement for Probation.

METHODOLOGY OF THE AUDIT

This compliance audit was conducted by means of an on-site inspection of _____ Pharmacy on August 4, 2008. During the audit, _____ conducted an interview with _____, R.Ph. pharmacy owner.

Our auditing activities were designed to address the specific issues identified in the Arizona State Board of Pharmacy Consent Agreement for Probation entered into by _____, including the First and Second Addendums. Particular attention was devoted to monitoring the accuracy and appropriateness of all prescription orders dispensed through the Pharmacy. The audit also considered the extent to which the Pharmacy complies with the full range of applicable state and federal laws and regulations.

During the audit, we analyzed the pharmacy's prescription records and invoices. We observed the general business operations of the pharmacy and checked the posted licenses and permits for the pharmacy, including _____'s individual pharmacy license and DEA registration. We examined records pertaining to personnel management, employee supervision, and continuing education and training activities completed by pharmacy staff. Our inspection included a check of on-site reference manuals and texts and equipment used in drug storage and drug dispensing. We carefully evaluated the pharmacy's management of controlled drug prescriptions and records; controlled drug order forms, invoices, and inventories; prescription drug stock management; and drug dispensing records, including casual sales. Our evaluation also included an assessment of the pharmacy's billing activities.

_____ is the sole pharmacist at _____. In addition to _____, his wife, _____, and pharmacy technicians maintain the business operations. The pharmacy's operations are typical of a smaller pharmacy in a rural community, and the majority of its business is specific to pharmaceutical orders dispensed to individuals. _____ does not have contracts with nursing homes or hospices. The pharmacy does fill orders for controlled substances in Schedule II as well as in Schedules III, IV, and V. _____ does not participate in drug compounding practices, nor does it administer immunizations or vaccinations. During the audit, _____ informed us of his intention to expand the pharmacy. He plans to enlarge the pharmacy's physical space and provide a larger array of over the counter medications as well as non-drug merchandise.

STORE AND PHARMACY HOURS

_____ operates Monday through Friday between 9:00 a.m. and 5:00 p.m. The hours are posted and visible by customers. _____ verified that he is present in the pharmacy at all times that the pharmacy is opened.

PHARMACY FACILITIES

During his review of the pharmacy facilities, _____ noted that the pharmacy has been in existence at the same location for many years. As is common in long-standing business

operations, there were areas that would benefit from general organizational improvements and updates.

_____ commented that the pharmacy area itself appeared clean, orderly and well-organized. The floors were clear of debris and clutter on the day of his visit. The pharmacy ledge is not visible to the customers. Pharmacy shelves that were visible to customers were clean and orderly. _____ commented positively on the technicians' generally successful efforts to maintain the organized appearance of the pharmacy's dispensing and drug storage areas. However, the office area in the pharmacy was in some disarray and would benefit from organizational efforts. The Pharmacy is not equipped with a prescription scanner.

_____ receives controlled substance drug deliveries from Cardinal Wholesale. The supplier is registered with the Arizona State Board of Pharmacy.

The pharmacy entrance and exit are sufficiently wide and the corridors within the pharmacy appear to provide sufficient space for customers to move throughout the store easily. Lighting was good and would allow customers to move about the pharmacy safely. In general, the pharmacy's overall appearance was good. As noted earlier in our report, _____ is in the process of expanding its space.

Handicapped parking spaces are available outside of the Pharmacy.

EQUIPMENT AND FLOOR DESIGN

BALANCE: The pharmacy has a balance, and there are records on site showing that the scale was tested and sealed on an annual basis.

REFRIGERATOR: The pharmacy's refrigerator was adjusted to maintain a proper temperature of between 36° and 41°. _____ did not see a tracking log in which the daily temperature would be recorded.

SINK: The pharmacy is equipped with a sink having hot and cold running water located near the area where prescriptions are filled.

DISPENSING AREA: The dispensing area of the pharmacy appeared clean and seemed to be maintained in a sanitary manner.

EQUIPMENT: The pharmacy has all of the equipment necessary to conduct the practice of pharmacy in accordance with the most current edition of US Pharmacopoeia.

SECURITY: The pharmacy has barriers in place to secure it when it is closed. Unauthorized personnel cannot access the pharmacy.

SECURITY ALARM: The pharmacy has an alarm that is activated when the store is closed.

Recommendations:

_____ thought that in general, the pharmacy's equipment was sufficient to address its daily operations. The Manual will provide a log for tracking the refrigerator temperature and for recording dates on which the scale was calibrated.

COMPUTER AND OFFICE SYSTEMS

The pharmacy is equipped with two computer stations. The pharmacy technicians are responsible for using the computers; they are certified in the use of the pharmacy's HBS software and appear to be well trained. The computer system is able to perform electronic billing operations, and the office has a fax machine.

DISPLAY OF REQUIRED LICENSES AND INFORMATION

During his audit, _____ checked for the materials which the Pharmacy is required to post for public viewing. _____'s license is posted and readily available for review by customers. The DEA and Arizona state controlled substance registrations were also posted. However, there were no signs informing patients of their right to receive counseling by the pharmacist regarding medication use and effects. These should be posted as well.

Pharmacy staff does not wear identifying name tags. _____ expressed the view that the pharmacy's location in a small community may reduce the need for such identifying information. Similarly, _____'s name was not posted to identify him as owner; _____ noted that this, too, may be because he is already familiar to the community he serves.

_____ shared a copy of a recent Board pharmacy inspection with _____. _____ appeared surprised by some of the deficiencies noted in the Board review, and it was not clear to us whether he had reviewed the Board's findings following the Board's visit.

EMERGENCY PREPAREDNESS

The pharmacy's compliance with routine safety recommendations was adequate, but left significant room for improvement in some areas. For example, there is a need for significant improvement in fire and emergency evacuation preparation. The pharmacy has a main entrance, but there is an additional means of egress. However, evacuation routes and exits are not clearly marked. The emergency lighting system was not operational on the day we examined it. There are no posted procedures for emergency evacuation. We would recommend that these matters be addressed promptly in order to ensure the safety of customers and employees.

The pharmacy has only one dry chemical fire extinguisher on site, and that fire extinguisher has not been inspected since 2001. Generally, external maintenance for dry chemical extinguishers should take place on an annual basis. Monthly examination of the extinguisher by a staff employee is considered routine maintenance. Extinguishers that have dry chemical and dry powder should undergo internal maintenance every six years, on average.

The pharmacy does not stock or use any flammable or hazardous materials. Despite this fact, the pharmacy should have OSHA workplace safety posters displayed in an area where they are visible to employees – we did not see these on the date of our visit.

The pharmacy and its staff are not currently well-equipped or fully trained to manage personnel or customer health emergencies. The pharmacy has not adopted any written emergency protocols regarding the care which should be provided to a customer in distress. While these are not required by law, the pharmacy might benefit from developing such protocols and educating staff about them. There is no emergency first aid kit, and emergency contact numbers are not posted near the telephones.

The pharmacy does not conduct any operations that would result in the generation of biohazardous waste, or which are reasonably likely to result in exposure to bloodborne or airborne pathogens. Nevertheless, the pharmacy might benefit from developing procedures which promote routine sanitization of the dispensing area and sound hand hygiene practices. One concrete step which could be taken here would be to provide antiseptic hand cleaner for staff use following customer transactions or prior to handling medication stock.

Because the Pharmacy does not administer immunization injections or perform other invasive procedures, it would appear that the absence of written protocols to guide staff management in the case of exposure to biological hazards is not significant. It might be wise, however, to establish and maintain employee health records which include vaccination histories, and to set policies about work restrictions in the case of employee illnesses.

Recommendations:

The pharmacy should promptly address the issues of emergency evacuation routes and properly operational fire safety and emergency lighting equipment. This specifically includes ensuring annual inspections of fire extinguishers. The pharmacy should also make sure that it has a current OSHA workplace safety poster visible in an area where employees can readily see it. The availability of a current first aid kit, and posting of emergency contact numbers, are additional steps we would recommend. While they are not required by law, the pharmacy might also benefit from the development of emergency care protocols for customers who experience a medical crisis, and from the development and implementation of procedures pertaining to employee hand hygiene, pharmacy sanitation and employee illness. Suggested policies on these topics will be included in the forthcoming Compliance Manual.

HIRING AND CREDENTIALING OF EMPLOYEES

The pharmacy has not adopted any written policies or procedures for screening and credentialing prospective employees. While references are checked to verify work history, it is not clear that the pharmacy contacts educational sources to confirm the applicant's educational background. We did not see any evidence that job applicants are asked about whether they have a criminal record, or that they are cross-checked against available Federal government program exclusion lists. It is also unclear whether the results of any such pre-employment screening are retained. While the absence of such procedures is not unusual for a small pharmacy in a rural community,

we believe that these screening procedures should be strengthened to protect the pharmacy from unnecessary risks.

Recommendations:

The Compliance Manual created by Affiliated Monitors specifically for _____ Pharmacy will contain policies which specifically address pre-employment screening and credentialing, as well as training of new employees.

CONTINUING EDUCATION OF PHARMACISTS

_____ asked about continuing education activities completed by _____. In accordance with Arizona Board Regulation, R4-23-204, _____ has completed eleven credit hours to date during calendar year 2008. Certificates confirming the completion of this continuing education were available in the pharmacy on the date of our visit.

OFFICE OPERATION POLICIES AND PROCEDURES

_____ informed _____ that he keeps all office operating policies and procedures in one area. However, the pharmacy has not yet adopted written policies for many aspects of its business operations. Despite this lack of such written policies and procedures, there appeared to be an established routine for conducting daily pharmacy business operations and all staff appeared to be familiar with this routine.

The pharmacy is not presently equipped with fully-developed written personnel procedures or job descriptions. Employee benefits, such as vacation and sick leave, are not included in the personnel guidelines the pharmacy actually has, and there is no written employee dress code. Employees are required, however, to sign an agreement acknowledging the confidential nature of the pharmacy's operations.

It is not clear to us whether there are written policies regarding performance reviews, or employee retention and discipline. What is clear is that there is no truly comprehensive code of employee conduct and behavior. For instance, we did not see any specific policies governing customer recruitment or marketing restrictions, although we also did not see any indication that staff members are paid any type of bonus or incentive for obtaining additional customers or sales. Nor are there any established policies governing referral of customers to other service providers, or acceptance of customers from other providers, which identify inappropriate patient referral practices. The pharmacy has not adopted any formal policy on receipt of gifts and gratuities, whether from customers or pharmaceutical vendors. _____ has not yet established clear policies which spell out his expectations about employee communications with customers, or which identify interactions which would be considered inappropriate. There are no policies specific to employee discrimination or sexual harassment. Indeed, the pharmacy has yet to adopt specific protocols for resolving customer complaints or other problems generally.

Although the pharmacy had printed out copies of the state licensing board laws and regulations as recently as June, 2008, we saw no evidence that the pharmacy had conducted any formal training on these standards. We saw no evidence that staff members had been trained in CPR.

Recommendations:

The Compliance Manual will be equipped with personnel policies as well as customer management protocols and guidelines specific to the unique needs of _____ Pharmacy. We will train the staff to conduct scheduled meetings in order to address any new or modified policies; this information and attendance can tracked in the Manual.

**BOOKS, MANUALS AND OTHER PRACTICE STANDARD MATERIALS
MAINTAINED IN THE PHARMACY**

_____ examined the reference materials available at the pharmacy. There are current state legal and regulatory materials but most of the drug reference materials were out of date. The pharmacy does have the current version of the Arizona Board Regulations on the shelf, as well as access to a current hard-copy or current electronic-copy of the Arizona Pharmacy Act and administrative rules and Arizona Controlled Substance Act. A current copy of *Facts and Comparisons®* was available as a reference; the other texts consisted of The Merck Manual, The Merck Index, and Remington: the Science and Practice of Pharmacy. All of these texts were published prior to the year 2000 and are no longer considered current.

Recommendations:

_____ acknowledged the pharmacy's maintenance of current state administrative rules and regulations. *Facts and Comparisons®* provides ongoing updates regarding pharmacology. _____ should secure more current reference materials to replace those that are more than two years old.

STORAGE AND SECURITY OF PRESCRIPTION DRUG STOCK

As part of our assessment, _____ evaluated the security procedures in place to prevent diversion or theft of the pharmacy's controlled substances. _____ observed that none of the pharmacy's Schedule II drugs were stored in a securely locked drawer or cabinet. _____ thought that there were sufficient measures in place to obstruct drug theft or diversion. The pharmacy area has both an alarm system and appropriate barriers which will secure the area when the pharmacy is closed. Access to the pharmacy area is controlled so that unauthorized personnel are not permitted in that area. Controlled substances are delivered directly to the pharmacy.

During his examination of the prescription drug stock, _____ found that prescriptions which had been filled, but not picked up, were returned to the stock shelves in the same containers in which they were originally dispensed. However, the pharmacy was not maintaining records which noted when the drugs were returned or the reasons for the return.

During his review of the Board's on-site inspection, _____ noted that the pharmacy was cited for its failure to remove outdated stock from its shelves. _____ had not been aware that the Board identified this deficiency until he reviewed the inspection documents during _____'s visit. Consequently, it does not appear that the pharmacy has revised its procedures regarding regular reviews of existing stock and removal of outdated and otherwise unsalable stock and products from the shelves. Despite the fact that these procedures had not been upgraded, _____ did not find any evidence of any outdated drugs on the stock shelves.

Recommendations:

The pharmacy needs to create a process that ensures that any outdated, expired, or otherwise unsalable drugs are removed from the stock shelves. The pharmacy also needs to create and maintain records concerning prescriptions which have been filled but not picked up to ensure that the date of return and the reasons for the return are properly documented.

CONTROLLED SUBSTANCE PRESCRIPTIONS AND RECORDS

_____ evaluated the pharmacy's management of controlled substances and records specific to receipt and disbursement. Controlled substances in Schedules II through V are dispensed through the pharmacy inventory. Subject to the specific problems noted below, it appears that the pharmacy is generally maintaining adequate records of all drugs received, dispensed, distributed through casual sales, lost or destroyed, and all such records are being maintained for at least two years.

Drug Order Records

The pharmacy has adequate supplies of DEA 222 order forms for ordering quantities of Schedule II drugs, and these forms appear to be compliant with Federal DEA regulations, particularly 21 CFR 1305.09(e). _____, the only registered pharmacist, is also the only person on the pharmacy staff with the authority to execute DEA 222 order forms; there is an appropriate power of attorney for this purpose. _____ was asked if he had considered using the federal Drug Enforcement Administration's new Controlled Substance Ordering System (CSOS) in order to eliminate the need for DEA 222 forms. _____ reported that he had procured the system, but had abandoned his efforts to integrate it into his operations because he had found it too difficult to understand and implement.

_____ found that the pharmacy's DEA 222 orders for Schedule II drugs contained all of the necessary information, including the date of receipt and the quantity of each Schedule II drug received. The supplier invoices for these orders were properly attached to the corresponding DEA 222 forms, and the records of these orders were properly separated from the records pertaining to orders of Schedule III through V drugs.

While the records pertaining to orders of Schedule III through V drugs were generally complete, _____ noted that the pharmacy staff was not consistently verifying the dates of receipt for these drugs.

Inventories

The pharmacy conducts biannual inventories of controlled substances in Schedules II, III, IV and V. The inventories are kept in a written format, but the pharmacy does not presently use its computer system to update them. We would strongly recommend that the pharmacy use its computer system to generate and maintain its inventories so that the pharmacy can provide accurate information about current drug stocks on hand at any given time.

_____ determined that each time the biennial inventories are taken, both the date and the time of each inventory are recorded. The biennial inventory information appeared to be both accurate and complete, and inventory entries included the name of each drug, the finished form of the drug, the strength of each finished form, and the number of units, or volume, of each finished form. The pharmacy retains information about outdated drugs in its inventory records.

The inventory records pertaining to Schedule II drugs were properly separated from the inventory records for Schedule III through V drugs. At the present time, the pharmacy is not maintaining a "perpetual" inventory record for its Schedule II drugs. Review of the pharmacy's records verified that the controlled substance inventories are retained for two or more years. Although we think the pharmacy would benefit from doing so far more frequently, the drug inventories are not reconciled more often than the legally-required once every two years.

Records of Individual Drug Dispensing Transactions

The pharmacy does use its computer system to record all daily drug dispensing transactions, and to generate daily printouts of all dispensing transactions once every 24 hours. It appears that information about individual dispensing transactions is being entered at the time of the transaction. The daily printouts indicate whether each particular dispensing transaction is the initial dispensing of a new prescription or a refill of a pre-existing one. The printouts are being maintained in chronological order in a separate book. _____ reviewed the last two Board inspection reports for the pharmacy and neither of these reports indicated that there were any deficiencies in the content of the daily printouts, and we saw no evidence indicating that the printouts lacked any of the legally-required information. This will be evaluated in more detail on our next visit.

Recommendations:

The pharmacy needs to make a full transition to an automated computer inventory system for drug inventories. The Compliance Manual will provide monthly inventory checklists for Schedule II controlled substances that can be conducted and initialed by two staff persons for enhanced accuracy. Perpetual inventories of Schedule II drugs should be maintained, and counts of quantities of all controlled substances should be initialed to show count verification.

DISPENSING PRACTICES

Based on _____'s evaluation of the pharmacy records, it appears that the pharmacy retains copies of individual prescription orders for the required minimum of two years and, in many cases, for well beyond that time period. Indeed, one of the observations _____ made was that the pharmacy has a considerable quantity of old, outdated prescriptions and paperwork which could probably be eliminated. We would suggest that pharmacy staff review these older materials and dispose of any outdated prescription records and associated paperwork. The individual prescription orders, however, were either originals or reproducible in exact form and were readily retrievable. Prescription orders were properly separated into three different files, one for Schedule II drugs, one for Schedule III-V drugs, and one for non-controlled substances.

One of the principal concerns identified in the Board's Consent Agreement with _____ was whether individual prescriptions were being filled and dispensed properly. To evaluate this, _____ randomly selected approximately four hundred individual prescription orders and compared the original prescription order, as received by the pharmacy, with the pharmacy's copy of the label which was generated and placed on the container of the drug at the time it was dispensed to the customer. _____ found no discrepancies in any of the cases he examined. In addition, _____ had the opportunity to observe the three pharmacy technicians employed at _____ Pharmacy who appear to do the vast majority of the filling of prescription orders. _____ specifically commented that all three technicians appeared to be careful and well-trained. We therefore did not see any evidence which would lead us to be concerned about the accuracy with which prescriptions are presently being filled. We would note, however, that _____ is not always as careful as he might be when reviewing the prescriptions on final evaluation to ensure that the items dispensed fully correspond to what is indicated on the label.

We did not evaluate the extent to which safety caps were placed on containers of drugs dispensed to customers. This will also be evaluated in more detail on our next visit to the pharmacy.

_____ then conducted a more extensive review of ten particular prescription records which he selected at random. His examination of these particular prescriptions confirmed that new prescriptions are dispensed pursuant to customer-specific prescription orders. The prescription orders for controlled substances included in this sample contained all of the required information, including the name and address of the patient, the name and address of the prescriber, and the pertinent information concerning the drug to be dispensed, the quantity to be dispensed, instructions for use, precautions, etc. We did find some instances in which the pharmacy's record concerning that individual prescription order lacked the DEA registration number of the individual prescriber, but all of those instances were corrected by the pharmacy staff during our visit. _____ did not detect any situations in which changes were made in the prescription orders or in which terms of the prescription order had to be clarified. None of the ten prescription records which were examined in more detail contained any evidence of a substitution either. Accordingly, we cannot offer any opinion about whether such changes, clarifications or substitutions are being handled appropriately.

Although the pharmacy has the capability to receive electronically-transmitted prescription orders, we saw no evidence that they are doing so at the present time. The software used in the computer system does appear to have the protections necessary to ensure the integrity of any prescriptions which might be transmitted or received electronically.

Timeliness of dispensing of new and refill prescriptions appears to be appropriate. In the individual prescription records he reviewed, _____ found that all prescriptions for Schedule II drugs were filled and dispensed within ninety (90) days after the prescription was issued by the prescriber, as required by Arizona law. Similarly, he found no evidence indicating that any prescriptions for Schedule III through V drugs were filled more than six months after the prescription order was issued by the prescriber, and no indication that prescriptions for non-controlled substances were being dispensed more than one year after the prescription was written. We did not see any evidence that refills of Schedule III through V drugs were being provided more than six months after the original prescription was issued, or that refills of non-controlled drugs were provided more than one year after the original prescription was issued. There was also no evidence that any prescription for a Schedule III, IV or V drug had been refilled more than five times.

We did not see any evidence of partially-filled orders and we are therefore unable to provide any assessment of whether _____ is keeping appropriate records concerning such orders.

Recommendations:

_____ commented on the large volume of prescription files that had been kept beyond the respective two- and three-year requisite period. He recommended that pharmacy staff review and dispose of outdated prescription records and any associated paperwork. He also emphasized the need to correctly and completely record the individual prescriber's DEA number in every case.

There were no records to indicate that prescriptions for Schedule II, III, IV and V drugs were being refilled by another pharmacy.

CUSTOMER COUNSELING

The pharmacy has not been keeping records of counseling conducted or offered to its customers. In addition, we did not see evidence of provision of information about patient confidentiality rights, such as those identified through HIPAA, is not provided to customers. The pharmacy does not have customers acknowledge receipt of filled prescription orders via signature.

Recommendations:

We recommend that the pharmacy procure a signature pad that will address the customer's privacy rights, including HIPAA regulatory information, and the right to education or counseling. The signature pad will also serve as verification of the customer's receipt of the prescribed medication.

CASUAL SALES

The pharmacy does not engage in any "casual sales" of controlled substances. Casual sales of non-controlled drugs are very infrequent; while these are not recorded in the pharmacy's computer system, _____ does have written invoices documenting these sales to the physicians who receive those drugs.

IMMUNIZATIONS

The pharmacy does not administer immunizations to customers.

COMPLIANCE RELATED POLICIES AND MATERIALS

The pharmacy does not have a compliance plan or program. The pharmacy technician is responsible for maintaining these materials and ensuring that outdated copies are replaced when new versions become available.

As previously noted, the pharmacy's reference materials include the current copy of state licensing board regulations; the most recent update was made in July 2008. Saunders Pharmaceutical Word Book, 17th edition, is available for reference. It has a subscription to *Facts and Comparisons®*.

The pharmacy does have a pamphlet containing HIPAA privacy information, but the pamphlet is not dated and _____ was unable to determine if it is the most current version available. The pharmacy does not, however, have copies of Medicare/Medicaid regulations and program materials or pertinent private sector third-party payor manuals.

Recommendations:

The Compliance Manual will provide current compliance information, which the pharmacy can reference to ensure ongoing compliance with state and federal regulations and requirements. We would recommend that the pharmacy acquire copies of applicable Medicare/Medicaid regulations and program manuals and any applicable private sector third-party payment program manuals pertaining to pharmacy services. We would also suggest acquiring a full copy of OSHA Workplace Safety Regulations and Materials. As noted previously, a number of the pharmacy's reference materials have become obsolete due to availability of this information on-line. _____ does not appear to have access to the aforementioned materials on-line as an appropriate substitute for paper copies of reference materials. The pharmacy staff should determine whether a sufficient number of computers are available for routine reference activities and base their purchases of paper manuals or on-line references accordingly.

PATIENT RECORDS - ACCESS AND CONFIDENTIALITY

_____ maintains records specific to customers who have had a prescription filled at the pharmacy, and the data is stored electronically. The information retained in these patient profiles includes the customer's name, address, and telephone number; date of birth or age; gender; any known allergies and drug reactions; and a list of medications.

The pharmacy has a Notice of Privacy form that it issues to its customers. It does not have written policies or forms in place for patient authorization of record disclosure.

Because all of these patient profile records are stored electronically in the pharmacy's computer system, this customer data appears to be adequately protected from public view. Access to this information in the computer system is protected by password, and can be retrieved only at specific workstations, and then only by specifically designated employees. _____ indicated that employees are monitored when accessing information stored in the computer. There are no written policies which specify which staff members have access to the customer information. The pharmacy has not yet adopted protocols for creating, reviewing or modifying employee access to the information.

The pharmacy does not presently have written procedures and safeguards in place that address attempts to obtain electronically stored information. There is no written policy at the present time which indicates how the pharmacy will protect the safety of customer information stored on electronic devices. The pharmacy also has not yet created written policies to address any breach of security by its staff. While there is a back-up system to restore any loss of data in the event of a fire, flood or other casualty, the back-up copy of the records is not kept off site and is therefore subject to possible loss.

Employees of the pharmacy do sign a confidentiality agreement in which they acknowledge their responsibility to protect the privacy of the pharmacy's records generally. In addition, despite the above-described lack of specific written protocols about confidentiality and privacy of pharmacy records, _____ concluded that staff members adequately understood the need to protect this data and took appropriate steps to ensure its security.

Recommendations:

The pharmacy has some measures in place to assure the safety of its data. Additional processes or equipment are necessary to prevent access or misuse of customer information. These protocols will be discussed in the Compliance Manual. The pharmacy should invest in an off-site back-up system to assure the safety of its data in the event of any inadvertent loss.

PROCEDURES FOR RESPONDING TO PROBLEMS OR CONCERNS

The pharmacy does not have written protocols that govern the detection or reporting of concerns voiced by customers or staff, and which indicate how the pharmacy will manage and respond to such concerns. There is no specifically identified employee designated to address such problems or concerns, and the pharmacy does not keep written records about its efforts to resolve such

problems. We would note here that, had such systems been in place, it is possible that the problem which prompted the Board's action in the present case might have been resolved without the need for Board intervention.

REPORTING

We did not see any evidence that the pharmacy has experienced any thefts or diversions of drugs.

Recommendations:

The Compliance Manual will contain protocols for addressing and responding to problems of a personnel as well as customer nature. A dispute resolution course would provide management staff with the tools necessary for addressing problems in a way that is not contentious and brings about a mutually satisfactory resolution.

SUMMARY

GENERAL COMMENTS ON COMPLIANCE EFFORTS

_____ and the other staff members at _____ Pharmacy cooperated fully with _____ as he conducted his audit of the business and prescription operations.

_____ Pharmacy entered into a Consent Agreement for Probation with the Arizona State Board of Pharmacy on February 17, 2007. The Agreement was subsequently amended in March, 2008 and again in July, 2008. Both addendums were initiated at the request of _____.

During its initial investigation, the Board determined that _____ had engaged in unprofessional conduct in his pharmacy practices based on its finding that the Pharmacy filled an order with the incorrect number of pills, some of which were broken, and that in that order was a foreign tablet unrelated to the actual order. _____'s failure to routinely apply 'safety caps' unless specifically asked for 'easy open caps' was also cited. _____ was placed on a two-year period of Probation with the following directives: _____ was required to have another pharmacist on-site review and verify all prescriptions filled for accuracy prior to being dispensed; _____ should work with one of the pharmacy technicians to conduct inspections of the pharmacy would occur on a twice-yearly basis; and, that _____ and the pharmacy monitor were required to submit monthly progress reports to the Board. The First Addendum took effect on May 8, 2008. Through that Addendum, _____ could request that the pharmacy monitor complete the verification of prescriptions filled remotely if certain conditions were filled. A Second Addendum placed Affiliated Monitors, Inc., in charge of the monitoring activities and eliminated the requirement that inspections take place on a biannual basis and that _____ provide the Board with a progress report each month. Affiliated Monitors was charged with conducting this Compliance Audit and creating the resulting Compliance Manual. Affiliated Monitors will also conduct two unscheduled and unannounced inspections of the pharmacy; the board will receive a report of its findings following each inspection.

It is unclear what changes have been made since _____ entered into the Consent Agreement with the Board. Currently, there are a number of areas in which enhanced business and pharmaceutical practices are necessary for continued operations. The Compliance Manual and training will give the pharmacy and _____ the foundation for ongoing change that is required to ensure compliance with state and federal rules and regulations.

SUMMARY OF RECOMMENDATIONS

Based upon the audit, review of the records and conversations with staff on hand at the time of the audit, Affiliated Monitors makes the following recommendations:

1. Purchase a safety first aid kit.
2. A staff person should become CPR-certified and undergo annual recertification.
3. Inspect fire extinguisher and ensure that it is in proper working order.
4. Establish safety procedures in the event of an emergency by posting emergency phone numbers near all telephones, and fixing fire exit and emergency lighting problems.
5. Identify and implement sanitation and employee hand hygiene measures to assure hygiene and prevent untoward spread of viruses and other bacterial borne illnesses.
6. Organize the pharmacy office by destroying any prescription order files that are older than two years and orders for controlled substances that are three years or older.
7. Complete the transition to a computer based inventory management system, including a perpetual inventory.
8. Track the additional information noted in the daily printouts.
9. Conduct monthly inventories of Schedule II controlled substances with two staff members.
10. Establish and conduct regular reviews of stock to remove outdated and otherwise unsalable drugs and products from the shelves.
11. Procure and implement use of signature pads.
12. Identify and purchase current computer or hard copy reference texts.
13. Invest in a virtual or hard drive back up system to avoid loss of patient data.
14. Engage a bookkeeper to assist with ongoing business operations and customer billing activities. The bookkeeper should have some knowledge of insurance filing and regulations.
15. Start a daily log of the refrigerator temperature.
16. The manager or pharmacist in charge should undergo a course in dispute resolution.
17. Finally, the pharmacy must focus on any previous deficiencies noted by the Board Inspections.

Affiliated Monitors is currently preparing the Compliance Manual for the pharmacy. That should be completed within the next thirty days. In the interim, we recommend that the pharmacy address the deficiencies noted in this report as quickly as possible. Affiliated Monitors proposes to conduct the next quarterly monitoring visit within the next four weeks.

Thank you for the opportunity to be of service.

Affiliated Monitors, Inc.

James R. Anliot
Director of Healthcare Compliance Services

Dated:

JAMES R. ANLIOT
E-MAIL: JANLIOT@AFFILIATEDMONITORS.COM

_____, 2010

Wendy Anderson, Program Director
Colorado State Board of Pharmacy
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**THIRTEENTH QUARTERLY MONITORING REPORT BY
AFFILIATED MONITORS, INC.**

IN RE: COLORADO STATE BOARD OF PHARMACY

In the Matter of _____, R.Ph. License No. _____

Dear Ms. Anderson:

As the Board-approved Independent Monitor in the above-referenced case, Affiliated Monitors (hereafter "AMI") has been responsible for overseeing the implementation of the Stipulation and Final Agency Order (hereafter the "Order") issued to _____, R.Ph. (License No. _____) by the Colorado State Board of Pharmacy. The Order requires AMI to conduct bi-weekly evaluations of Mr. _____'s pharmacy practice at _____, located in Aurora, Colorado. The purpose of these monitoring visits is to assess Mr. _____'s level of compliance with both the specific terms of the Order and with all applicable state and federal rules and regulations which govern his practice as a pharmacist and the operation of the Pharmacy. AMI is obligated to report its findings to the Board on a quarterly basis, and must notify the Board within 72 hours if any violation of Colorado pharmacy laws or regulations by Mr. _____ is detected during any visit.

_____, Pharm.D., has continued to serve as the Board-approved on-site monitor in this matter on behalf of AMI. During this quarterly reporting period, _____ conducted six bi-weekly monitoring visits on October 14, October 27, November 19, November 30, December 17 and December 31, 2009. This report reflects the results of _____'s reviews of various pharmacy records and observation of the pharmacy's operations during each of those visits. Our report concludes with some specific recommendations for further improvement in Mr. _____'s practice.

METHODOLOGY USED IN PREPARING THIS REPORT

During each of his monitoring visits, _____ examined a variety of pharmacy records, including drug purchase records, drug inventories, individual prescription orders and their accompanying individual prescription records, and daily transaction printouts. Records were chosen for review from among the records generated on days when Mr. _____ was working in the Pharmacy, and were selected randomly - Mr. _____ did not play any role in deciding which records would be examined, nor was he given any advance notice of which records had been chosen. Each monitoring visit also included a brief visual inspection of the pharmacy premises for the purpose of evaluating general pharmacy operations, overall cleanliness and organization, and management of drug stocks. Mr. _____ was interviewed on each visit as well. Each monitoring visit also included an interview with Mr. _____.

_____ recorded his findings during each on-site visit through the use of two documents: (1) a Practice Monitor Report developed by the Colorado State Board of Pharmacy and (2) a supplemental checklist designed by AMI. The completed Colorado State Board of Pharmacy Practice Monitor Report forms were mailed directly to the Board at the conclusion of each visit under separate cover; the supplemental checklist developed by AMI was submitted to our office along with a copy of the Colorado State Board's Practice Monitor Report form after each visit, and we have therefore had the benefit of the Board's forms as well as our own in preparing this narrative. AMI's checklist was intended to supplement the Board's forms by addressing matters not explicitly identified in the Board's Practice Monitor Report form, and by offering _____ an opportunity to comment in narrative form on various aspects of the pharmacy's operations and Mr. _____'s practice.

FINDINGS

General Operations

_____ found that all necessary state licenses and DEA registrations were current and properly posted throughout this reporting period. Mr. _____'s individual state license as a registered pharmacist was renewed in a timely manner; the new license was properly posted as of the date of _____'s first visit in November, which would have been the first visit conducted after the October 31 license renewal deadline. The pharmacy's operating hours were posted at the time of each visit. Mr. _____ was properly identified with a name tag; no other Pharmacy employees are permitted to enter the pharmacy compounding and dispensing area or perform pharmacy technician functions. An examination of the Pharmacy's employment records indicated that the Pharmacy has been complying with Board regulations governing the ratio of unlicensed assistants to registered pharmacists.

All Pharmacy records for the past two years were available to _____ at the time of each bi-weekly inspection and Mr. _____ had current and up-to-date versions of all applicable state and federal laws and regulations available to him throughout this reporting period.

As we noted in our last report, the Pharmacy has been consistent about ensuring that customers are informed about their rights to counseling about their medications.

General Appearance and Sanitation

In our last report, we indicated that Mr. _____ had made some noticeable progress in addressing the long-standing issue of clutter and disorganization in the pharmacy's compounding and dispensing area. We reported specifically that Mr. _____ had made a definite effort to reduce the amount of extraneous papers and non-pharmaceutical merchandise in the compounding and dispensing area during the early part of August, 2009, and had been making an apparent effort to maintain these improvements during the second half of the last reporting period. _____' findings during this reporting period suggest that Mr. _____ has largely succeeded in preserving these improvements – while he did note some problems with clutter on the counters in the dispensing area during his first visit in October, these problems were addressed relatively quickly and the compounding and dispensing counter was free and clear of that material by the time of the second visit in October. The effort to keep these areas clear and clutter-free continued through the rest of the quarter and, with the exception of some extraneous materials noted on the “west” counter during the December 17 visit, the effort has been largely successful. At every visit, Mr. _____ had sufficient clear counter space in the dispensing area, and that portion of the pharmacy was consistently clean and sanitary. Visible areas of the Pharmacy's stock shelves appeared clean and reasonably well-organized throughout the quarter, and the visible areas of the floors in the compounding and dispensing area were clean and relatively free of extraneous items. The result has been an increasingly well-organized and professional appearance for the pharmacy area as a whole, and we would encourage Mr. _____ to persist in these efforts.

Medication Stocks and Storage

Mr. _____ continues to store the Pharmacy's Schedule II through IV drugs in a locked cabinet and has maintained an appropriate degree of separation between the Schedule II drugs and the Schedule III and IV drugs within that cabinet. His pharmacy security measures appear to be both appropriate and sufficient to prevent possible theft or diversion of these controlled substances. As we reported last quarter, Mr. _____ continues to ensure that controlled substances ordered by the pharmacy are delivered directly to the compounding and dispensing area, or to another secure location if the dispensing area is not open. He has now maintained this particular improvement for more than a year.

During each monitoring visit, _____ conducted a brief check of a randomly selected portion of the drug stocks to determine whether any were beyond their expiration dates. During his October 27 visit, _____ noted the presence of one stock bottle of Trichloroacetic acid 15 cc, one stock bottle of Flextrim Plus capsules, and one stock bottle of Phentermine Hcl 30 mg capsules which were beyond their expiration dates. All of these had been removed from the drug stock shelves by the time of our November 19 monitoring visit, and _____ found no

recurrence of any expired drug stocks during any of his subsequent visits. We did not see any indication that any prescriptions had been filled with drugs which were beyond their expiration dates, but the presence of the expired drugs in the stocks examined on October 27 serves, nevertheless, as a reminder that regular, periodic checks must be performed on a consistent basis in order to avoid possible dispensing of outdated medications. .

Mr. _____ is continuing to maintain a log for tracking all dispensed prescription medications which are not delivered to the customer and are then returned to the pharmacy's drug stocks. The log itself appears to be designed to capture appropriate and sufficient information about any such returns, their date of occurrence and the reasons for those returns, and therefore appears to meet the requirements of Board regulation 3.00.86. However, it has been difficult to evaluate the effectiveness of the log because there is no evidence that any dispensed drugs have been returned to stock since July, 2007.

Drug Inventories and Purchase Records

As noted in our last two reports, the most recent biennial inventories of drugs in Schedules II through V were conducted on April 20, 2009 and will not be due again until the spring of 2011. At the time they were performed, the biennial inventories appeared to be both complete and accurate for all controlled substances. The inventories of Schedule II drugs continue to be properly separated from the inventories of Schedule III through V and non-controlled drugs. Although we have frequently recommended that Mr. _____ establish and maintain an ongoing inventory of the quantities of Schedule II drugs he has on hand, he has not yet elected to do so, and it remains unclear whether, and if so, how often, Mr. _____ reconciles his inventories of Schedule II drugs.

_____ examined a total of seventeen (17) executed DEA 222 order forms for Schedule II drugs during this reporting period. He found that the executed DEA 222 forms were both adequate and readily retrievable and, in all cases, accompanied by a supplier's invoice which was securely attached to the corresponding DEA 222 order form. We found no problems with the completeness of the DEA 222 order forms reviewed, nor any evidence that any of these forms had been altered in any way. _____ also reviewed thirty-eight (38) supplier invoices for purchases of Schedule III through V drugs during this quarter. Here, too, the invoices were fully completed, contained all required data, and were free of any indication of any addition, erasure or alteration.

Individual Prescription Records

During his six bi-weekly inspections, _____ reviewed a total of seven hundred seventy (770) individual prescription orders, including a total of two hundred thirty-one (231) prescription orders for Schedule II drugs, one hundred sixty six (166) prescription orders for Schedule III, IV or V drugs, and three hundred seventy three (373) prescriptions for non-controlled prescription drugs.

Mr. _____ has remained vigilant about keeping these prescription orders separated into three different files, one for Schedule II drugs, one for drugs in Schedules III through V, and one for non-controlled drugs. All oral prescription orders were properly and promptly reduced to written form by a registered pharmacist. We found no evidence of any emergency oral orders for Schedule II controlled substances, nor any indication that the Pharmacy had received any faxed orders for such drugs. We also found no indication of any partial filling of prescriptions for Schedule II drugs.

Examination of the individual prescription orders for controlled substances in all schedules confirmed the presence of prescriber signatures on all such prescriptions, and _____ found no evidence of any omissions or alterations in any of the prescription orders he reviewed. This was true for both the individual prescription orders for Schedule II drugs and those for Schedule III through V or uncontrolled drugs.

Information about each individual prescription order for a customer was entered into an individual prescription order record for that customer in the pharmacy's computerized individual prescription order records. Entry of this information appears to have occurred in a timely fashion in all instances and a comparison of the data in the pharmacy's computer records with the original written prescription orders revealed no discrepancies or irregularities.

_____ ' monitoring visits also included an examination of daily printouts of dispensing transactions. For this quarterly reporting period, _____ examined a total of seventy-seven (77) such printouts. He found no evidence that any daily printouts were missing – the printouts are prepared once every 24 hours, as required, and the printed copies are being kept, unbound, in chronological order. All of the data in the daily printouts appeared to be both complete and accurate.

Preparation, Compounding and Dispensing of Drugs

Our examination of the records pertaining to individual prescription orders once again confirms that Mr. _____ fills and dispenses such prescriptions in a timely fashion. All of the individual prescription orders examined were filled and dispensed within the legally-allowable time period, usually as soon as practicable after receipt of the original prescription order. There was no evidence that any prescriptions for Schedule III through V drugs were either originally dispensed or refilled more than six months after the issuance of the original prescription order, and no evidence that any such prescriptions were refilled more than five times. Refills of prescriptions for non-controlled drugs were similarly dispensed no more than one year after the issuance of the original prescription order.

Whenever any prescription was filled and dispensed, Mr. _____ initialed the original prescription order to signify that he had performed a final evaluation of the prescription to ensure that it was properly filled and labeled. The date on which the dispensing occurred was also consistently documented. If any drug was substituted for the one originally prescribed, Mr.

_____ was careful to record both the name of the substituted drug and its National Drug Code number on the original prescription order. As has been the case for some time now, the Pharmacy has not engaged in any pre-packaging or re-packaging of drugs, and _____ found no evidence of any casual sales or other non-dispensing distributions of any drugs.

Although there was no evidence of any compounding of preparations during any of his visits this quarter, _____ recommended to Mr. _____ during the October 27 visit that if Tamiflu capsules were to be used to make a suspension for administration to a customer, the preparation of that suspension should be treated, and documented, like any other compounded preparation. The absence of any evidence of any compounding activity this quarter prevents us from assessing Mr. _____'s compliance with Board requirements regarding formulation or compounding records.

**COMMENTS AND RECOMMENDATIONS OF AFFILIATED MONITORS, INC., FOR
ACHIEVING COMPLIANCE**

The preceding findings indicate that Mr. _____'s progress in improving his pharmacy practice and operations has continued. He now appears to be persisting in his efforts to reduce the clutter and congestion in the compounding and dispensing area which had been such a stubborn problem earlier in the monitoring process. We commend him for this and hope that he will continue to be vigilant about this problem. We continue to hope that he will implement our recommendation that he maintain an ongoing inventory of his Schedule II drugs, if for no other reason than to expedite the completion of his biennial inventories and maintain an accurate accounting of the quantities of such drugs on hand. He also needs to continue to be attentive to monitoring his drug stocks for expired medications. In all other significant respects, his overall operation of the pharmacy appears to be quite sound. We make the following specific suggestions:

1. Continue and sustain the present efforts to reduce the level of clutter and congestion in the compounding and dispensing area. The improvement made during the past two quarters has been truly noteworthy.
2. A running inventory of Schedule II drugs should be established and maintained. If this is not done, manual comparisons of the pharmacy's inventory records with the actual quantities of these drugs on the pharmacy's stock shelves should be undertaken at regular, scheduled intervals so that the pharmacy can maintain a reasonably accurate assessment of the quantity of each drug on hand.
3. Periodic reviews of drug stocks on the pharmacy's stock shelves should be conducted to identify and remove any expired or outdated drugs and prevent possible dispensing of such expired medications to customers.

Affiliated Monitors will submit its next monitoring report in April, 2010. Please do not hesitate to contact us should you have any questions regarding the content of this report.

Date

James Anliot
Authorized Representative of
Affiliated Monitors, Inc.

cc: _____, R.Ph.

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**Appendix A: Colorado Board of Pharmacy
Pharmacy's Examiners Regulations**

**Appendix B: Colorado Revised Statutes Title 12
Professions and Occupations Article 22 Pharmacists
(Effective July 1, 2004)**

Appendix C: Compliance Log

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October 22, 2009

Larry Arnold, M.D.
Tennessee Board of Medical Examiners
Division of Health Related Boards
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Nashville TN 37243

FIRST QUARTERLY MONITORING REPORT

IN RE: _____, M.D.

LICENSE No.

DOCKET NO

Affiliated Monitors, Inc., ("AMI") has been engaged to serve as the independent monitor and oversee the implementation of the Agreed Order between the Tennessee Board of Medical Examiners and _____ M.D. in the above titled matter. The Order requires Dr. _____ to complete certain continuing medical education activities and undergo monthly monitoring of his medical practice by a fellow licensed physician, trained in Dr. _____ specialty area of pain management and approved by the Board, for five years. The Stipulation further directs AMI to establish an educational program to address any identified clinical management issues. The monitoring process is to include monthly reviews of no less than ten percent of Dr. _____ pain management patient population every month. Affiliated Monitors is responsible for overseeing Dr. _____ compliance with the monitor's recommendations, completion of the educational program outlined by the monitor, prescribing practices, medical recordkeeping, and treatment of chronic or intractable pain.

AMI's initial evaluation of Dr. _____ practice took place on September 21, 2009. The evaluation included an on-site audit of the office as well as a review of randomly selected patient charts. This report sets forth our impressions concerning Dr. _____ practice management, record keeping, and the appropriateness of his patient care in family medicine and pain management.

Throughout this process, Dr. _____ and his staff were cooperative and compliant with all requests made of him. He completed and submitted the necessary materials in a timely manner. Dr. _____ administrative office was similarly helpful and responsive to the requests for materials made during the auditing process.

METHODOLOGY

With the approval of the Board, Affiliated Monitors engaged the services of Lawrence _____, M.D., who is board-certified by the American Board of Internal Medicine, to conduct the patient record reviews and carry out the monitoring responsibilities required by the Order. Dr. _____'s curricula vita is attached to the end of this Report. _____, B.S.N., R.N., C.N.A., AMI practice auditor, conducted the on-site review of Dr. _____'s practice. Ms. _____ and Dr. _____ visited Dr. _____'s office practice, located at _____, Tennessee, to complete the practice audit and initiate the review of charts. Copies of patient care records were provided to AMI pursuant to the terms of a written confidentiality agreement.

The specific monitoring activities included the following: a review of fifteen patient records; an assessment of the office environment and facilities; interviews with staff; and an examination of the policies and procedures for administrative and clinical practice activities. The fifteen records included two patients who were new to Dr. _____'s care. Two charts reflected patients with a terminal illness and four other records depicted patients with a long-standing history of medication use for pain. Dr. _____ conducted the chart review and evaluated Dr. _____'s patient care and prescribing practices. Ms. _____ conducted a comprehensive audit of office systems that included the policies and processes related to: personnel, inter-office communication, patient-staff communication, confidentiality, clinical recordkeeping, compliance and regulatory activities, and billing and coding. In addition, Dr. _____ and Ms. _____ spoke with the following staff in order to better understand the general practice operations: Dr. _____; office manager and spouse _____; receptionist _____; and one of the medical assistants, _____, L.P.N.. Ms. _____, the compliance officer, was absent on the day of the audit. In addition to the staff noted above, Dr. _____'s daughter-in-law, _____, was present; she and Dr. _____'s son manage the practice's payroll and office operations off-site.

FINDINGS

Clinical Practice Profile

Dr. _____ is in solo practice in Savannah, a rural community where he has practiced since 1964. He is not board-certified. Dr. _____ holds hospital privileges at _____ County Medical Center, which is located across the street from his office.

Dr. _____ sees patients of all ages; approximately forty percent are over sixty-five years of age. He has cared for many of his patients throughout their lives. Dr. _____ does not provide obstetric care. In addition to managing patients with chronic and intractable pain, Dr. _____ treats patients for conditions commonly encountered in family practice. Approximately forty percent of his patients are insured through Medicare. Twenty-four percent hold private insurance or are insured through an HMO.

Twenty percent of his patients are covered through Medicaid and approximately sixteen percent of Dr. _____'s patients are uninsured.

During 2009, Dr. _____ completed the following CME activities:

- National Association for Continuing Education's Emerging Challenges in Primary Care: Update 2009;
- Emory University School of Medicine's Primary Care Medicine & Neurology Update for the Primary Care Provider; and
- Medical Risk Management, Inc.'s Risk Management Consult: Avoiding Medical System Failures (State Volunteer Mutual Insurance Company).

CME activities in 2008 included:

- PRI-MED Institute's Pri-Med Updates;
- Jackson Madison County General Hospital's Updates in Ovarian and Uterine Cancer; and
- Jackson Madison County General Hospital's CME Evening Rounds on Prevention of Deep Venous Thrombosis and Pulmonary Embolism.

OFFICE OPERATING POLICIES AND PROCEDURES

Ms. _____ visited Dr. _____'s office on September 2, 2009. She conducted an audit of the clinic's overall systems and operations and made the following findings.

In addition to himself, Dr. _____'s practice consists of seven clinic and administrative staff. Clinical staff includes a family nurse practitioner and four licensed practical nurses (L.P.N.s). In addition to the office manager, administrative staff includes a receptionist, billing and coding clerk/cashier, and an insurance coding clerk. The insurance coding clerk, Ms. _____, is also in charge of overseeing HIPAA compliance activities.

Upon arrival at the clinic, Ms. _____ met with the senior Mrs. _____ to discuss the policies and procedures in place at the practice. Ms. _____ noted that the existing policies were filed in different places throughout the office and Mrs. _____ spent a considerable amount of time locating each policy. Because they were filed in several locations and not readily available for review, Ms. _____ wondered about the frequency with which the staff referred to or followed the policies. Most of the policies did not have corresponding protocols or directions that discussed implementation or management. For instance, the office has a code of conduct statement that comments on possible conflicts of interest but there are no statements to help an employee understand how they should address this situation by contacting a supervisor or other similar measures. The office does not reward its staff for making patient referrals, but there are no written directions to help staff understand how to accept patients from another practice or, similarly, how to refer patients to another provider. There are also no written directions governing receipt of gifts from patients, families, or sales representatives. Employee files contained limited information and did not have

individual job descriptions or protocols to reinforce employee competencies, define job functions, or support performance reviews. There is a statement regarding management of employee discipline. Other policies include a written policy on confidentiality of proprietary office information and a review of benefits available to staff.

Dr. _____'s practice has several policies in place to guide its clinical activities. They outline the process by which patient scheduling, emergency appointments, missed visits, and follow-up visits are addressed. When asked, Mrs. _____ estimated that patients wait between twenty and thirty minutes to see Dr. _____ after arriving at the office. During non-office hours, callers are directed to contact Dr. _____ by cell phone. He does not routinely share call with another physician.

SCREENING AND CREDENTIALING OF EMPLOYEES

Dr. _____'s office does not have a specific policy in place to direct the hiring process. Given the small community in which Dr. _____ practices, and because most applicants are known to Dr. and Mrs. _____, the usual measures taken to verify a candidate's employment history do not occur. Mrs. _____ commented that she is familiar with most candidates' work history. Mrs. _____ indicated that she checks references and specifically asks about the applicant's work quality, experience, integrity, and reliability. She confirmed that applicants' past criminal and drug history are checked. Prospective employees' names are not checked against Federal government exclusion lists. Ms. _____ noted that the paperwork usually present in a background check process was not present in the personnel files. Mrs. _____ confirmed that staff licensure is verified on-line through the specific licensing board; Dr. _____, the licensed nurse practitioner, and the L.P.N.s have current licenses. The practice does not ask about past disciplinary history or any prior professional malpractice cases. Dr. _____ and the nurse practitioner both have current licenses to prescribe drugs. Dr. _____ does not hold current CPR or PALS (pediatric ambulatory life support) certifications. Because she completed her nurse practitioner program in 2008, Dr. _____'s nurse practitioner may hold certification in both CPR and PALS. However, the certification records were not present in her employee file.

STAFF TRAINING AND EDUCATION

Mrs. _____ informed Ms. _____ that staff training and education took place but they do not maintain written records about the meetings. Ms. _____ oversees staff training and education activities. She obtains updates about a number of regulations, such as OSHA and HIPAA, via newsletters and reviews the changes with staff during meetings that are scheduled based upon need. The practice does not have a regularly scheduled meeting time. Ms. _____ noted that staff needs to undergo training in the following areas: clinical recordkeeping requirements; HIPAA and record confidentiality; state licensing board laws and regulations; billing and coding for services; informed consent;

patient/provider interactions and communications; resolution of problems with patients; and employment discrimination/sexual harassment.

COMPLIANCE-RELATED MATERIALS

Dr. _____'s practice has a number of educational reference and compliance-related materials. Ms. _____ is responsible for maintaining these materials and updates them each year. There is not a specific in-house compliance manual or guidebook at the practice. The practice does not have a copy of state licensing board regulations for each of the professions employed by the office. There is a 2003 HIPAA Privacy Regulations Notebook and a 2003 OSHA Workplace Safety Regulations manual. A copy of the CDC Infection Control Guidelines from 2003 is present. Although Dr. _____ accepts Medicare and Medicaid, the office does not have the Medicare/Medicaid Regulations manuals. The office has an outdated Physicians Desk Reference manual from 2003. Billing and coding staff reference the current 2009 CPT coding manual and a 2009/2010 ICD-9 coding manual. The office also has an HCPCS coding manual for 2008.

Dr. _____'s nurse practitioner has texts and other literature specific to family practice guidelines in her office. It was not clear whether these materials were referenced by all of the clinical staff or only available for the nurse practitioner's use. A Dorland Illustrated Medical Dictionary, published in the year 2000, is located in a public area for staff reference.

OFFICE COMPUTER SYSTEMS AND ELECTRONIC EQUIPMENT

Dr. _____'s practice is equipped with computers, copier, and fax machine. The computers are networked throughout the office. Staff uses the computers to track patient appointments, insurance information, and billing and coding activities. The main elements of the clinical records are kept in a hard copy format. Dr. _____ uses the hospital dictation and transcription services for recording many of his notes. He has a system to track some patient information and takes this with him to the hospital in order to maintain written logs of the patient's inpatient and outpatient care.

CONFIDENTIALITY AND SECURITY OF PATIENT RECORDS

Ms. _____ asked about the formal process in place to ensure confidentiality of patient records. While many processes are in place to safeguard the information, there are no corresponding written policies. Patient files are locked when not in use. There are specific workstations at which the patient records can be accessed and staff log into the files with a password. Mrs. _____ affirmed that employees are supervised when they access electronically-stored data.

The computers are protected by software to detect and prevent theft or alteration of stored data. There is no data back-up plan or written procedures to assure safe storage of the computer equipment. The practice does not have a plan in place to address loss of data or temporarily restricted access due to flood, fire, or other disasters.

There are several protocols in place governing the release and use of patient records. These include a Notice of Privacy Practices as well as written procedures for issuing this information to patients. The office has written protocols and appropriate forms specific to records disclosure, patient authorization, and release of records. A specific employee is designated to respond to the requests for information and a corresponding policy guides the process.

The office has appropriate safeguards in place to protect patient information that is transmitted to other business associates. It does not have written measures in place that ensure a return or destruction of shared records at the conclusion of the business relationship.

MANAGEMENT OF COMPLAINTS

Ms. _____ has received training in compliance activities, according to Mrs. _____. Ms. _____ was not able to fully explore the nature of this training because Ms. _____ was not present. The office does not have written protocols to guide this process and Mrs. _____ explained the processes. Any problems or concerns are addressed by the specific individual overseeing that part of the practice. For example, questions or concerns about payroll or insurance coverage and payment are addressed by Dr. _____'s son and daughter-in-law. Patient concerns about clinical care are handled by Dr. _____ and are documented in the patient file. Dr. _____ responds to employees directly if there is a concern about performance or alleged misconduct but he does not usually document the nature and outcome of the issue.

CLINICAL RECORDKEEPING AND DOCUMENTATION

Dr. _____ reviewed and commented on the quality of Dr. _____'s documentation as well as his patient care management. The records he audited were handwritten.

Two of the patient records represented new patients to the practice while the remainder had received care from Dr. _____ over time. Two-thirds of the patients were insured by Medicare and one through Medicaid. The remainder was privately insured. The following information specifically comments on Dr. _____'s management of typical encounters at a family practice clinic. Dr. _____'s assessment and treatment of patients with chronic or intractable pain is detailed in the last section of the report prior to the Summary.

Many of the charts reviewed by Dr. _____ were organized and easy to search in order to locate key patient information. A number of notes were dictated. Dr. _____ was able to read Dr. _____'s handwriting without problem. Dr. _____ uses abbreviations that are routinely encountered in medical charts, which made it easy for Dr. _____ to understand the records. Corrections to records were made appropriately. All of the charts listed the patient's name or identifier on each page and record entries were consistently signed and dated by the care provider.

Demographic information was not always complete in the records reviewed. None of the charts contained the patient's emergency contact information, but Dr. _____ thought that this information might be recorded in the computer files. The names of other healthcare providers caring for the patient were present in many records. All of the charts identified the responsible party for payment and most had complete information about the patient's insurer. None of the paper records, however, contained consents for billing and fees that were not covered by Medicare. Again, Dr. _____ wondered if this information was tracked in the computer billing system. Only a few of the charts contained a signed HIPAA acknowledgement form. Dr. _____ noted that most files did not have completed advanced directive forms or other documentation of discussions with the patient about advance directives.

Allergies were prominently flagged in each chart. There were problem and medication lists but they were not always up-to-date and the information contained in them was not always completed in sufficient detail.

History of Present Illness/Evaluation

Dr. _____ generally did not document his own clinical history of the patient in the majority of the charts we reviewed. In most of the cases we examined, the documentation of the patient's medical history was supplied by history and physical forms completed by another consulting physician or emergency room physician, or from copies of hospital discharge summaries. Updating of the patient's clinical history was often done in the same manner.

Dr. _____ documents the patient's chief complaint using a pre-printed form that allows him to indicate pertinent information with a check mark. Dr. _____ thought that the form was generally good, overall, but noted the absence of questions about psychological problems and substance abuse. All of the charts contained sufficiently complete notes about the patient's chief complaint, which included specific information about the nature, location, and severity of the problem. Dr. _____ consistently recorded the date of onset, and duration of symptoms as well as the event or activity that may have first produced those symptoms. Factors which exacerbated or decreased the symptom severity were noted. Many of the charts also contained adequate descriptions of prior treatment provided by another practitioner, including information about the nature, timing and effectiveness of that treatment. Some of the records also contained notes indicating that Dr. _____ had contacted the other provider in order to

obtain additional information. Correspondence to and from the provider, such as histories and physical examination notes, reports, the results of tests or images, and discharge summaries, was filed in the chart.

Dr. _____'s documentation of the patient's past medical history was generally good with respect to physical illnesses or conditions, surgeries and hospitalizations. However, patient past history for substance abuse or mental health problems was very limited, as only two of the fifteen charts Dr. _____ examined contained such information. Dr. _____ recorded a sufficient review of systems in all of the charts examined.

The patient's occupational history and the presence of any illness-related concerns were regularly noted but other relevant information, such as diet, exercise, marital status, and social support system were not recorded. Information about the patient's use of alcohol, nicotine or "recreational" drugs was not typically present in the charts we examined for this report. It appears that the standardized form Dr. _____ uses do not readily address these issues; Dr. _____ noted that Dr. _____ has used the same social history questions since the 1970's and suggested that the form be updated to capture a more complete understanding of the patient's social background and support systems.

A few of the charts contained information about the family's medical history, but the information provided was relatively sparse. We saw little data about major illnesses, surgeries, or addictions experienced by members of the patient's family and almost no information about possible genetic predispositions.

Patient history data was consistently signed by Dr. _____, signifying his review of the data obtained, but the forms were not signed by the patient or guardian who provided the information.

Initial Clinical Examination

Dr. _____ documented an appropriate physical examination in every record reviewed. He uses a form that has space for the practitioner to check off or circle the correct response. The form did have space to note vital signs, which were consistently recorded, and specific examination details. As with the form used to document the patient's chief complaint, Dr. _____ thought that the scope and content of the form was generally good. However, he noted that the form did not always trigger the recording of potentially important additional details in all areas. For instance, given Dr. _____'s involvement in pain management, we would have expected to see some evidence of a mental status or psychological evaluation, but none were present in any of the cases we examined. Despite that shortcoming, Dr. _____ thought that the examinations were generally appropriately focused on the chief complaint or presenting problem. He noted that Dr. _____ conducted additional testing, such as range of motion, when indicated.

Dr. _____ thought that Dr. _____ effectively managed laboratory testing and follow-up of results. Appropriate diagnostic tests and procedures were performed and appeared to be sufficient to make or confirm clinically sound diagnostic and treatment decisions; we saw no evidence of unnecessary diagnostic testing. When performed, imaging studies appeared to be of sufficient quality to contribute to the assessment of the patient, and the views taken and results obtained were adequately described. Dr. _____'s practice has a system in place to track the results of labs and studies as well as to alert staff when test results are not provided to the clinic in the expected timeframe. These enabled Dr. _____ to review test results on a timely basis and take appropriate follow-up measures when the tests revealed significant findings.

Dr. _____ found that Dr. _____ formulated appropriate assessments in all of the charts reviewed, and recorded a diagnosis or assessment for each acute problem or condition at the bottom of each office visit sheet. Dr. _____ did not always explain his rationale or justification for these diagnoses or assessments, but he appeared to consider the results of testing and other clinical information when formulating his diagnostic considerations in most of the cases reviewed. Moreover, Dr. _____'s diagnoses and assessments appeared to be adequately supported, in most cases, by the recorded clinical data, and Dr. _____ did not see any instances in which Dr. _____ overlooked or failed to consider relevant clinical data.

Dr. _____'s notes indicated that he conducted health maintenance measures on most, but not all, patients. He uses age-appropriate screening tests and exams. He offered appropriate immunizations to both pediatric and adult patients.

Treatment Planning

Dr. _____ reviewed the treatment plans established by Dr. _____ and commented that they were understandable and clear. However, most of the patients Dr. _____ sees, including many of his pain management patients, have chronic conditions and the treatment plans we saw often lacked long-range objectives, which are particularly important for such patients. While Dr. _____ adequately described the treatment modalities that would be used and the specific anatomical areas that would be treated in most of the charts, only a few of the records specified the anticipated frequency of treatment or included a timetable for follow-up. Again, such elements are especially important in treatment plans for pain management and other chronic-condition patients. Dr. _____ did do a reasonably good job of documenting referrals for additional services in the cases in which such referrals were warranted.

While only a few of the charts we reviewed contained an explanation of Dr. _____'s clinical rationale for the treatment he provided, Dr. _____ thought that the plans were generally consistent with the results of the physical examination and other clinical findings. Dr. _____ appears to ensure that his treatment plans are appropriately individualized to the specific patient's needs. Based on the notes made in the records, Dr. _____ thought that Dr. _____'s patients understood the salient details of their

management plans and agreed to the plans. Because Dr. _____ does not perform many procedures, the majority of consent forms were related to care or treatment provided by consultants.

General Documentation of Patient Progress

Dr. _____ reviewed and commented on the adequacy of Dr. _____'s progress notes. Dr. _____ does not use a SOAP note format but records his notes on a standardized form. All of the notes contained a patient self-assessment and description of the condition. Dr. _____ does not appear to use any subjective assessment tools with his patients. His notes adequately described his assessment of the patient's condition and included pertinent observations or findings. Dr. _____ always noted changes in the patient's prognosis or diagnosis. Most of the charts reflected use of objective measurements to assess progress or lack thereof. He documented the prescribed treatment in all of the charts but did not consistently record the intensity or duration of treatments when it was appropriate. Dr. _____ conducted re-evaluations on only a few of his patients, and did not always modify his treatment plan in response to changes in the patient's status.

Prescription Management

The Agreed Order between Dr. _____ and the Board reflects particular concerns about Dr. _____'s prescription practices and the level of clinical justification for his prescription of medications for long-term pain management for his patients. Our initial examination of Dr. _____'s clinical records was designed to provide a baseline assessment of the overall quality and sufficiency of his clinical documentation and our initial patient sample was therefore not confined to pain management patients. Our future reports will concentrate more on this segment of Dr. _____'s patient population. Even with that caveat, however, Dr. _____ noted some aspects of Dr. _____'s prescriptive practice which merit further attention.

Dr. _____'s documentation of the content of the prescriptions he writes for medications appears to be appropriate. All prescriptions are written on triplicate forms and are written in sequential order, based on the date and time of issue. The prescriptions examined contained all of the legally required information, such as the patient's identity; the provider's name, address and DEA number; the identity, form and strength of the medication prescribed; the dosage to be taken at each administration; and the prescribed frequency of use. Dr. _____ also noted the number of refills and the total quantity of medication prescribed. Precautions and instructions for use were recorded as well. His prescriptions therefore appear to be complete. Dr. _____ noted that Dr. _____'s practice recently began using new prescription forms that show the word "VOID" if copied. This format should help to eliminate future problems with attempted alteration of completed prescriptions. The practice does not use a prescription logbook to track prescriptions for patients; the information about each prescription is entered into the individual patient's chart using standard prescribing protocols.

There does appear to be room, however, for improvement in Dr. _____'s assessment of the appropriateness of a specific drug for a given patient, and in his oversight of the patient's use of such medication. The records we examined indicate that Dr. _____ gives proper consideration to any allergies the patient might have in determining the appropriateness of a given drug for a specific patient. However, few of the records we reviewed documented Dr. _____'s consideration of potential drug interactions, or of any symptoms or past history which would suggest that the patient might present a risk for abuse or misuse of the prescribed drug. Furthermore, given the previously-noted lack of identified long-term treatment objectives in Dr. _____'s treatment plans generally, it is particularly important that specific and measurable goals be set in those cases where medications will be prescribed on a long-term basis (see our discussion of Dr. _____'s management of chronic intractable pain cases in the next section of this report). Despite these deficiencies, in most of the cases we reviewed, Dr. _____ prescribed medications that were appropriate based on the patient's symptoms, clinical examination, and medical history. Monitoring of patient use of prescribed medications is currently done primarily through monthly visits, but Dr. _____ observed that the assessments were sometimes limited.

Dr. _____ does not maintain actual drugs or samples at the practice. There was no evidence that Dr. _____ administered any controlled substances to patients on-site or that he dispensed any controlled substances to patients for off-site use.

Management of Patients with Chronic or Intractable Pain

In accordance with the Stipulation, Dr. _____ reviewed Dr. _____'s management of patients with chronic intractable pain. Dr. _____ noted that he would need to review more charts to obtain a better understanding of Dr. _____'s pain management strategies. Dr. _____ noted that Dr. _____'s patient demographics included those with rheumatoid arthritis, low back pain, and terminal conditions. His practice sees many older patients with pain. Based on this current review, Dr. _____ found that while Dr. _____ appears to follow good clinical approaches when treating patients with usual family medicine concerns, these approaches were not effective or wholly applied in this special population. Of the charts included in our review sample for this report, two pertained to patients with terminal illnesses and four others reflected patients with a long-standing history of medication use for pain.

Dr. _____ found that Dr. _____'s assessments of patients with chronic or intractable pain were limited - only a few charts contained a complete assessment and physical examination. None of the charts on chronic pain management patients contained any evidence of administration or use of pain scales or other evaluative testing in Dr. _____'s evaluation of the patient's pain. Dr. _____ did order laboratory or other studies in most of the cases in which it was indicated, but, in contrast to his practice with his family medicine patients, Dr. _____ did not appear to consider and integrate the test results in most of the charts reviewed. In his chronic pain management cases, as

opposed to his family medicine cases, he rarely consulted with past care providers or otherwise review the efficacy of past treatments when it was appropriate to do so.

We have already noted that Dr. _____ did not generally consider evidence of the patient's potential for dependence or abuse before making decisions about what medications to prescribe for a given patient. Dr. _____ was particularly concerned about this with respect to Dr. _____'s management of his chronic pain patients, where he was prescribing controlled substances. We would note, however, that Dr. _____ did consider the patient's use of other drugs or substances and how they might interfere with the proposed therapeutic regimen. A few of the charts regarding chronic pain management patients contained a controlled substances contract agreement signed by the patient to acknowledge the limitations of use; Dr. _____ recommended that this be expanded.

The treatment plans for patients with chronic intractable pain were not comprehensive and did not include use of other, non-medication management systems, such as allied health professionals or other treatment components which are not based only on management through medication. Dr. _____ noted that there are limited options to prescribing controlled substances for the relief of chronic pain, but stated that Dr. _____ appears to employ only a limited range of alternatives to pain medications and benzodiazepines. Furthermore, some treatment plans were missing altogether.

Dr. _____ also found that Dr. _____ does not routinely reassess his chronic pain patients. Dr. _____ does personally approve all of the refills for controlled substances, thus providing the needed monitoring to note any increased dependence in most cases. He also instructs patients to return for follow-up appointments on a monthly basis when they are taking controlled substances. However, Dr. _____ observed that effective chronic pain management remained problematic because of the lack of more constant reassessment. Dr. _____ expressed the view that this appears to be an outgrowth of the practice's overall charting practices, and not the result of any malfeasance.

SUMMARY

The systems in place at Dr. _____'s clinic were adequate in some of the areas examined during the audit. Some operational policies have not been developed for the clinic's use. The practice's hiring process is sufficient given Dr. and Mrs. _____'s familiarity with its applicants. Staff management could be enhanced through development of job descriptions and scheduled meetings and trainings. The office needs to update the regulatory manuals. It should consider establishing protocols to ensure that staff understands how to carry out existing policies.

Dr. _____'s general skills in family medicine were adequate, based on the documentation reviewed. However, he does not record information in sufficient detail, and Dr. _____ was best able to understand the patient's conditions and management

by reviewing other care providers' notes made during hospital or emergency room visits. Dr. _____ conducted appropriately focused physical examinations and ordered testing that was indicated based on the patient's presenting concerns. Dr. _____ should document a more complete history that includes information about the patient's past mental health and substance abuse problems, if any, and additional family and social information. He does not effectively use and update problem and medication lists at the present time and these might be beneficial. He appears to be monitoring his patients' health maintenance needs appropriately. Dr. _____'s diagnostic conclusions appeared accurate and based on consideration of all of the available information. Although he did not clearly state his clinical rationale, Dr. _____'s stated treatment plans appeared to be clinically appropriate for the identified needs of the patient in the charts reviewed. A number of Dr. _____'s patients, however, have multiple chronic conditions and would benefit from establishment of long-term treatment goals to help him monitor and track these conditions and their management over time. Dr. _____'s decisions about what medications to prescribe for his family medicine patients seemed to be appropriate, although his lack of consideration of potential drug interactions and abuse potential could prove to be problematic in the future. His prescriptions, however, are complete and properly written. Dr. _____ should also review and modify treatment in response to patient improvement or lack thereof.

We are somewhat less confident about Dr. _____'s ability to adequately manage patients with chronic pain. As was noted previously, additional chart reviews are necessary in order to fully understand Dr. _____'s comprehension of pain management and associated pharmacology. His initial assessments of such patients need to be expanded and he needs to take better advantage of pain scales. He also needs to improve his integration of laboratory and diagnostic test results into his assessments of such patients and consider the effectiveness of any prior treatment the patient has received. Decisions about management of such pain through medication need to include more careful assessments of the patient's potential for misuse of such medication and include consideration of other additional or alternative treatment options which do not involve the use of controlled substances. Expanded use of medication contracts and more frequent reassessment of the patient's condition are also needed here.

There were some ongoing areas in which Dr. _____ can improve his practice. These recommendations are enumerated in the following section.

RECOMMENDATIONS

Based upon the review, we make the following recommendations:

CLINICAL MANAGEMENT

1. Family medicine patients with commonplace complaints or concerns would benefit from more complete patient and family history information, effective use of medication and problem lists to track patient medication use and progress, and more careful assessments of the appropriateness of drugs prescribed for them, especially regarding potential drug interactions and potential for misuse. Patients with chronic conditions would benefit from identification of specific treatment goals.
2. Patients with chronic or intractable pain need more careful and more thorough initial assessments. Dr. _____ will need to review more charts to obtain a better understanding of Dr. _____'s pain management strategies and comment further on knowledge and develop a complete educational program. A corresponding clinical discussion of pain management will allow Dr. _____ to further identify and address educational needs.
3. **Pain management:** Diagnostic considerations should be inclusive of all available clinical data, and alternatives to management through medication should be considered for inclusion as part of the treatment plan. Prescription of medication should be based upon careful consideration of the patient's potential for abuse and appropriate regard for drug interaction problems. These patients should also undergo more frequent reviews of their condition and modification of the treatment plan when warranted by the re-evaluation.
4. Dr. _____ should obtain CPR and PALS certification and update this certification process annually. His nurse practitioner should provide copies of certification to the practice; if she does not have current certification, then she should also re-certify.
5. CME activities completed by Dr. _____ should be expanded to better reflect the needs of his patient population. AMI will identify educational materials specific to basic pain management, such as assessing and diagnosing patients with chronic pain, use of testing to further define and manage pain over time, establishing short- and long-term treatments using both pharmacologic and non-pharmacologic therapies, pharmacologic treatments, and re-evaluations.
6. **Documentation.** Dr. _____ needs to complete and regularly update his patients' problem and medication lists. He should document patient information, including the patient history, in sufficient depth and detail so that his records provide a thorough composite of the patient's healthcare issues.

ADMINISTRATIVE AND SYSTEMS MANAGEMENT

1. Policies should be maintained in one location that is accessible to all staff. Policies should be accompanied by protocols specific to management of the policy. Policies should be reviewed by employees to ensure understanding. The employee can sign a form acknowledging receipt of the information and that form can be maintained in their employee file.
2. Staff should have job descriptions specific to their role.
3. Regularly scheduled meetings should be established. Such a process would allow the office manager and compliance officer to consistently review and record the topics addressed. A formal agenda can help track the need for future training activities. Employees should sign a dated attendance sheet that describes the information covered during the meeting.
4. The practice needs to obtain and review the most recent Medicare/Medicaid regulations to ensure continued compliance. The HIPAA Privacy Practices Manual should be updated to include changes and modifications made in the subsequent years by setting up a notebook that contains the recent updates.
5. If the clinical texts located in the nurse practitioner's office are not shared by other team members, then Dr. _____ should consider identifying educational tools that are readily accessible for reference. There are several programs that are designed for handheld PDAs or computers; these programs provide ongoing updates about medications and clinical conditions.
6. The office should identify a remote back-up data system to ensure the safety of the records as well as their accessibility in the event that the building is damaged by fire or otherwise inaccessible. Efforts to protect and have consistent access to the hard copy patient files should also be identified.
7. Patient confidentiality and privacy protocols need to be expanded to address the data that is kept by other organizations and its destruction or return to the practice upon conclusion of the contract.

Dr. _____'s next chart review will focus solely on patients with chronic and intractable pain conditions. This will provide the additional information necessary to establish an educational program. We will continue to monitor Dr. _____'s practice on a monthly basis, specifically auditing no less than ten percent of his patients receiving treatment

for chronic or intractable pain. Our next monitoring report will be submitted to the Board on or about February 15, 2009.

Respectfully submitted,

Affiliated Monitors, Inc.

James R. Anliot
Director of Healthcare Compliance Services

Encl. (resume for Dr. _____)

JAMES R. ANLIOT
E-MAIL: JANLIOT@AFFILIATEDMONITORS.COM

March 25, 2010

Larry Arnold, M.D.
Tennessee Board of Medical Examiners
Division of Health Related Boards
227 French Landing, Ste. 300
Heritage Place Metro Center
Nashville TN 37243

SECOND QUARTERLY MONITORING REPORT

IN RE: _____, M.D.

LICENSE NO. _____

DOCKET NO. _____

As the independent monitor designated in the Agreed Order between the Tennessee Board of Medical Examiners (hereafter the "Board") and _____, M.D. (hereafter "Dr. _____"), Affiliated Monitors, Inc. (AMI) is charged with conducting monthly monitoring of Dr. _____'s medical practice. Pursuant to the terms of that Agreed Order, AMI hereby submits its Second Quarterly Monitoring Report.

The Agreed Order requires Dr. _____ to complete certain continuing medical education activities and undergo monthly monitoring of his medical practice by a fellow licensed physician, trained in Dr. _____'s specialty area of pain management and approved by the Board, for five years. The Stipulation further directs AMI to establish an educational program to address any identified clinical management issues. The monitoring process is to include monthly reviews of no less than ten percent of Dr. _____'s pain management patient population every month. Affiliated Monitors is responsible for overseeing Dr. _____'s compliance with the monitor's recommendations, completion of the educational program outlined by the monitor, prescribing practices, medical recordkeeping, and treatment of chronic or intractable pain. The following report sets forth our findings for the second quarterly reporting period.

METHODOLOGY

_____, M.D., the monitor identified by AMI and approved by the Tennessee Board, has continued to conduct the required audits of Dr. _____'s practice and records and evaluate his progress in completing the required continuing medical education activities.

At the request of the Board, AMI performed an initial assessment of Dr. _____'s practice in September, 2009 and we reported the results of that initial assessment to the Board in our first quarterly monitoring report dated October 22, 2009. Following that initial assessment, AMI determined, and the Board agreed, that it was necessary to gain a broader understanding of Dr. _____'s pain management practices which could not be obtained from our initial general evaluation of his overall practice. In an effort to obtain a further assessment of Dr. _____'s management of chronic pain patients, Dr. _____ met with Dr. _____ for this specific purpose on December 1, 2009. However, during their meeting, Dr. _____ informed Dr. _____ that he was considering retiring from practice, and Dr. _____ did not complete the evaluation at that time. A four-month delay in monitoring ensued while AMI attempted to confirm Dr. _____'s plans. When it became apparent that Dr. _____ did not intend to immediately cease practice, AMI resumed its monitoring of Dr. _____'s practice.

Dr. _____ reviewed ten pain management records submitted by Dr. _____ on March 1, 2010. The records were randomly selected by Dr. _____ from a list of patients seen by Dr. _____ for the purpose of pain management, which Dr. _____ supplied. Upon receipt of this list, Dr. _____ randomly chose ten files and asked Dr. _____ to transmit copies of the records for those patients. Dr. _____ submitted these records to Dr. _____ by facsimile. Dr. _____ subsequently conducted a clinical interview with Dr. _____ on March 5, 2010, which took approximately one hour. During this clinical interview, Dr. _____ reviewed his current management of patients with chronic pain with Dr. _____. He also discussed re-evaluation of patients with chronic pain and use of non-pharmacologic management options. Dr. _____ also informed Dr. _____ of recent CME activities he had completed in order to remain compliant with the Agreed Order.

The following report summarizes AMI's understanding of Dr. _____'s management and knowledge of patients with chronic pain.

FINDINGS

Clinical Recordkeeping and Documentation

Dr. _____'s paper charting system continues to be organized and easy to search, overall. His handwriting is legible and he uses acronyms that are commonly encountered in the healthcare field.

The cover page of the individual records was not included in the copies of charts faxed to Dr. _____, which made it difficult to fully comment on data recorded about each patient. Dr. _____ noted that in most records, the patient's demographic information and emergency

contacts were present. Charts contained the names and contact information for other providers and specialists involved in the patient's care. Signed HIPAA acknowledgement forms were also included in the new charts, reflecting implementation of one of the recommendations made during the initial AMI assessment. Signed advanced directive forms were included in most of the patient charts, when warranted. Dr. _____ also noted other changes made following the initial AMI visit. The patient's insurance information and the name of the person responsible for paying any deductibles or co-pays are now filed within the charts of new patients. The patient financial information also includes consent forms for the purpose of submitting billing and other information to the insurance company.

History of Present Illness/Evaluation

The chart review findings made in our October, 2009 first monitoring report were largely unchanged in the sample of ten pain management records reviewed for this report. Dr. Madlock once again had to refer to history and physical exam reports from inpatient physicians who had managed the patient during a hospital stay in order to obtain a complete understanding of the patient's medical history and pain management issues. Although Dr. _____ utilizes an adequate checklist form to record the nature of the patient's current complaint, his notes are overly general. He did document sufficient detail about the patient's chief complaint, including information about the nature, location and severity of symptoms, as well as the date of the symptom's onset, duration, and any precipitating event. Dr. _____ also noted the presence of any exacerbating or ameliorating factors and pertinent negative findings. Essential information about chronic conditions, hospitalizations, and surgeries was present as well. However, the medical history checklist form used by Dr. _____ does not include questions about mental illness and substance abuse, which are relevant considerations in assessing and managing patients with pain. Dr. _____ did not include these evaluative considerations in his histories and the addition of such categories to his current form would help to ensure that this information was gathered. Dr. _____ did ask patients about any past management they had obtained for the pain and if the patient responded in the affirmative, he obtained reports and test results from the prior providers.

Initial Clinical Examination

Initial physical examinations and vital signs were recorded in all of the files examined but the examination form used by Dr. _____ does not contain areas for recording mental status and psychological examinations. As a result, Dr. _____'s diagnostic conclusions for patients with chronic pain were incomplete because he did not assess psychological issues or consider substance abuse, each of which could affect his analysis of the patient's presenting complaint. His assessments also did not include a review of the patient's range of motion in those cases in which it was warranted. Dr. _____ thought that Dr. _____ ordered appropriate diagnostic tests and imaging studies to correctly assess non-pain conditions, but his testing for pain was incomplete and lacked use of pain scales and mental status testing. Dr. _____ thought that Dr. _____'s diagnostic analysis for conditions other than chronic pain was accurate in the cases reviewed. Dr. _____ does respond appropriately to the results of testing and refers patients to consultants when it is appropriate to do so.

Treatment Planning

Dr. _____ found that Dr. _____'s treatment plans were easy to understand but overly similar from case to case, which represents a repetition of the finding he made in our October, 2009 initial assessment report. He did not think that the plans were clinically appropriate in most of the cases he reviewed. Every plan included prescriptions for narcotics and benzodiazepines, but Dr. _____ did not indicate that he considered the potential for dependence or abuse, or other contraindications for use such as interference with a pre-existing medication regimen. In some of the charts, Dr. _____ made a recommendation for supplemental non-drug management. None of the charts contained documentation that indicated that the plan was explained to the patient or that the patient had agreed to the treatment. A few charts contained a controlled substances contract, but most did not. In many cases, his plans did include a note about when the patient should return for a follow-up visit.

General Documentation of Patient Progress

Each of Dr. _____'s notes was legible and consistently contained the patient's subjective comments. The progress notes were not accompanied by vital signs. Assessments and changes in the patient's prognosis were recorded. Although he noted the need for re-evaluations, Dr. _____ did not review the patient's pain diagnosis or conduct any testing which would allow him to further classify the patient's pain once the diagnosis was established. The charts contained medication logs, but there were no signs that Dr. _____ monitored the use of medications for signs of possible dependence or abuse.

THE CLINICAL INTERVIEW

Dr. _____ conducted an interview via telephone with Dr. _____ on March 5, 2010, for the purpose of assessing his clinical knowledge and decision-making using a chart-based discussion as well as questions about pain management. Dr. _____ also ascertained Dr. _____'s status in addressing the CME requirements identified in his Agreed Order. Dr. _____ reviewed his record audit and identified areas for improvement.

Continuing Medical Education

Dr. _____ informed Dr. _____ that he completed Vanderbilt's prescription writing course on January 5, 2010. The course addressed anger management and clinical interview techniques. The attendees participated in role play, from which Dr. _____ determined that he needed to improve his ability to give patients pain management guidance. Dr. _____ received literature to study but had not read it at the time of the interview. Dr. _____ did not complete additional CME during this time period that fall within the Board's requirements; per the Agreed Order with the Board, he must complete twenty hours of CME in the prescribing of controlled drugs or recordkeeping between 2009 and 2014.

Knowledge and Decision-Making

During the interview, Dr. _____ informed Dr. _____ that he planned to refer new patients with chronic pain to the _____ Pain Clinic in the future and to the local methadone clinic.

Based on their discussion, Dr. _____ found that Dr. _____'s documentation deficiencies corresponded with deficiencies in his clinical understanding of pain management. Dr. _____ did not appear to have a complete understanding of the difference between acute and chronic pain or the differences in how each is managed. He did not appear to fully understand how psychological issues impact patients with chronic pain. He also needs to assess patients for substance abuse during the evaluation and re-evaluate this issue on a routine basis. Dr. _____ indicated that he was familiar with pain scales but had not incorporated them into his patient evaluations. Dr. _____ would benefit from expanding his understanding of both management of pain through medication and non-pharmacologic options. He did not show complete awareness of the use of long-acting versus short acting drugs. Dr. _____ also needs to incorporate urine drug screens and toxicology testing into his ongoing management and re-evaluations, and establish written pain management contracts with all of his pain management patients.

Dr. _____ informed Dr. _____ of several changes that have taken place since the initial assessment. He anticipates retiring effective June, 2011. Until that time, Dr. _____ is committed to practicing within the confines of the Agreed Order, implementing recommended changes and updating his understanding of pain management.

Dr. _____ reported that he has made several changes in his office practice: the office manager verified staff credentials and determined that two staff members falsified their credentials – these individuals were both terminated. All of the remaining staff credentials were verified. There are individual personnel files now for each staff person and the credentialing materials are now maintained in one location for ease of access. The office created job descriptions and protocols for each position, and has begun holding monthly staff meetings to review office protocols and updates. The office has now begun to use HIPAA forms. The resource library is now housed in a central location for ease of access. While there is a medication closet, staff maintains an inventory of each drug and no narcotics are kept on site.

SUMMARY

Based on his assessment, Dr. _____ identified several areas in which Dr. _____ can improve his understanding and management of patients with pain. Most of Dr. _____'s chart review findings corresponded with gaps in Dr. _____'s clinical knowledge which were identified during the clinical interview with Dr. _____. Dr. _____ appears open to addressing the educational needs identified until such time as he retires from practice.

Dr. _____ will continue to review charts and conduct clinical discussions with Dr. _____ to address the following areas:

RECOMMENDATIONS

CLINICAL MANAGEMENT

1. **Evaluation and Physical Examinations.** Dr. _____ needs to update his understanding of appropriate clinical assessment procedures for patients with pain.
 - (a) He should integrate psychological evaluations and, when indicated, mental status examinations.
 - (b) He should assess all pain management patients for substance abuse.
 - (c) When making his diagnosis, Dr. _____ needs to differentiate between chronic and acute pain and structure his treatment accordingly.
 - (d) He should incorporate use of pain scales into his evaluation as an objective measure.
2. **Treatment Plans.** Treatment plans need to be more individualized and Dr. _____ needs to ensure that each plan is clinically appropriate for the particular patient in question. As part of this effort, Dr. _____ needs to:
 - (a) Include consideration of the patient's current medications and any possible medication conflicts in his proposed treatment regimens.
 - (b) Ensure that he has properly considered potential contraindications for the use of particular medications before using such medications.
 - (c) All patients taking addictive or potentially addictive medications need to enter into a contract that underscores the patient's responsibility to use the medication as directed, to engage in any other therapies identified, and the ramifications of any failure to adhere to the contract.
 - (d) Treatment plans should include a date for re-evaluation of each patient at each visit. The re-evaluation should include use of pain management scales.
3. **Pain Management: Medications.** Dr. _____ needs to update his understanding of medications used in pain, including but not limited to, use of long-acting and short-acting medications.
4. **Pain Management: Non-pharmacologic therapies.** Dr. _____ needs to expand his understanding of other treatment modalities used in managing pain, such as biofeedback, counseling, physical therapy, and others. He should identify resources that he can refer to in the community.
5. **Documentation.** Dr. _____ needs to individualize all notes to reflect the specific factual circumstances of each individual patient. He should document patient information, including the patient history, in sufficient depth and detail so that his records provide a thorough composite of the patient's healthcare issues.
6. **CPR and PALS Certifications.** Dr. _____ should obtain CPR and PALS certification and update this certification process annually. His nurse practitioner should provide copies of certification to the practice; if she does not have current certification, then she should also re-certify.

7. **Continuing Medical Education.** CME activities completed by Dr. _____ should be expanded to better reflect the needs of his patient population. AMI will identify educational materials specific to basic pain management, such as assessing and diagnosing patients with chronic pain, use of testing to further define and manage pain over time, establishing short- and long-term treatments using both pharmacologic and non-pharmacologic therapies, pharmacologic treatments, and re-evaluations.

AMI will establish an education program that is appropriate to address Dr. _____'s understanding of pain management. Continued monitoring will consist of monthly chart reviews as well as clinically-based discussions. It is anticipated that the changes will take time to implement and reveal themselves in Dr. _____'s patient care records. Our next monitoring report will be submitted to the Board on or about June 15, 2010.

Respectfully submitted,

Affiliated Monitors, Inc.

James R. Anliot
Director of Healthcare Compliance Services

_____, 2010

Shaila Washington, Compliance Officer
Medical Quality Assurance/Compliance Management Unit
Florida Department of Health
4052 Bald Cypress Way, BIN #C76
Tallahassee, FL 32399-3251

**FIRST QUARTERLY MONITORING REPORT BY
_____, M.D. AND AFFILIATED MONITORS, INC.**

**IN RE: FLORIDA BOARD OF MEDICINE
 V.
 _____, M.D.,
 LICENSE NO. _____
 CASE NO. _____**

Dear Ms. Washington and Members of the Board:

Pursuant to the terms of a Final Order and Settlement Agreement (hereafter the "Board Order"), dated April 16, 2010, between the Florida Department of Health, on behalf of the Florida Board of Medicine (hereafter the "Board") and _____, M.D. (hereafter "Dr. _____"), Affiliated Monitors has been designated as the independent monitor responsible for overseeing Dr. _____'s compliance with certain terms of the Board Order. I have been engaged by Affiliated Monitors, and approved by the Board, to serve as the on-site monitor for Dr. _____ in this matter.

Under the terms of the Board Order and Settlement Agreement, Dr. _____'s license to practice medicine in Florida was placed on probationary status for a period of one year. During this probationary period, Dr. _____ is required to undergo "indirect" monitoring of his practice, consisting principally of a review of Dr. _____'s treatment records for at least twenty-five percent (25%) of his patients each month. In my capacity as the Board-approved on-site practice monitor, I am responsible for randomly selecting the sample of patient records to be reviewed each month at each site where Dr. _____ practices medicine. During the course of these reviews, my tasks include an evaluation of the quality and sufficiency of Dr. _____'s clinical documentation and an assessment of whether his medical practice, particularly his prescriptive practice, is consistent with applicable Florida regulations and generally accepted standards of medical practice. The terms of the Board Order require me to report the results of these record reviews and any recommendations I may have for improvements to the Board on a quarterly basis. The following report is intended to provide the Board with a detailed description of the findings made during my initial evaluation of Dr. _____'s practice, and to supplement the contents of my attached affidavit in this matter.

Background of the Case and Terms of Dr. _____'s Probation

The Board's disciplinary action against Dr. _____ is based on a series of allegations that Dr. _____ prescribed various Schedule II, III and IV controlled substances which are typically used for pain management purposes to six identified patients in quantities which were excessive or otherwise inappropriate and in a manner which was not consistent with accepted standards of medical practice.

As previously described, the Board Order and Settlement Agreement placed Dr. _____ on probation for a period of one year, and required him to undergo monthly reviews of at least twenty-five percent (25%) of his patient treatment records by a physician who is board-certified in pain management. Dr. _____ is also required to undergo a separate risk management and quality assurance consultation and evaluation; complete a Board-prescribed course on appropriate prescriptive practices; and perform one hundred (100) hours of community service in accordance with a plan developed by Dr. _____ and approved by the Board's Probation Committee.

As the practice monitor, my principal obligation is to conduct the monthly reviews of Dr. _____'s treatment records and assess their quality and sufficiency, as measured against the Board's regulatory requirements concerning the content of such records and accepted standards of medical practice. I am also required to specifically evaluate the appropriateness of Dr. _____'s prescription, dispensing or administration of controlled substances for pain management patients, and to report my findings to the Board.

Location and Composition of Dr. _____'s Practice

At the outset of this reporting period, Dr. _____ was practicing medicine at two outpatient clinics, the Galapagos Pain Management Clinic in Lauderhill, Florida and the Therapeutic Health Center in Tamarac, Florida. At the end of June, 2010, Dr. _____ discontinued his employment at Therapeutic Health Center. Dr. _____ works on a part-time basis only at both facilities – his patient volume at Galapagos Pain Management Clinic was approximately fifty (50) patients in June and approximately one hundred (100) in July; he saw approximately thirty (30) patients during June at Therapeutic Health Center. The practice at both facilities is focused exclusively on providing pain management services for patients who present with complaints of acute or chronic pain, and Dr. _____'s services consist principally of gathering and reviewing necessary patient complaint and medical history data, performing a physical examination and clinical evaluation of the patient, and issuing prescriptions for pain control medications. Dr. _____'s patient population was generally young, with most patients between the ages of 20 and 40. All of the patients whose records I reviewed for this report pay by cash or check for the services they receive from Dr. Keane and the clinics involved – I did not see any instances in which health insurance, auto insurance or worker's compensation insurers were billed for any of the services provided.

Relationship with Dr. _____

For this first report, I requested a list of all patients seen by Dr. _____ at all facilities at

which he practiced during June and July of 2010. Dr. _____ provided me with that list promptly and has been cooperative with the monitoring process so far. Pursuant to the Board's direction that I review at least twenty-five percent of Dr. _____'s patient treatment records each month, I randomly selected seven (7) patients from the list of patients seen by Dr. _____ at the Therapeutic Health Center during June, 2010 and reviewed those records on July 16, 2010. Of these seven patients, four (4) were new to Dr. _____'s practice. On July 20, 2010, I went to the Galapagos Pain Management Clinic and randomly chose twelve (12) patient treatment records from the list of patients seen by Dr. _____ at that facility during June, 2010 and reviewed those on site at the clinic. Only two of these patients were new, as opposed to previously established, patients. On August 25, 2010, I returned to the Galapagos Pain Management Clinic and randomly selected twenty-five (25) patients from the list of those seen by Dr. _____ during July, 2010. Five of these patients were new patients. All of these records were selected at the clinic site, and were chosen randomly. Dr. _____ was not permitted to participate in the selection of the records to be reviewed and was not given any advance notice of which records had been chosen. I did not encounter any objections or problems in obtaining the necessary records at either facility.

Specific Findings Regarding Clinical Documentation

In most respects, I found Dr. _____'s clinical documentation to be reasonably complete in terms of content and generally sufficient in its level of detail. However, I am concerned that all of the patients whose records I reviewed, regardless of individual variations in clinical history, clinical findings or diagnosis, received the exact same treatment – a prescription for a one-month supply of Roxycodone 30 mg. As discussed in more detail below, currently accepted standards of practice in pain management would lead one to expect some level of variation in the treatment regimens employed, including variations in the types of pain medications used (e.g. short-acting versus longer-acting drugs); some consideration and use of non-pharmacological approaches, either as a supplement to or as an alternative to medication, and some systemic effort to monitor patient use of the medication prescribed for them. I did not see evidence of these components or considerations reflected in very many of the records I reviewed. In the interests of assisting Dr. _____ in improving his overall medical practice skills, particularly in the area of pain management, I offer the following specific observations:

Organization and Legibility

All of the records which I reviewed for this report were handwritten, but were legible, well-organized and easy to search. The abbreviations he used in his records were generally standard abbreviations for which no key would be necessary, and any additions or corrections to a particular record entry were made properly. Dr. _____ was consistent about recording communications pertaining to a patient when it was necessary to do so. Records at both facilities regularly contained a patient name or identifier on every record page, and properly documented each date of service and the identity of the clinician(s) who provided the services the patient received on that date

Patient Demographic and Financial Information

Patient emergency contact information was captured and recorded at both facilities, but only a few of the records I examined contained any contact information for primary care physicians or specialists who may have been providing other key healthcare services for the patient. Because the services provided by Dr. _____ at both facilities were paid for by cash or check, neither facility had any occasion to gather or record insurance information, although information about the party responsible for any non-insured costs was consistently present in every record at both clinics. I found signed HIPAA privacy notice acknowledgements in each record. None of the records I examined contained any advance directives or documentation as to whether there had been any discussion about such directives.

Tracking of Key Health Data

The patient records at both facilities included lists of current patient health problems and preventative care or health maintenance flow sheets, and there was evidence that these items were updated appropriately. Each of the records I reviewed also contained a medication list which contained relevant information about any medications the patient was taking, the dosage of each medication being used, the frequency of use and the reason for use of the drug. These appeared to have been updated at appropriate intervals as well.

Patient Medical History Information

Dr. _____ gathers and records his own clinical history data on each patient, rather than relying on a medical history which is collected by some other healthcare provider. In most respects, I found his descriptions of the patient's presenting condition to be reasonably complete – in both facilities, the patient records consistently contained a description of the nature, location and severity of the patient's pain, along with its date of onset and duration. The event or activity which first elicited the patient's symptoms was always identified when it was known, and Dr. _____ recorded factors which exacerbated or reduced the patient's symptoms and information about how the patient's pain affected their daily functioning. Relevant negative responses to questions about the patient's presenting symptoms, however, were not always noted.

Very few of the June, 2010 records I saw at either facility contained any significant information about any prior treatment the patient might have received for his or her presenting condition beyond notes about prior physical therapy services and previous pain medications prescribed. The July record sample from the Galapagos facility was somewhat better in this regard, but efforts to obtain treatment records from prior providers or consult with them about the patient remained infrequent at best. Most of the records reviewed contained a review of systems which was adequate for both the patient's clinical situation and the nature of Dr. _____'s services.

Dr. _____'s records at both facilities contained a reasonably sufficient history of the patient's past major illnesses or medical conditions, prior surgeries and prior hospitalizations, although potentially relevant negative responses to patient medical history questions were recorded in only

about half of the files I examined. Furthermore, while Dr. _____ recorded patient responses to a question about whether they used “street drugs” in approximately half of the records I reviewed, his records were not consistent about this and his inquiry did not extend further to whether the patient had been treated for or experienced any psychiatric illness, addiction or substance abuse problem. In the particular type of practice environment in which he works, it is especially important to ask about these matters, and record the patient’s responses, consistently.

All of the records examined contained at least some social and occupational history data. Dr. _____ did gather and record information about alcohol consumption, nicotine use and “recreational” drug use, as well as exercise and activity levels and any injury-related or illness-related concerns. However, information about dietary patterns, occupational activities, and availability of social support systems was typically absent. Family medical history data was typically absent, and limited to family history of substance abuse when it was present. Dr. _____ was not consistent about signing off on the recorded medical history data to show that he had reviewed it, and I noticed that patient signoffs were not present.

Physical Examinations and Clinical Evaluations

All of the records in my sample included evidence of a physical examination of the patient. These examinations appeared to be appropriate in scope for the type of visit and the nature of the patient’s presenting problem in all cases. Dr. _____ consistently recorded patient vital signs and statistics, and his records contained sufficiently detailed notations about any relevant observations or findings made during the examination. Patients routinely received urine toxicology testing for compliance with prescribed medication regimens, but there was little indication that any other types of non-radiographic diagnostic testing were clinically indicated. The testing which was performed appeared to be both properly relevant to the patient’s presenting clinical situation and sufficient to permit Dr. _____ to make reasonable diagnostic and treatment decisions. The results of these tests were generally described in sufficient detail and potentially relevant negative or normal results were recorded when appropriate. However, I noted that negative results on urine toxicology screenings were not addressed further – because such findings might reasonably raise suspicions about possible diversion of the medications prescribed for these patients, the negative results on these screens should have triggered further investigation. I did not see evidence of any unnecessary use of non-radiographic diagnostic testing.

Radiographic or other diagnostic imaging studies were ordered in less than half of the cases in my sample, generally because such testing was not indicated. In the seven records from the Therapeutic Health Center, the radiographic or diagnostic imaging appeared to be both appropriate for the patient’s clinical presentation and sufficient to permit proper diagnosis and treatment. This was not quite as clear in the records from Galapagos Pain Management Clinic, although it did not appear that the use of such procedures was unnecessary or excessive. In all of the records which contained evidence of radiographic or diagnostic imaging procedures, the results of those procedures were recorded as a separate document and contained all appropriate details about views taken, specific findings, interpretations of the results, etc.

The records from Therapeutic Health Center indicated that there was a system in place which would enable Dr. _____ to track whether lab results, diagnostic studies or other testing results were overdue, but I did not see evidence of a similar system at work at Galapagos Pain Management Clinic. The records from Therapeutic Health Center also consistently included a sign-off from Dr. _____ to indicate that he had reviewed the results – this was noticeably less consistent in the records from Galapagos. Finally, the records from Therapeutic Health Center consistently contained documentation that patients were informed of test results. In contrast, the June records from Galapagos Pain Management Clinic were noticeably less consistent about this, although the July records from Galapagos were significantly better in this regard.

Diagnostic Assessments and Problem Formulation

In the records examined, Dr. _____ appears to have formulated clinically sound diagnostic assessments for each acute problem or significant condition presented. These assessments generally appear to have taken into account most of the recorded examination findings, diagnostic testing results and other information in the clinical record. However, as noted earlier, the negative results of the urine toxicology screens performed should have triggered a further inquiry into whether the patient was actually using the medications which had been prescribed for them or was diverting them for other purposes. In this respect, Dr. _____ overlooked some potentially significant clinical data. Other than this, however, Dr. _____'s diagnostic assessments appeared to be both consistent with the recorded clinical data and sufficiently supported by that data in all cases.

Treatment Plans and Prescriptive Practice

The content of Dr. _____'s treatment plans was reasonably complete in all of the records I examined. His care plans identified reasonably specific treatment goals, described what treatment modalities would be used, and described the proposed frequency and duration of treatment. Some of the plans for his patients at Galapagos Pain Management Clinic also included a description of the particular anatomical areas to be treated. All of his care plans at both clinics included pain management contracts where appropriate and set a proposed timetable for re-evaluation of the patient's progress where necessary. Referrals for additional services were included in some of the plans at the Therapeutic Health Center and in many of the charts examined at Galapagos Pain Management Clinic. All of the charts at each of the clinics contained appropriate and sufficient documentation of the patient's informed consent to the treatment proposed, including documentation of Dr. _____'s explanation of the risks and benefits of the various treatment alternatives.

However, it was not always clear that the treatment regimens were clinically appropriate or properly tailored to the particular needs of the individual patient. In reviewing the charts for this report, it quickly became apparent that every single patient in the sample at both facilities received the same treatment – a prescription for a one-month supply (180 to 240 tablets) of Roxycodone 30 mg – regardless of the patient's clinical history, examination findings or diagnosis. In some of the cases reviewed, this approach may indeed have been clinically justified. But the clinical rationale for this treatment regimen was neither readily apparent, nor

adequately explained, in more than half of the cases reviewed at both clinics. Based on currently accepted standards of practice in the field of pain management, one would expect to see some variations in the treatment and medication regimens based on the individual circumstances of each patient (e.g., use of long-acting rather than short-acting pain control drugs where appropriate, consideration and use of adjunctive non-pharmacological therapies either as an alternative approach or as a supplement to lesser amounts of medication). There were only a few cases at each clinic where the record indicated that non-pharmacological approaches were even considered, and the records did not reflect any comparison of the appropriateness of alternative types of pain control medications. One would also expect to see some effort to track patient use of pain control medications and reduce the level of such medications over time. This report has already noted that negative urine toxicology screen results obtained on some of the patients in the sample do not appear to have triggered any inquiry into the patient's use of the prescribed medication and/or the possibility of diversion. Dr. _____ contends that these patients were receiving this same level of medication, or more, before he began caring for them, and that it will take time to wean them off these high levels of pain control drugs or at least reduce their dosage levels. While this may be true, it is not clear that Dr. _____'s documented care plans indicate that such measures are anticipated. It will be interesting to see whether dosage reductions take place, or if alternatives to pharmacological management are used, as the monitoring process continues.

Dr. _____ does consistently meet regulatory requirements about the content of his prescriptions. Each one contained all of the necessary information about the patient, the name of the drug, its dosage strength and form, the quantity prescribed, necessary instructions for use and cautionary statements, and information about the number of refills authorized. Prescriptions were written in sequential order according to date and time of issuance.

It was less clear, however, that the appropriateness of the proposed drug for the individual patient was fully and carefully assessed. While Dr. _____ was very consistent about considering patient allergies in making his decisions about what to prescribe for the patient, he was far less consistent about documenting his consideration of possible interactions between the drug being proposed and other drugs the patient might be taking or other medical conditions the patient may have had. He was equally inconsistent about documenting his consideration of whether the patient had any prior history or current symptoms which might indicate abuse of controlled substances. Finally, as noted earlier, the fact that negative urine toxicology screens did not prompt further inquiry into the patient's use of the drugs prescribed raises questions about the adequacy of Dr. _____'s monitoring of the patient's use of such medications.

While I did not attempt to evaluate the on-site drug tracking and control practices at each clinic, I did note that samples of controlled substances were maintained in each one and that most of the records examined contained evidence that Dr. _____ had dispensed quantities of these drugs to patients for off-site use.

Documentation of Patient Progress

Dr. _____'s records did include progress notes, using accepted SOAP format, for each patient in my sample. Progress notes consistently included the patient's subjective description of his or her status or condition at each visit, and subjective assessment tools, such as the patient's own report about their ability to pursue normal activities of daily living were regularly considered. Dr. _____ was also consistent about recording observations or objective examination findings in his notes and these were typically described in sufficient detail. Changes in patient diagnosis or prognosis were also noted when appropriate. His progress notes did not provide much description of treatments or therapies employed other than medications prescribed or dispensed. Re-evaluations were performed according to timeframes stated in the patient's care plan in most cases, but there was no evidence that treatment regimens were modified in response to noted changes in the patient's status.

Coding and Billing of Services

I did not have occasion to evaluate the appropriateness of the billing of Dr. _____'s services, as all of the patients in my sample paid in cash or by check for their care.

Summary and Recommendations

Based on my review of the records selected for this report, Dr. _____'s clinical documentation appears to be satisfactory in many respects. He appears to gather an adequate history of the patient's presenting problem, although these would benefit from greater information about any treatment the patient has received, or is currently receiving, from other providers. His documentation of the patient's past medical history is generally sound, although he does not conduct a sufficient inquiry into whether the patient has experienced or received treatment for any form of psychiatric illness or substance addiction. His social and occupational history data would benefit from more information about patient dietary patterns, marital status, and availability of support systems. His initial clinical evaluations of his patients are, for the most part, sufficiently complete for the present nature of his practice. However, negative results on urine toxicology screens of patients who are receiving such large quantities of pain control medications should prompt further inquiry into the patient's use of such medications and the possibility that these drugs are being diverted. Dr. _____'s diagnostic assessments seem to be generally sound and adequately supported by the recorded clinical data in his charts.

The problem is that Dr. _____'s treatment plans consist of a single regimen for all pain management patients – a prescription for a one-month supply of Roxycodone 30 mg - irrespective of individual variations in symptoms, history, examination findings or diagnosis. His records do not generally indicate that other approaches to pain management (e.g. longer-acting pain control drugs or non-pharmacological alternatives) have been evaluated, or explain the reasons why he has chosen to follow the above-described "one size fits all" approach. This is of particular concern since the records also typically lack inquiries into patient use of prescribed medications when urine toxicology screens are negative, and an absence of any indication that

assessments of the appropriateness of a particular drug include a consideration of whether the patient has any symptoms or history which suggest a risk of abuse.

Based on these findings, it appears that Dr. _____'s basic medical practice skills are reasonably good, but it is not clear that his level of knowledge or skill in handling pain management patients is sufficient for the practice setting in which he works. It is my understanding that Dr. _____ has recently expressed an interest in returning to his original field of practice, gynecology, in a non-surgical, outpatient capacity. Assuming that he does not do so, however, I offer the following specific recommendations:

1. Patient records in a pain management practice should include information about any treatment the patient has previously received, or is currently receiving, for their presenting problem. This should include complete contact information for other providers who are caring for the patient and an inquiry into what, if any, medications have been prescribed for the patient by any of those providers.
2. The present inquiry on the medical history form into whether the patient is using any "street drugs" is certainly desirable, but a further inquiry should be made into whether the patient has ever had any mental health or substance abuse problem.
3. The patient's social and occupational history data would benefit from information about the patient's dietary patterns (particularly any evidence of significant weight changes), occupational activities (if any), marital status, and availability of social support systems.
4. A negative result on a urine toxicology screen for any patient who has been receiving prescriptions for pain control drugs should prompt an inquiry into the patient's use of the prescribed medication in order to try and determine whether diversion is occurring. This inquiry might include a "pill count" or further questions about withdrawal symptoms.
5. Development of treatment plans should include consideration of the appropriateness of alternative medications (e.g., long-acting versus short-acting pain control drugs); the appropriateness of using non-pharmacological approaches either as alternatives to or as supplements for pain medications; need for referrals to other providers for additional services; development of long-range plans for weaning patients off medications or reducing their dependence on them, where appropriate; and careful attention to whether the patient has a medical history or symptoms which suggest a significant risk of abuse of any medications which are prescribed. Dr. _____ would benefit from expanding his knowledge about such alternatives and should consider additional training or education which would increase his skills in this area.

Shaila Washington, Compliance Officer

_____, 2010

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I will be conducting my next review of Dr. _____'s records before the end of September, 2010, and will be submitting my next quarterly report to the Board in November.

Date

Authorized Representative of
AFFILIATED MONITORS, INC.

cc: _____, M.D.
_____, Esquire

Blank

Brownstein I Hyatt
Farber I Schreck

November 8, 2011

Joshua J. Hicks
Attorney at Law
775.622.9451 tel
775.622.9554 fax
jhicks@bhfs.com

VIA HAND DELIVERY

Beth Foster
President
c/o Larry Pinson
Executive Secretary
Nevada State Board of Pharmacy
431 West Plumb Lane
Reno, Nevada 89509

Dear President Foster:

I represent the Retail Association of Nevada ("RAN"). Pursuant to NRS 233B.100(1), RAN hereby petitions the Nevada State Board of Pharmacy ("Board") to amend NAC 639.735. Specifically, RAN requests that NAC 639.753 be amended in order to avoid the creation of a new special relationship between a pharmacy and a customer which could create significant and unanticipated liability for Nevada pharmacies. The historical context and recommended amendment to the regulation is described in more detail below.

In May of 2006, NAC 639.753 was enacted by the Board. The regulation allows a pharmacist discretion to deny a prescription if "the pharmacist reasonably believes, in his professional judgment, that the prescription is" unlawful, fraudulent, not for a legitimate medical purpose, or potentially harmful to the medical health of the patient. NAC 639.753.

In December of 2009, in an en banc and published opinion, the Nevada Supreme Court decided *Sanchez v. Wal-Mart Stores, Inc., et al.*, 125 Nev. Advance Opinion 60, 221 P.3d 1276 (Nev. 2009). In the *Sanchez* case, a pharmacy customer, while abusing prescription medication in June of 2004, killed and seriously injured another person in a vehicle accident in Las Vegas. The victims sued not only the customer, but the pharmacies patronized by the customer as well. A central issue in that case was whether a special relationship existed between a pharmacy and a customer that could give rise to a legal duty by a pharmacy to aid third parties who could be impacted by the customers misuse of a prescription. Five of the seven Justices of the Nevada Supreme Court found that no special relationship existed between the pharmacies and the customer to justify such a duty, under the facts of the case and under the law as it existed at the time of the accident in June of 2004. Two of the seven Justices dissented, finding that a special relationship did in fact exist.

The *Sanchez* opinion also included, as part of the majority opinion, an important footnote. Footnote 3 of the opinion cited to the 2006 enactment of NAC 639.753 and suggested that the regulation, at least as of May 2006, could have created a special relationship between a pharmacy and a customer. Clearly, with two Justices finding a special relationship between a pharmacy and a customer and with the other five Justices authoring a footnote stating that there may well be a special relationship as of April 2006, the Board should be aware of this potentially significant impact to Nevada pharmacies.

We do not believe that the 2006 enactment of NAC 639.753 was intended to increase the litigation exposure to Nevada pharmacies, particularly when litigation is spawned by a customer abusing prescription medication, yet that has been an inadvertent result of the amendments. For example, Section 1(5)(A) of the Informational Statement prepared along with NAC 639.735, which addresses "adverse and beneficial effects" expressly notes that "[t]his regulation should have no economic impact on affected businesses or on the public." Section 1(5)(B) similarly notes that "[t]his regulation will have no immediate or long-term economic effects on business or the public." As the *Sanchez* case notes, clearly the regulation has created a significant and unanticipated potential economic impact on both pharmacies and on the public. At the very least, the rule making process should be reopened to explore the impacts of the regulation in light of the *Sanchez* case, and to consider whether the regulation should be amended to address the economic impact on businesses and the public. One potential example of an amendment to the regulation is found in the enclosed section of the New Jersey Pharmacy Practice Act, which we believe covers many of the same concerns that NAC 639.753 was intended to address, while at the same time addressing the discretion of a pharmacist in a way that weighs against the creation of a special legal duty between a pharmacy and unforeseen third parties.

For the above reasons, RAN requests that the Board institute the administrative rulemaking process to consider and enact amendments to NAC 639.753 to address this inadvertent new legal duty created by regulation and the significant economic impacts that have resulted therefrom.

We hereby enclose, for the Board's reference, copies of the following documents for consideration with the request:

1. NAC 639.753
2. NAC 639.753 Informational Statement
3. *Sanchez v. Wal-Mart Stores, Inc. et. al.* 125 Nev. Advance Opinion 60, 225 P.3d 1276 (Nev. 2009)
4. New Jersey Pharmacy Practice Act §45:14-67.1

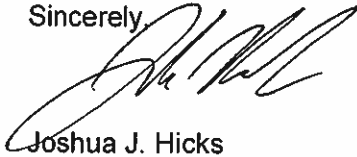
In light of the Executive Order signed by Governor Sandoval on January 3, 2011 addressing the implementation of administrative regulations, we submit that it is appropriate for the Board to implement the rule making process as of January 1, 2012. In the meantime, we also submit it is appropriate, within the provisions of Paragraph 2 of the Executive Order,

Beth Foster
November 8, 2011
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to notify the Office of the Governor with respect to the potential economic impact of the current regulation in light of the *Sanchez* opinion.

We thank the Board for its consideration of this request and look forward to an ongoing discussion of this important issue.

Sincerely,

A handwritten signature in black ink, appearing to read "Joshua J. Hicks", written over the word "Sincerely,".

Joshua J. Hicks

Enclosures

cc: Keith W. Macdonald, Treasurer
Cheryl Blomstrom, Member
Kam Gandhi, Member
Jody Lewis, Member
Russell Smith, Member
Kirk Wentworth, Member
Carolyn J. Cramer, General Counsel

NAC 639.753 Declination of pharmacist to fill prescription. (NRS 639.070)

1. A pharmacist may decline to fill a prescription that satisfies the requirements of this chapter and chapter 639 of NRS only if the pharmacist reasonably believes, in his professional judgment, that:

- (a) The filling of the prescription would be unlawful;
- (b) The filling of the prescription would be potentially harmful to the medical health of the patient;
- (c) The prescription is fraudulent; or
- (d) The prescription is not for a legitimate medical purpose.

2. If a pharmacist declines to fill a prescription pursuant to this section, the pharmacist shall speak with the prescribing practitioner in a timely manner to discuss and resolve the concerns of the pharmacist regarding the prescription. Before the pharmacist speaks with the prescribing practitioner, the pharmacist may, based on his professional judgment:

- (a) Retain the prescription and not return the prescription to the patient;
- (b) Return the prescription to the patient;
- (c) Make a photocopy of the prescription and return the prescription to the patient; and
- (d) Unless the prescription is for a controlled substance that is listed in schedule II, dispense a quantity of the drug prescribed, not to exceed a 3 days' supply, to allow a reasonable period for the pharmacist to speak with the prescribing practitioner about the concerns of the pharmacist regarding the prescription.

3. If, after speaking with the prescribing practitioner, the pharmacist reasonably believes, in his professional judgment, that the prescription is:

- (a) Lawful;
 - (b) Not potentially harmful to the medical health of the patient;
 - (c) Not fraudulent; and
 - (d) For a legitimate medical purpose,
- the pharmacist may fill the prescription.

4. If, after speaking with the prescribing practitioner, the pharmacist reasonably believes, in his professional judgment, that the prescription is:

- (a) Unlawful;
 - (b) Fraudulent; or
 - (c) Not for a legitimate medical purpose,
- the pharmacist shall retain the prescription and may not return the prescription to the patient.
- (Added to NAC by Bd. of Pharmacy by R036-06, eff. 5-4-2006)

NOTICE OF ADOPTION OF PROPOSED REGULATION
LCB File No. R036-06

The State Board of Pharmacy adopted regulations pertaining to Chapter 639 of the Nevada Administrative Code on April 20, 2006.

Notice date: 3/15/2006
Hearing date: 4/20/2006

Date of adoption by agency: 4/10/2006
Filing date: 5/4/2006

INFORMATIONAL STATEMENT

1. A DESCRIPTION OF HOW PUBLIC COMMENT WAS SOLICITED, A SUMMARY OF PUBLIC RESPONSE, AND AN EXPLANATION HOW OTHER INTERESTED PERSONS MAY OBTAIN A COPY OF THE SUMMARY.

Public comment was solicited through public notices posted in county courthouses and through mailings to interested parties.

There were six persons that were sworn and gave testimony. One person approved the language as written, one person wanted stronger language to include the issue of conscience, and four persons opposed the language as being too broad. They made suggestions that the Board agreed to and these suggestions were incorporated into the language submitted to LCB

All interested parties may obtain a summary of public response by written or verbal request to: Nevada State Board of Pharmacy, 555 Double Eagle Court, Suite 1100, Reno, Nevada, 89521.

2. THE NUMBER OF PERSONS WHO: (A) ATTENDED EACH HEARING; (B) TESTIFIED AT EACH HEARING; AND (C) SUBMITTED TO THE AGENCY WRITTEN STATEMENTS.

The number of persons who attended the hearing was 6.
The number of persons who testified at the hearing was 6.
The number of agency submitted statements was 0.

3. A DESCRIPTION OF HOW COMMENT WAS SOLICITED FROM AFFECTED BUSINESSES, A SUMMARY OF THEIR RESPONSE, AND AN EXPLANATION HOW OTHER INTERESTED PERSONS MAY OBTAIN A COPY OF THE SUMMARY.

Comments were solicited from affected businesses through posting of public notices in the county courthouses, by direct mailings to all interested persons who have requested notices of board of pharmacy meeting agendas and by direct mailings to professional and trade associations.

There was no response from affected businesses relative to this proposed regulation.

4. IF THE REGULATION WAS ADOPTED WITHOUT CHANGING ANY PART OF THE PROPOSED REGULATION, A SUMMARY OF THE REASONS FOR ADOPTING THE REGULATION WITHOUT CHANGE.

The proposed regulation was adopted with minor changes.

5. THE ESTIMATED ECONOMIC EFFECT OF THE REGULATION ON THE BUSINESS WHICH IT IS TO REGULATE AND ON THE PUBLIC. THESE MUST BE STATED SEPARATELY, AND IN EACH CASE MUST INCLUDE:

A) BOTH ADVERSE AND BENEFICIAL EFFECTS.

This regulation should have no economic impact on affected businesses or on the public.

B) BOTH IMMEDIATE AND LONG-TERM EFFECTS.

This regulation will have no immediate or long-term economic effects on business or the public.

6. THE ESTIMATED COST TO THE AGENCY FOR ENFORCEMENT OF THE PROPOSED REGULATION.

There will be no additional or special costs incurred by the board for enforcement of this regulation.

7. A DESCRIPTION OF ANY REGULATIONS OF OTHER STATE OR GOVERNMENT AGENCIES WHICH THE PROPOSED REGULATION OVERLAPS OR DUPLICATES AND A STATEMENT EXPLAINING WHY THE DUPLICATION OR OVERLAPPING IS NECESSARY. IF THE REGULATION OVERLAPS OR DUPLICATES A FEDERAL REGULATION, THE NAME OF THE REGULATING FEDERAL AGENCY.

The Board of Pharmacy is not aware of any similar regulations of other state or government agencies that the proposed regulation overlaps or duplicates.

8. IF THE REGULATION INCLUDES PROVISIONS WHICH ARE MORE STRINGENT THAN A FEDERAL REGULATION WHICH REGULATES THE SAME ACTIVITY, A SUMMARY OF SUCH PROVISIONS.

The Board of Pharmacy is not aware of any similar regulations of the same activity in which the federal regulation is more stringent.

9. IF THE REGULATION PROVIDES A NEW FEE OR INCREASES AN EXISTING FEE, THE TOTAL ANNUAL AMOUNT THE AGENCY EXPECTS TO COLLECT AND THE MANNER IN WHICH THE MONEY WILL BE USED.

This regulation does not provide a new or increase of fees.

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H

Supreme Court of Nevada.

Leila-Jade G. SANCHEZ and Taylor N. Sanchez, Minors, by and through Josette SANCHEZ, their Guardian; Josette Sanchez, an Individual; Therese Cruz-Blas and Delbert M. Blas, as Co-Special Administrators of the Estate of Gregory Sanchez, Jr., Deceased; Robert Martinez, an Individual; and Michelle Martinez, an Individual, Appellants,

v.

WAL-MART STORES, INC., a Foreign Corporation; Longs Drug Stores Co., a Foreign Corporation; Walgreen Co., a Foreign Corporation; CVS Pharmacy, Inc., a Foreign Corporation; Rite-Aid, a Foreign Corporation; Albertson's, Inc., d/b/a Sav-On Pharmacy, a Foreign Corporation; and Lam's Pharmacy, Inc., a Nevada Corporation, Respondents.

No. 47851.
Dec. 24, 2009.

Background: Widow and minor children of deceased motorist and others filed suit against pharmacies and others, asserting claims for personal injury and wrongful death, arising out of automobile accident that occurred when pharmacy customer struck and killed motorist while driving under the influence of controlled substances. Pharmacies filed motions to dismiss for failure to state a claim upon which relief can be granted. The District Court, Clark County, Douglas W. Herndon, J., granted motions. Plaintiffs appealed.

Holdings: The Supreme Court, Hardesty, C.J., held that:

- (1) in a matter of first impression, pharmacies' actions of dispensing prescription drugs to their customer did not create a legal duty on part of pharmacies in favor of third parties;
- (2) public policy of statute requiring Board of Pharmacy and Investigation Division of Department of Public Safety to create computerized program to

track controlled substance prescriptions filled by pharmacies did not create duty of care on part of pharmacies to protect third parties; and
(3) statutes and regulations concerning prescription drug dispensation and customer recordkeeping maintenance were not intended to protect general public, as necessary to establish negligence per se claim against pharmacies.

Affirmed.

Cherry, J., dissented, with opinion, in which Saita, J., concurred.

West Headnotes

[1] Appeal and Error 30 ⚡863

30 Appeal and Error

30XVI Review

30XVI(A) Scope, Standards, and Extent, in General

30k862 Extent of Review Dependent on Nature of Decision Appealed from

30k863 k. In general. Most Cited Cases

A district court order granting a motion to dismiss for failure to state a claim upon which relief can be granted is subject to rigorous appellate review. Rules Civ.Proc., Rule 12(b)(5).

[2] Appeal and Error 30 ⚡919

30 Appeal and Error

30XVI Review

30XVI(G) Presumptions

30k915 Pleading

30k919 k. Striking out or dismissal.

Most Cited Cases

Supreme Court, in reviewing order of dismissal for failure to state a claim upon which relief can be granted, accepts plaintiff's factual allegations as true, but the allegations must be legally sufficient to constitute the elements of the claim asserted. Rules

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Civ.Proc., Rule 12(b)(5).

[3] Appeal and Error 30 ⚡919

30 Appeal and Error
30XVI Review
30XVI(G) Presumptions
30k915 Pleading
30k919 k. Striking out or dismissal.
Most Cited Cases
Supreme Court, in reviewing order of dismissal for failure to state a claim upon which relief can be granted, draws every reasonable inference in plaintiffs favor. Rules Civ.Proc., Rule 12(b)(5).

[4] Appeal and Error 30 ⚡893(1)

30 Appeal and Error
30XVI Review
30XVI(F) Trial De Novo
30k892 Trial De Novo
30k893 Cases Triable in Appellate Court
30k893(1) k. In general. Most Cited Cases
Whether duty of care was owed by defendant to plaintiff which is a question of law that Supreme Court reviews de novo.

[5] Health 198H ⚡752

198H Health
198HV Malpractice, Negligence, or Breach of Duty
198HV(D) Duties and Liabilities to Non-Patients
198Hk752 k. Acts of patients in general.
Most Cited Cases

Products Liability 313A ⚡114

313A Products Liability
313AII Elements and Concepts
313Ak114 k. Negligence or fault. Most Cited Cases

Products Liability 313A ⚡225

313A Products Liability

313AIII Particular Products

313Ak223 Health Care and Medical Products

313Ak225 k. Drugs in general. Most

Cited Cases

Pharmacies' actions of dispensing prescription drugs to their customer did not create a legal duty on part of pharmacies to protect victims of automobile accident that occurred when pharmacy customer struck them with her vehicle while driving under the influence of controlled substances, resulting in death of one victim and severe injuries to other victim, victim's survivors, or co-administrators of victim's estate, as pharmacies had no direct relationship with these unidentifiable members of general public, who were unknown to pharmacies.

[6] Negligence 272 ⚡202

272 Negligence

272I In General

272k202 k. Elements in general. Most Cited

Cases

To prevail on a negligence claim, plaintiff must establish four elements: (1) the existence of a duty of care, (2) breach of that duty, (3) legal causation, and (4) damages.

[7] Negligence 272 ⚡220

272 Negligence

272II Necessity and Existence of Duty

272k220 k. Protection against acts of third persons. Most Cited Cases

Negligence 272 ⚡221

272 Negligence

272II Necessity and Existence of Duty

272k221 k. Duty to warn. Most Cited Cases

With regard to the duty element of a negligence claim, under common law principles, no duty is owed to control the dangerous conduct of another or to warn others of the dangerous conduct.

[8] Negligence 272 ⚡220

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272 Negligence

272II Necessity and Existence of Duty

272k220 k. Protection against acts of third persons. Most Cited Cases

Negligence 272 ↪ 221

272 Negligence

272II Necessity and Existence of Duty

272k221 k. Duty to warn. Most Cited Cases

An exception to the general rule that no duty is owed to control the dangerous conduct of another or to warn others of the dangerous conduct arises, and an affirmative duty to aid others is recognized when (1) a special relationship exists between the parties or between the defendant and the identifiable victim, and (2) the harm created by the defendant's conduct is foreseeable.

[9] Health 198H ↪ 752

198H Health

198HV Malpractice, Negligence, or Breach of Duty

198HV(D) Duties and Liabilities to Non-Patients

198Hk752 k. Acts of patients in general. Most Cited Cases

Products Liability 313A ↪ 114

313A Products Liability

313AII Elements and Concepts

313Ak114 k. Negligence or fault. Most Cited Cases

Products Liability 313A ↪ 225

313A Products Liability

313AIII Particular Products

313Ak223 Health Care and Medical Products

313Ak225 k. Drugs in general. Most Cited Cases

Public policy of statute requiring Board of Pharmacy and Investigation Division of Department of Public Safety to create computerized program to track controlled substance prescriptions

filled by registered pharmacies did not create duty of care on part of pharmacies to protect victims of automobile accident that occurred when pharmacies' customer struck them with her vehicle while driving under the influence of controlled substances, resulting in death of one victim and severe injuries to other victim, victim's survivors, or co-administrators of victim's estate, as statute's underlying purpose was to computerize a manual tracking system for tracking prescription drug use, i.e., a recordkeeping system, not to create public policy duty for pharmacies to protect third parties. West's NRSA 453.1545(1)(a)(1), (5).

[10] Health 198H ↪ 752

198H Health

198HV Malpractice, Negligence, or Breach of Duty

198HV(D) Duties and Liabilities to Non-Patients

198Hk752 k. Acts of patients in general. Most Cited Cases

Products Liability 313A ↪ 114

313A Products Liability

313AII Elements and Concepts

313Ak114 k. Negligence or fault. Most Cited Cases

Products Liability 313A ↪ 225

313A Products Liability

313AIII Particular Products

313Ak223 Health Care and Medical Products

313Ak225 k. Drugs in general. Most Cited Cases

Statutes and regulations concerning prescription drug dispensation and customer recordkeeping maintenance were not intended to protect general public, or to protect against any injury sustained by victims of automobile accident that occurred when pharmacies' customer struck them with her vehicle while driving under the influence of controlled substances, resulting in death of one victim and severe

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injuries to other victim, victim's survivors, or co-administrators of victim's estate, as necessary for them to establish negligence per se claim against pharmacies; duty owed under statutes and regulations was to person for whom prescription was written, i.e., the pharmacies' customers, if anyone. West's NRS 453.1545, 453.256, 453.257, 639.2392, 639.2393; NAC 639.685, 639.726, 639.742, 639.745.

[11] Negligence 272 ⚡222

272 Negligence

272II Necessity and Existence of Duty

272k222 k. Duty based upon statute or other regulation. Most Cited Cases

A negligence per se claim arises when a duty is created by statute.

[12] Negligence 272 ⚡222

272 Negligence

272II Necessity and Existence of Duty

272k222 k. Duty based upon statute or other regulation. Most Cited Cases

Negligence 272 ⚡259

272 Negligence

272IV Breach of Duty

272k259 k. Violations of statutes and other regulations. Most Cited Cases

A civil statute's violation establishes the duty and breach elements of negligence claim under doctrine of negligence per se when the injured party is in the class of persons whom the statute is intended to protect and the injury is of the type against which the statute is intended to protect.

[13] Appeal and Error 30 ⚡763

30 Appeal and Error

30XII Briefs

30k763 k. Additional or supplemental briefs. Most Cited Cases

Supreme Court would not consider arguments raised in appellants' supplemental brief that were

not raised in their opening or reply briefs, as these arguments exceeded scope of briefing rule. Rules App.Proc., Rule 31.

*1278 Marquis & Aurbach and Phillip S. Aurbach and Micah S. Echols, Las Vegas; Patti, Sgro & Lewis and Stephen K. Lewis, Las Vegas; Beckley Singleton, Chtd., and Daniel F. Polsenberg, Las Vegas, for Appellants.

Phillips, Spallas & Angstadt, LLC, and John W. Kirk, Las Vegas; Shook, Hardy & Bacon, LLP, and Frank C. Rothrock, Irvine, CA, for Respondent Wal-Mart Stores, Inc.

Hutchison & Steffen, LLC, and Michael K. Wall and L. Kristopher Rath, Las Vegas, for Respondent Longs Drug Stores.

Backus Carranza and Leland Eugene Backus and Edgar Carranza, Las Vegas, for Respondent Walgreen Company.

Pyatt Silvestri & Hanlon and Carrie McCrea Hanlon, Las Vegas, for Respondent CVS Pharmacy, Inc.

Laxalt & Nomura and Lon A. Burke, Las Vegas; Kelly, Herlihy & Klein LLP and Jonathan Allan Klein, San Francisco, CA, for Respondent Rite-Aid Corporation.

Thorndal, Armstrong, Delk, Balkenbush & Eisinger and Brian K. Terry and Christopher J. Curtis, Las Vegas, for Respondents Albertson's, Inc., and Lam's Pharmacy, Inc.

Before the Court En Banc.

OPINION

By the Court, HARDESTY, C.J.

This appeal raises issues concerning whether a pharmacy owes a duty of care to unidentified third parties who were injured by a pharmacy customer who was driving while under the influence of controlled prescription drugs. In addressing this appeal,

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we consider two main arguments: (1) whether, under common-law principles, pharmacies have a duty to act to prevent a pharmacy customer from injuring members of the general public; and (2) whether Nevada's pharmacy statutory and regulatory laws allow third parties to maintain a negligence per se claim for alleged violations concerning dispensation of prescription drugs and maintenance of customers' records.

The underlying matter arose after a pharmacy customer, while driving under the influence of prescription drugs, allegedly caused an automobile accident resulting in one person's death and severe injuries to another. Appellants filed a wrongful death and personal injury complaint against, among others, respondent pharmacies that filled multiple prescriptions for the woman driving the car. The appellants claimed that because the pharmacies had knowledge of the woman's prescription-filling activities, the pharmacies *1279 owed appellants a duty of care to not fill the woman's prescriptions. The pharmacies filed a motion to dismiss the action, which the district court granted after finding that the pharmacies did not owe appellants a statutory duty of care, and thus, that appellants' claims failed to state a valid cause of action.

We conclude that pharmacies do not owe a duty of care to unidentifiable third parties. Moreover, Nevada's pharmacy statutes and regulations concerning prescription drug dispensation and customer recordkeeping maintenance are not intended to protect the general public from the type of injury sustained in this case, and thus, do not support the appellants' negligence per se claim. We therefore affirm.

RELEVANT FACTS AND PROCEDURAL HISTORY

On June 4, 2004, while driving on U.S. Highway 95 in Las Vegas, Gregory Sanchez, Jr., stopped on the side of the road to fix a flat tire. Appellant Robert Martinez, Sanchez's co-worker, arrived at the scene to assist Sanchez. While Martinez and Sanchez were transferring items from Sanchez's

vehicle into Martinez's vehicle, they were struck by defendant Patricia Copenig's vehicle. ^{FN1} As a result of the collision, Sanchez died and Martinez was seriously injured. Copenig was arrested for driving under the influence of controlled substances.

FN1. Copenig is not a party to this appeal. Appellants' claims against her remain pending in the district court, and we make no observations regarding the substantive legal issues pending in the underlying action.

Appellants, Sanchez's minor daughters, his widow, and the personal representatives of his estate, and Martinez and his wife, filed a wrongful death and personal injury complaint against Copenig, two medical doctors, and a medical association. Through discovery, appellants learned that in June 2003, the Prescription Controlled Substance Abuse Prevention Task Force sent a letter to the pharmacies that had dispensed to, and physicians who had written prescriptions for, Copenig, concerning Copenig's prescription-filling activities. The letter informed the pharmacies and physicians that from May 2002 to May 2003, Copenig had obtained approximately 4,500 hydrocodone pills at 13 different pharmacies. Based on the Task Force letter, appellants moved the district court and were granted leave to file a second amended complaint to add the following defendants to the action: Wal-Mart Stores, Inc.; Longs Drug Stores Co.; Walgreen Co.; CVS Pharmacy, Inc.; Rite-Aid; Albertson's Inc., d/b/a Sav-on Pharmacy; and Lam's Pharmacy, Inc.

As to the pharmacies, the second amended complaint alleged that Copenig was under the influence of controlled substances when the accident occurred and that the pharmacies had filled Copenig's prescriptions after they had received a Task Force letter informing them of her prescription-drug activities. The complaint further asserted that after receiving the Task Force letter, the pharmacies continued providing Copenig with the controlled

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substances that she used before the accident. The complaint did not allege any irregularities on the face of the prescriptions themselves. Nor did the complaint allege that the prescriptions presented by Copening to the pharmacies were filled by the pharmacies in violation of the prescriptions' language, were fraudulent or forged, or involved dosages that, individually and if taken as directed, were potentially harmful to Copening's health.

The pharmacies answered the complaint and asserted, as an affirmative defense, that appellants' second amended complaint failed to state a claim upon which relief could be granted. Thereafter, the pharmacies moved the district court to dismiss the claims asserted against them in appellants' second amended complaint on the basis that no duty was owed to appellants. The pharmacies subsequently moved the district court for summary judgment. Appellants opposed the motions.

At the hearing on the pharmacies' motions, the district court stated that no statute imposed a duty on the pharmacies to take action after receiving the Task Force letter. The district court further stated that absent a legislative duty, the case was governed by *1280 Nevada's dram-shop cases and that there appeared to be no material difference between a bartender providing a customer alcohol and a pharmacist filling a customer's prescription, and therefore, proximate cause did not exist.^{FN2} Thereafter, the district court entered a summary order that granted the pharmacies' motions to dismiss under NRCP 12(b)(5) and denied as moot the pharmacies' summary judgment motions. The court subsequently certified its order as final under NRCP 54(b). This appeal followed.

FN2. We note that the district court's reliance on Nevada's dram-shop cases was unnecessary. In particular, it appears that after concluding that there was no legislative mandate imposing a legal duty, the district court next considered whether proximate cause existed. An analysis of proximate cause, however, was not required, as

the district court correctly noted the absence of a legal duty imposed on respondents in favor of appellants. Accordingly, we determine that we need not consider the proximate cause element in this matter. See *Rosenstein v. Steele*, 103 Nev. 571, 575, 747 P.2d 230, 233 (1987) (noting that this court will affirm a district court's order if the district court reached the correct result, even for the wrong reason).

DISCUSSION

The issues presented in this appeal raise two long-standing negligence principles. First, we consider whether pharmacies owe a duty of care to unidentified third parties injured by a pharmacy customer or whether public policy creates a duty of care for pharmacies, which when breached, supports a common-law negligence claim. Second, we decide if Nevada's pharmacy statutes and regulations create a statutory duty to support appellants' negligence per se claim against the pharmacies.

Standard of review

[1][2][3][4] A district court order granting an NRCP 12(b)(5) motion to dismiss is subject to rigorous appellate review. *Lubin v. Kunin*, 117 Nev. 107, 110–11, 17 P.3d 422, 425 (2001). Similar to the trial court, this court accepts the plaintiffs' factual allegations as true, but the allegations must be legally sufficient to constitute the elements of the claim asserted. *Malfabon v. Garcia*, 111 Nev. 793, 796, 898 P.2d 107, 108 (1995). In reviewing the district court's dismissal order, every reasonable inference is drawn in the plaintiffs' favor. *Id.* Accordingly, to prevail in this appeal, the appellants must demonstrate that a duty of care was owed to them by the pharmacies, which is a question of law that we review de novo. *Turner v. Mandalay Sports Entm't*, 124 Nev. —, —, —, 180 P.3d 1172, 1175, 1177 (2008).

Pharmacies do not have a duty to act to prevent a pharmacy customer from injuring an unidentified third party

Appellants argue that the district court improp-

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erly dismissed their common-law negligence claims for two reasons. First, appellants contend that the pharmacies had a duty to prevent harm to appellants because Copening was a customer to whom the pharmacies continuously dispensed drugs, and the pharmacies had notice from the Task Force letter that Copening was a potential drug abuser. Second, appellants assert that NRS 453.1545 establishes a public policy duty to protect the general public, including appellants. The pharmacies counter that no special relationship exists between the pharmacies and appellants, and that no public policy duty is created by NRS 453.1545's enactment. We agree with the pharmacies' position that the district court properly declined to impose a duty on the pharmacies for the appellants' benefit.

No special relationship exists to justify imposing a duty on pharmacies in favor of third parties

[5][6][7][8] It is well established that to prevail on a negligence claim, a plaintiff must establish four elements: (1) the existence of a duty of care, (2) breach of that duty, (3) legal causation, and (4) damages. *Turner*, 124 Nev. at —, 180 P.3d at 1175. With regard to the duty element, under common-law principles, no duty is owed to control the dangerous conduct of another or to warn others of the dangerous conduct. See *Mangeris v. Gordon*, 94 Nev. 400, 402, 580 P.2d 481, 483 (1978). An exception to this general rule arises, however, and an affirmative duty to aid others is recognized when (1) a special relationship exists between the parties or *1281 between the defendant and the identifiable victim, and (2) the harm created by the defendant's conduct is foreseeable. *Lee v. GNLV Corp.*, 117 Nev. 291, 295, 22 P.3d 209, 212 (2001); *Elko Enterprises v. Broyles*, 105 Nev. 562, 565–66, 779 P.2d 961, 964 (1989); *Mangeris*, 94 Nev. at 402, 580 P.2d at 483.

As a threshold matter, to determine whether appellants can maintain a common-law negligence claim against the pharmacies for Copening's criminal act of driving while under the influence of controlled substances, we must consider the relation-

ship between the parties and if a legal obligation can be imposed upon the pharmacies for the third-party appellants' benefit. The issue of whether, under common-law principles, a special relationship exists between a pharmacy and a third party to justify imposing a duty of care for the third party's benefit is an issue of first impression. We find persuasive to our analysis a Florida District Court of Appeal opinion involving a pharmacy's potential liability to a third party. *Dent v. Dennis Pharmacy, Inc.*, 924 So.2d 927 (Fla.Dist.Ct.App.2006).

In *Dent*, a motorist, Dent, was involved in a collision with a pharmacy patron who drove while under the influence of prescribed medication and fell asleep at the wheel, causing injuries to Dent. 924 So.2d at 928. Dent filed a negligence action against the pharmacy, alleging that because the pharmacy voluntarily undertook the duty of warning the patron about the prescription drug's effect on driving, the pharmacy owed a duty of care to Dent, the injured motorist. *Id.* at 929. The pharmacy moved the trial court to dismiss the action on the basis that it owed no duty to an unidentified third party. The trial court agreed and dismissed Dent's complaint. *Id.*

On appeal, the *Dent* court recognized that in the context of professional relationships, the duty element of negligence could be established in one of two ways: (1) a plaintiff having a direct relationship with the defendant, or (2) by establishing that the plaintiff is a known or identifiable third party to whom the defendant owes a legal duty. *Id.* The court determined that no duty of care was owed to Dent because she had no direct relationship with the pharmacy; the pharmacy merely filled its customer's prescription and warned the customer of the medication's side effects. *Id.* The court further concluded that Dent was an anonymous member of the driving public and was therefore not a known or identifiable third party. The pharmacy had no control over whether its customer would take the medication and then drive, or even take the medication at all. *Id.* Therefore, a finding that Dent was a

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known or identifiable third party to whom the pharmacy owed a legal duty “ ‘under those circumstances would create a zone of risk [that] would be impossible to define.’ ” *Id.* (quoting *Cheeks v. Dorsey*, 846 So.2d 1169, 1173 (Fla.Dist.Ct.App.2003)). Thus, the pharmacy's actions did not create a legal duty in favor of the motoring public.

Following the Florida court's reasoning, we conclude that in this matter the pharmacies did not owe a duty to the third-party appellants. The pharmacies have no direct relationship with the third-party appellants. In addition, as in *Dent*, the appellants in this matter are unidentifiable members of the general public who were unknown to the pharmacies.^{FN3} Thus, the pharmacies' acts of *1282 dispensing prescription drugs to Copening did not create a legal duty. We conclude that the district court did not err in dismissing appellants' negligence causes of action asserted against the pharmacies on this ground.^{FN4}

FN3. We note that, at the time that the underlying accident occurred, the pharmacies had no obligation to do anything after receiving the Task Force letter and only limited authority to refuse to fill any prescriptions. In 2006, however, the Board of Pharmacy amended its regulations, which may have created a special relationship that could justify imposing a duty in favor of third parties. NAC 639.753 provides that if a pharmacist declines to fill a prescription, because in his professional judgment the prescription is (1) fraudulent, (2) potentially harmful to the customer's health, (3) not for a legitimate medical purpose, or (4) filling the prescription would be unlawful, the pharmacist must in a timely manner contact the prescribing physician to resolve the pharmacist's concerns. The amendment further provides that after speaking with the physician, the pharmacist may fill the prescription if “the pharmacist reasonably

believes, in his professional judgment, that the prescription is” not fraudulent or harmful to the patient's health or is lawful or for a legitimate medical purpose. NAC 639.753(3)(a)-(d). If one of these conditions is not met, after discussing the prescription with the physician, the pharmacist is mandated *not* to fill the prescription and must retain the prescription. NAC 639.753(4). We make no determination as to whether this regulation imposes a duty on pharmacies or creates a special relationship with their customers.

FN4. Because we conclude that no direct relationship exists between the pharmacies and the third-party appellants, or that appellants are identifiable members of the general public, to impose a duty on pharmacists for the general public's protection, we need not consider whether the pharmacies' actions created foreseeable harm to appellants.

Appellants' additional argument—that a common-law negligence claim is established merely as a result of alleged violations of a professional standard of care—fails. Unlike *Mainor v. Nault*, 120 Nev. 750, 101 P.3d 308 (2004), where a special relationship existed between the plaintiff, the client, and the plaintiff's attorneys, here, no special relationship exists between appellants and the pharmacies.

NRS 453.1545's public policy does not create a duty of care for pharmacies

[9] Appellants allege that while NRS 453.1545's language does not expressly require pharmacies to take action to prevent prescription-drug abuse, the statute's language and legislative history implies that pharmacies are required to take action to fulfill the statute's purpose. The pharmacies assert that neither the statute's plain language nor its legislative history demonstrates that the Legislature inten-

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ded to impose any obligation on pharmacies in favor of third parties. We agree with the pharmacies.

NRS 453.1545(1) requires Nevada's State Board of Pharmacy and the Investigation Division of the Department of Public Safety to create a computerized program to track controlled substance prescriptions that are filled by registered pharmacies or that are dispensed by a registered practitioner. The tracking program is designed to provide information relating to a customer's inappropriate use of specific controlled substances filled by board-registered pharmacies and practitioners:

1. The Board and the Division shall cooperatively develop a computerized program to track each prescription for [specific] controlled substance[s] ... filled by a pharmacy that is registered with the Board or that is dispensed by a practitioner who is registered with the Board. The program must:

(a) Be designed to provide information regarding:

(1) The inappropriate use by a patient of [specific] controlled substances ... to pharmacies, practitioners and appropriate state agencies to prevent the improper or illegal use of those controlled substances.

NRS 453.1545(1)(a)(1). Although NRS 453.1545(1)(a)(1) states that the information will be provided to pharmacies, subsection 5 of the same statute explains that the "[i]nformation obtained from the program ... is confidential and, except as otherwise provided by this section ... must not be disclosed to any person." NRS 453.1545(5).

The Board or Division are required, however, to report any suspected fraud or illegal activity to law enforcement or the appropriate occupational licensing board. NRS 453.1545(4). Thus, while the statute's language states that gathering information related to prescription-drug use and disseminating it to pharmacies and practitioners is to prevent pre-

scription-drug abuse, only the Board or Division may share the information gathered from the pharmacies. Pharmacies and practitioners are expressly prohibited from disclosing any information. NRS 453.1545(5). Further, nothing in NRS 453.1545 requires pharmacies to take action to protect the general public after receiving a Task Force letter. Thus, based on the statute's plain language, it is evident that the Legislature did not intend to create a policy that requires pharmacies to protect third parties from a pharmacy customer's actions.

NRS 453.1545's legislative history further supports our conclusion. The statute's underlying purpose is to computerize a manual system for tracking prescription-drug use, *i.e.*, a recordkeeping system. *See* Hearings on S.B. 36 Before the Senate Comm. on Human Resources and Facilities and Before *1283 the Assembly Comm. on Health and Human Services, 68th Leg. (Nev., January 25, February 1, June 7, 1995). When suggested to the legislators that another purpose of the computerized program was to identify drug abusers early on before they become "serious drug users, kill themselves or someone else," a legislator responded that the Legislature is not responsible for people's personal decisions and, ultimately, it is the Board's duty to prosecute regulatory violations. Hearing on S.B. 36 Before the Senate Comm. on Human Resources and Facilities, 68th Leg. (Nev., February 1, 1995) (testimony by lobbyist for the Nevada State Board of Pharmacy, and comment by state senator); Hearing on S.B. 36 Before the Assembly Comm. on Ways and Means, 68th Leg. (Nev., June 20, 1995) (comment by committee vice-chair). Subsequently, when it enacted NRS 453.1545, the Legislature declined to impose additional obligations on pharmacies. NRS 453.1545; Hearing on S.B. 36 Before the Senate Comm. on Human Resources and Facilities, 68th Leg. (Nev., February 1, 1995) (testimony by lobbyist for the Nevada State Board of Pharmacy).

Thus, the legislative history demonstrates that NRS 453.1545's enactment was intended to enhance recordkeeping by permitting more thorough

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and accurate information to be available to enforcement and regulatory authorities and for transmission by the Task Force to physicians, pharmacies, and others. We therefore reject appellants' contention that NRS 453.1545 creates a public policy duty for pharmacies to protect third parties.

Nevada's pharmacy statutes and regulations do not support appellants' negligence per se claim against the pharmacies

[10] Appellants assert that the district court erred in dismissing their negligence per se claim against the pharmacies because the pharmacies violated a number of Nevada statutes and regulations enacted to protect the general public, of whom the appellants are members, from the unlawful distribution of controlled substances.^{FN5} The pharmacies counter that the statutes and regulations relied on by appellants do not mandate that a pharmacist must refuse to fill a valid prescription for the general public's protection.

FN5. Appellants cite to the following statutes and regulations to support their negligence per se claim: NRS 453.1545 (creating computerized program to track prescriptions for controlled substances); NRS 453.256 (outlining requirements for dispensing specific controlled substances); NRS 453.257 (prohibiting the filling of second or subsequent prescriptions for certain controlled substances "unless the frequency of prescriptions is in conformity with the directions for use" and the increased amount is verified by the practitioner personally by telephone or in writing); NRS 639.2392 (establishing requirements for maintaining patient records); NRS 639.2393 (establishing limitations on filling controlled substance prescriptions); NAC 639.485 (concerning the maintenance of records for controlled substances); NAC 639.742 (discussing the duties and authority of a dispensing practitioner to dispense controlled substances); NAC 639.745

(outlining duties concerning dispensing controlled substances); NAC 639.926 (regarding dispensing controlled substances to certain individuals and maintaining records).

[11][12] A negligence per se claim arises when a duty is created by statute. *Torrealba v. Kesmetis*, 124 Nev. 95, 178 P.3d 716 (2008). A civil statute's violation establishes the duty and breach elements of negligence when the injured party is in the class of persons whom the statute is intended to protect and the injury is of the type against which the statute is intended to protect. *Ashwood v. Clark County*, 113 Nev. 80, 86, 930 P.2d 740, 744 (1997); *Sagebrush Ltd. v. Carson City*, 99 Nev. 204, 208, 660 P.2d 1013, 1015 (1983). But a statute that regulates the communication of information regarding the administration of drugs does not impose a duty on a pharmacy that runs to an unidentifiable third party. *Crippens v. Sav On Drug Stores*, 114 Nev. 760, 763 n. 1, 961 P.2d 761, 763 n. 1 (1998).

The statutes and regulatory provisions the appellants rely on to assert a negligence per se claim against the pharmacies are not intended for the general public's protection or to protect against any injury that the third-party appellants may have sustained. The duty owed under these statutes or regulations is to the person for whom the prescription was written, the pharmacy's customer, if anyone, and not for the general public's protection. And although various statutory and regulatory provisions may express standards *1284 of care for the practice of pharmacology, under the circumstances of this case, those standards of care do not extend to unidentified third parties. Therefore, we conclude that the district court properly dismissed appellants' negligence per se claims asserted against the pharmacies.^{FN6}

FN6. The pharmacies contend that *Nevada State Board of Pharmacy v. Garrigus*, 88 Nev. 277, 496 P.2d 748 (1972), is dispositive of appellants' negligence per se claim. But *Garrigus* is inapposite to our consider-

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ation of whether the pharmacies owed a duty to appellants, as that case concerned whether the Nevada State Board of Pharmacy's decision to revoke several pharmacists' licenses was supported by substantial evidence. *Id.* at 278–79, 496 P.2d at 749.

CONCLUSION

[13] We affirm the district court's order dismissing appellants' action against the pharmacies for failure to state a claim upon which relief can be granted.^{FN7}

FN7. After briefing in this appeal had concluded, appellants filed a supplemental brief. In that supplemental brief, appellants provided additional authority, which was available when their reply brief was filed, and appellants asserted a new argument that was not previously raised in their opening or reply briefs. We did not consider the arguments raised in appellants' supplemental brief because they exceeded the scope of NRAP 31. *See U.S. v. Vazquez-Rivera*, 407 F.3d 476, 487 (1st Cir.2005) (considering authority raised in a supplemental brief that was not raised in the opening brief because there was an intervening change in law); *U.S. v. Khorozian*, 333 F.3d 498, 506 n. 7 (3d Cir.2003) (providing that FRAP 28(j) cannot be used to raise supplemental arguments); *U.S. v. Kimler*, 335 F.3d 1132, 1138 n. 6 (10th Cir.2003) (refusing to consider an argument that should have been raised in the party's opening or reply brief).

We concur: PARRAGUIRRE, DOUGLAS, GIBBONS and PICKERING, JJ.

CHERRY, J., with whom SAITTA, J., agrees, dissenting:

I differ with my colleagues as to their resolution of this appeal. In particular, I conclude that the district court erred when it granted the pharmacies'

motions to dismiss because the appellants have sufficiently stated common-law negligence and negligence per se claims that preclude dismissal. I therefore dissent.

DISCUSSION

Common-law negligence cause of action

The majority concludes that no special relationship exists to extend a duty of care from the pharmacies to the third-party appellants. I disagree with this conclusion. This court has recognized a special relationship between an innkeeper-guest, teacher-student, and employer-employee. *See Lee v. GNLV Corp.*, 117 Nev. 291, 295, 22 P.3d 209, 212 (2001). The relationship between a pharmacy and pharmacy customer should also be considered a special relationship. Thus, in my opinion, appellants' allegations in their complaint are legally sufficient to constitute a common-law negligence cause of action.

Generally, a defendant does not have a duty to control another's dangerous conduct or to warn others when dangerous conduct arises. *Mangeris v. Gordon*, 94 Nev. 400, 402, 580 P.2d 481, 483 (1978). But an exception to this general rule occurs when a special relationship exists between the defendant and the actor who allegedly caused the injury. *Id.* If a special relationship exists, the defendant has a duty to take measures to protect foreseeable victims from foreseeable harm. *See Elko Enterprises v. Broyles*, 105 Nev. 562, 565–66, 779 P.2d 961, 964 (1989); *El Dorado Hotel v. Brown*, 100 Nev. 622, 627, 691 P.2d 436, 440 (1984), *overruled on other grounds by Vinci v. Las Vegas Sands*, 115 Nev. 243, 984 P.2d 750 (1999). Here, contrary to the majority's position, I determine that the pharmacies owed appellants a duty of care to, among other things, investigate the validity of Copening's prescriptions or to refuse to fill her prescriptions, if warranted, based on the special relationship that exists between a pharmacist and pharmacy customer, together with the information distributed by the Task Force. While I conclude that sufficient information exists to reverse the district

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court's dismissal of appellants' common-law negligence claim, because the underlying proceedings are at an early stage of the litigation, there also remain unanswered questions relating to *1285 foreseeability that justify remanding this appeal to the district court for further proceedings.

Special relationship element of common-law negligence cause of action

A pharmacist's professional standards of care, considered with the notice contained in the Task Force letter, justifies extending the duty owed by the pharmacies under a common-law negligence cause of action to these appellants. Not only do pharmacists possess an expertise in the dispensation of prescription drugs, NRS 639.213; NRS 639.0124 (4), as recognized by the majority, but pharmacists must ensure that the drugs sought by a customer are "dispensed only for medically necessary purposes and according to prevailing standards of care for practitioners practicing in the specialty claimed or practiced by the dispensing practitioner." NAC 639.742(3)(h). Nevada's Legislature has recognized that pharmacists are trained to recognize potential drug abuse based on the frequency of a drug's refill and dosages. NRS 639.0124; NAC 639.707(4). Before filling a prescription, a pharmacist must review a customer's records to determine the prescription's therapeutic appropriateness by considering possible drug abuse, overuse of a particular drug, adverse side effects, or improper dosages or treatment durations. NAC 639.707(4). If a pharmacist reasonably believes that a prescription for a controlled substance was not issued in the normal course of a professional's practice, a pharmacist is prohibited from filling the prescription. NRS 453.381(4).

Based on a pharmacist's professional standards of care, the Legislature contemplated that pharmacists may be subject to civil liability for improperly dispensing prescription drugs when it enacted NRS 453.256(6). This statute provides that civil liability cannot be imposed upon a pharmacist if the pharmacist acts in "good faith in reliance on a reasonable belief that an order purporting to be a pre-

scription was issued by a practitioner in the usual course of professional treatment," implying that civil liability could arise if the good faith requirement is not met. *See also International Game Tech. v. Dist. Ct.*, 122 Nev. 132, 154, 127 P.3d 1088, 1103 (2006) (noting that this court presumes that when the Legislature enacts a statute it does so "with full knowledge of existing statutes relating to the same subject" (internal quotes and citation omitted)). Consequently, the special relationship between a pharmacist and pharmacy customer, entails more than blindly filling prescriptions, and thus, a special relationship is created between a pharmacist and customer when a prescription is filled.

Generally, the relationship between a customer and pharmacist does not establish a duty in favor of third parties. This case, however, includes a component that the majority ignores—notice. The actual notice to the pharmacies contained in the Task Force letter (which, according to the complaint, was sent to and received by all the pharmacies in this action), together with a pharmacist's professional standard of care, noted above, clearly refutes the majority's conclusion that no special relationship exists to justify extending a duty of care owed by the pharmacies to the appellants.

Appellants' second amended complaint alleges that the pharmacies that received the Task Force letter outlining Copenig's prescription-filling activities were informed that Copenig had received 4,500 hydrocodone pills within a 12-month period by having numerous prescriptions filled at 13 different pharmacies.^{FN1} The complaint also contends that despite receiving the Task Force letter the pharmacies continued to fill narcotic or SOMA prescriptions for Copenig.^{FN2} It is *1286 unclear why Copenig was filling prescriptions for this amount of narcotic medication within a year's time. But the pharmacies had, at a minimum, inquiry notice that continuing to fill Copenig's prescriptions for hydrocodone or SOMA could result in harm to herself or others. *See Ogle v. Salamatof*

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Native Ass'n, Inc., 906 F.Supp. 1321, 1326 (D.Alaska 1995) (explaining that inquiry notice exists when one has knowledge of facts that would lead a reasonable and prudent person using ordinary care to make further inquiries).

FN1. Hydrocodone is a narcotic pain reliever used for the relief of moderate to moderately severe pain and has a high potential for abuse. *Physicians' Desk Reference* 3143-44 (63d ed.2009); NRS 453.176 ; NAC 453.520. It may impair one's mental or physical abilities required for the performance of potentially hazardous tasks, such as driving a car. *Physicians' Desk Reference* 3143-44 (63d ed.2009).

FN2. SOMA, also known as carisoprodol, is used for the relief of acute pain. *Physicians' Desk Reference* 1931 (63d ed.2009). It is recommended that it only be used for "acute treatment periods up to two or three weeks," and it also may impair one's ability to operate a motor vehicle. *Id.* According to appellants' complaint, the combination of hydrocodone and SOMA is known as "The Vegas Cocktail."

Here, the pharmacists had a duty to review Copening's prescription records, including giving consideration to the Task Force letter, before filling her next prescription. In light of the Task Force letter identifying Copening's prescription history, the pharmacies were required to evaluate the prescription's therapeutic appropriateness (considering possible drug abuse, overuse of a particular drug, or improper dosages or treatment durations). NAC 639.707(4). In their professional analysis, if the pharmacists reasonably believed that Copening's prescriptions for hydrocodone were not issued in the normal course of her physician's practice, they were prohibited from filling the prescriptions. NAC 639.742(3)(h); NRS 453.381(4). Thus, the pharmacists owed appellants a duty to exercise that standard of care that is required of the pharmacy profession in the same or similar circumstances.

See *Dooley v. Everett*, 805 S.W.2d 380 (Tenn.Ct.App.1990); see also *Pittman v. Upjohn Co.*, 890 S.W.2d 425, 434 (Tenn.1994) (suggesting that because a pharmacy has a duty to do more than fill a customer's prescription correctly, a pharmacy may owe a duty to a noncustomer).

For these reasons, I conclude that the first element to the common-law exception for a duty of care has been established. The next issue presented is whether the harm created by the pharmacies' dispensation of the drugs to Copening was foreseeable.

Foreseeability element of common-law negligence cause of action

This court has held that "[a] negligent defendant is responsible for all foreseeable consequences proximately caused by his or her negligent act." *Taylor v. Silva*, 96 Nev. 738, 741, 615 P.2d 970, 971 (1980). A defendant's liability can be extinguished when an unforeseeable intervening cause occurs between a defendant's negligence and a plaintiff's injury. *El Dorado Hotel v. Brown*, 100 Nev. 622, 628-29, 691 P.2d 436, 441 (1984), overruled on other grounds by *Vinci v. Las Vegas Sands*, 115 Nev. 243, 984 P.2d 750 (1999). But when a "third party's intervening intentional act is reasonably foreseeable, a negligent defendant is not relieved of liability." *Id.* at 629, 691 P.2d at 441. The issue of foreseeability, thus, can be a mixed question of law and fact. *Elko Enterprises v. Broyles*, 105 Nev. 562, 566, 779 P.2d 961, 964 (1989). Because the majority concludes that no special relationship exists between the pharmacies and third-party appellants to establish a duty of care owed to appellants, they decline to reach the foreseeability issue. As noted above, however, I conclude that the relationship between the pharmacy and its customer is sufficient to establish the first duty element and that sufficient allegations were pleaded by appellants to address the foreseeability element that precluded the district court from dismissing the common-law negligence cause of action.

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According to appellants' second amended complaint, the Task Force notified the pharmacies that Copenig was potentially abusing drugs. The Task Force informed each pharmacy that Copenig went, during a 12-month period, to multiple pharmacies to fill her prescriptions. According to appellants, in the months before the accident, the pharmacies continued to fill Copenig's prescriptions for hydrocodone and SOMA and that the amount of prescriptions filled for Copenig provided her with at least 25 pills a day. Why Copenig obtained this amount of a narcotic prescription in a 12-month period is not clear, but it may involve misuse of prescription drugs. In my view, these are reasonable inferences that could be drawn from the facts alleged in the appellants' complaint, and the district court was required to accept them as true. *See Malfabon v. Garcia*, 111 Nev. 793, 796, 898 P.2d 107, 108 (1995) (providing*1287 that, in the context of a motion to dismiss under NRCP 12(b)(5), the plaintiff's allegations are taken as true and every reasonable inference is resolved in plaintiff's favor). Thus, it may have been reasonably foreseeable that Copenig could not be expected to take the medication as prescribed and would drive while under the prescription drug's influence. A natural consequence of those combined actions was that Copenig could cause harm to herself or others.

Although the appellants' allegations are not conclusive of the pharmacies' potential liability, appellants were not required to prove their claim against the pharmacies while defending a motion to dismiss. *See Malfabon*, 111 Nev. at 796, 898 P.2d at 108. At a minimum, questions of fact remain as to whether the pharmacies had actual or inquiry notice that Copenig was potentially abusing drugs and that she was purportedly pharmacy shopping. Thus, I conclude that sufficient allegations, raised in appellants' pleadings, regarding foreseeability exist and coupled with my determination that a special relationship, together with the actual notice received by the pharmacies, exists to support imposing a duty on the pharmacies for appellants' benefit. I would reverse and remand this issue to the district

court for further proceedings.

Negligence per se cause of action that precludes dismissal

The majority concludes that a negligence per se claim is unavailable to appellants because the statutes and regulations relied on by appellants were not intended for the general public's protection or to protect against any injury that third parties may sustain. I disagree.

A negligence per se claim is available when a defendant violates a statute that is designed to protect others against the type of injury that was incurred. *Ashwood v. Clark County*, 113 Nev. 80, 86, 930 P.2d 740, 744 (1997). The Legislature has recognized that pharmacology affects public safety and welfare. NRS 639.213. Consequently, the Legislature regulates the profession, including in what manner and when controlled substances may be dispensed. *See* NRS 639.2171; NRS 639.0124; NRS 453.381. To that end, the Legislature directed the Board of Pharmacy to adopt regulations "as are necessary for the protection of the public, appertaining to the practice of pharmacy." NRS 639.070 (1)(a).

Nevada law requires pharmacists to review customers' records before filling prescriptions to determine prescriptions' therapeutic appropriateness. NAC 639.707(4). Pharmacists must ensure that the substance is being dispensed solely for medically necessary purposes and in accordance with prevailing professional standards of care. NAC 639.742(3)(h).

Based on the enactment of these statutory and regulatory provisions, it is apparent to me that the Legislature intended to prevent pharmacy shopping and the overfilling of certain controlled substances, and ultimately, to protect the general public from prescription-drug abuse and its effects. The abuse of either hydrocodone or SOMA can impair one's driving ability. In my opinion, motorists, like appellants, who are injured by an individual who is driving under the influence of prescription drugs are in

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the class of persons that the Legislature intended to protect and the injury is a type that the statutes and regulations intended to prevent. Having reached this conclusion, I would reverse the district court's dismissal of appellants' negligence per se claim and remand this matter to the district court for additional proceedings.

CONCLUSION

In my view, the appellants' complaint sufficiently states a common-law negligence cause of action because the special relationship and foreseeability elements to create an affirmative duty on the pharmacies to act for the appellants' benefit have been adequately pleaded. The appellants' negligence per se claim should similarly not have been dismissed under NRCP 12(b)(5), as the elements of that claim have also been met. In light of the above, I would reverse the district court's order and remand this matter to the district court to allow appellants' claims to proceed against those pharmacies that had actual or inquiry notice of the driver's prescription-filling*1288 activities. For these reasons, I dissent.

I concur: SAITTA, J.

Nev., 2009.
Sanchez ex rel. Sanchez v. Wal-Mart Stores, Inc.
221 P.3d 1276

END OF DOCUMENT

New Jersey Permanent Statutes

(UPDATED THROUGH P.L. 2011, ch. 136, and JR 8)

TITLE 45 PROFESSIONS AND OCCUPATIONS

45:14-67.1 Duty of pharmacy to fill certain prescriptions.

45:14-67.1 Duty of pharmacy to fill certain prescriptions.

1. a. A pharmacy practice site has a duty to properly fill lawful prescriptions for prescription drugs or devices that it carries for customers, without undue delay, despite any conflicts of employees to filling a prescription and dispensing a particular prescription drug or device due to sincerely held moral, philosophical or religious beliefs.

b. If a pharmacy practice site does not have in stock a prescription drug or device that it carries, and a patient presents a prescription for that drug or device, the pharmacy practice site shall offer:

(1) to obtain the drug or device under its standard expedited ordering procedures; or

(2) to locate a pharmacy that is reasonably accessible to the patient and has the drug or device in stock, and transfer the prescription there in accordance with the pharmacy practice site's standard procedures.

The pharmacy practice site shall perform the patient's chosen option without delay. If the patient so requests, the pharmacist shall return an unfilled prescription to the patient.

c. If a pharmacy practice site does not carry a prescription drug or device, and a patient presents a prescription for that drug or device, the pharmacy practice site shall offer to locate a pharmacy that is reasonably accessible to the patient and has the drug or device in stock.

d. A person who believes that a violation of this section has occurred may report the violation to the New Jersey State Board of Pharmacy.

L.2007, c.199, s.1.

DISCUSSION AND DETERMINATION

1) CONTROLLED SUBSTANCE DIVERSION IN PHARMACIES

As most of you are aware, DEA Form 106 ("Report of Theft or Loss of Controlled Substances") must be submitted to our office when a theft or loss of controlled substances occurs. Many of the losses reported are very troubling to staff with respect to the amount of drug being reported (both in quantity and in costs) and quite astounding. See the following pages for some examples. A discussion may be worthwhile.

2) BOARD INITIATIVE: PRESCRIPTION DRUG ABUSE EDUCATION

President Foster and Board staff would like for the Board to discuss a possible Board of Pharmacy Initiative involving Prescription Drug Abuse Education. Given the current focus on prescription drug abuse, coupled with the obvious need for education, not only of our youth, but of our practitioners as well, such an initiative might be worthwhile.



REPORT OF THEFT OR LOSS OF CONTROLLED SUBSTANCES

Federal Regulations require registrants to submit a detailed report of any theft or loss of Controlled Substances to the Drug Enforcement Administration.

Complete the front and back of this form in triplicate. Forward the original and duplicate copies to the nearest DEA Office. Retain the triplicate copy for your records. Some states may also require a copy of this report.

OMB APPROVAL
No. 1117-0001

1. Name and Address of Registrant (Include ZIP Code) 1425 W. Lake Mead Las Vegas, NV		ZIP CODE 89106	2. Phone No. (Include Area Code) 702-638-1685
3. DEA Registration Number 2 ltr. prefix: BL 7 digit suffix: 8208743	4. Date of Theft or Loss 3-24-11	5. Principal Business of Registrant (Check one) 1 <input checked="" type="checkbox"/> Pharmacy 2 <input type="checkbox"/> Practitioner 3 <input type="checkbox"/> Manufacturer 4 <input type="checkbox"/> Hospital/Clinic 5 <input type="checkbox"/> Distributor 6 <input type="checkbox"/> Methadone Program 7 <input type="checkbox"/> Other (Specify)	
6. County in which Registrant is located CLARK	7. Was Theft reported to Police? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8. Name and Telephone Number of Police Department (Include Area Code) 702-296-4542 Rick Wallace, Task Force	
9. Number of Thefts or Losses Registrant has experienced in the past 24 months ONE	10. Type of Theft or Loss (Check one and complete items below as appropriate) 1 <input type="checkbox"/> Night break-in 2 <input type="checkbox"/> Armed robbery 3 <input checked="" type="checkbox"/> Employee pilferage 4 <input type="checkbox"/> Customer theft 5 <input type="checkbox"/> Other (Explain) 6 <input type="checkbox"/> Lost in transit (Complete Item 14)		
11. If Armed Robbery, was anyone: Killed? <input type="checkbox"/> No <input type="checkbox"/> Yes (How many) _____ Injured? <input type="checkbox"/> No <input type="checkbox"/> Yes (How many) _____		12. Purchase value to registrant of Controlled Substances taken? \$ 7,646.69	13. Were any pharmaceuticals or merchandise taken? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Est. Value) \$
14. IF LOST IN TRANSIT, COMPLETE THE FOLLOWING:			
A. Name of Common Carrier	B. Name of Consignee	C. Consignee's DEA Registration Number	
D. Was the carton received by the customer? <input type="checkbox"/> Yes <input type="checkbox"/> No	E. If received, did it appear to be tampered with? <input type="checkbox"/> Yes <input type="checkbox"/> No	F. Have you experienced losses in transit from this same carrier in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes (How Many) _____	
15. What identifying marks, symbols, or price codes were on the labels of these containers that would assist in identifying the products? NDC 00591-0540-05			
16. If Official Controlled Substance Order Forms (DEA-222) were stolen, give numbers. N/A			
17. What security measures have been taken to prevent future thefts or losses? Employees responsible for theft have been terminated.			

PRIVACY ACT INFORMATION

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (PL 91-513).
PURPOSE: Report theft or loss of Controlled Substances.
ROUTINE USES: The Controlled Substances Act authorizes the production of special reports required for statistical and analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:

- A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
- B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.

EFFECT: Failure to report theft or loss of controlled substances may result in penalties under Section 402 and 403 of the Controlled Substances Act.

In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection of information is 1117-0001. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM DEA-106 (Nov. 2000) Pg. 2

LIST OF CONTROLLED SUBSTANCES LOST

Trade Name of Substance or Preparation	Name of Controlled Substance in Preparation	Dosage Strength and Form	Quantity
Examples: Desoxyn	Methamphetamine Hydrochloride	6 mg Tablets	3 x 100
Demerol	Meperidine Hydrochloride	50 mg/ml Vial	5 x 30 ml
Robitussin A-C	Codeine Phosphate	2 mg/cc Liquid	12 Pints
1. Hydrocodone 10/Apap 500	Hydrocodone	10 mg / 500 mg	17, 783
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I certify that the foregoing information is correct to the best of my knowledge and belief.

Signature

Title

Date

R. S. Saperstein

4-11-2011



REPORT OF THEFT OR LOSS OF CONTROLLED SUBSTANCES

Federal Regulations require registrants to submit a detailed report of any theft or loss of Controlled Substances to the Drug Enforcement Administration.

Complete this form in triplicate. Forward the original and duplicate copies to the nearest DEA Office. Retain the triplicate copy for your records. Some states may also require a copy of this report.

OMB APPROVAL
No. 1117-0001

1. Name and Address of Registrant (Include ZIP Code)		2. Phone No. (Include Area Code)	
1600 N. Buffalo, Las Vegas, NV		702-804-5511	
3. DEA Registration Number		4. Date of Theft or Loss	
2 hr. prefix: 60 7 digit suffix: 6595889		4-13-2011	
5. Principal Business of Registrant (Check one)		6. County in which Registrant is Located	
<input checked="" type="checkbox"/> Pharmacy <input type="checkbox"/> Practitioner <input type="checkbox"/> Manufacturer <input type="checkbox"/> Hospital/Clinic		Clark	
7. Was theft reported to Police?		8. Name and Telephone Number of Police Department (Include Area Code)	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Detective Rick Wallace 702-296-4524 DEA Tactical Drug Diversion Squad	
9. Number of Thefts or Losses Registrant has Experienced in the Past 24 Months		10. Type of Theft or Loss (Check one and complete items below as appropriate)	
1		<input type="checkbox"/> Night Break-in <input type="checkbox"/> Armed Robbery <input checked="" type="checkbox"/> Employee Pilferage <input type="checkbox"/> Customer Theft <input type="checkbox"/> Other (Explain) <input type="checkbox"/> Lost in Transit (Complete item 14)	
11. If Armed Robbery, was Anyone:		12. Purchase value to Registrant of controlled substances taken?	
Killed? <input type="checkbox"/> No <input type="checkbox"/> Yes (How many) _____ Injured? <input type="checkbox"/> No <input type="checkbox"/> Yes (How many) _____		\$5,073.63	
13. Were any pharmaceuticals or merchandise taken?		14. IF LOST IN TRANSIT, COMPLETE THE FOLLOWING:	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Est. Value) \$		A. Name of Common Carrier B. Name of Consignee C. Consignee's DEA Registration Number	
D. Was the carton received by the customer?		E. If received, did it appear to be tampered with?	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
F. Have you experienced losses in transit from this same carrier in the past?		15. What identifying marks, symbols, or price codes were on the labels of these containers that would assist in identifying the products?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (How Many) _____		N/A	
16. If Official Controlled Substance Order Forms (DEA-222) were stolen, give numbers.		17. What security measures have been taken to prevent future thefts or losses?	
N/A		Employee has been terminated. Cameras have been installed at many angles. Mandatory bag check enforced.	

PRIVACY ACT INFORMATION

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (PL 91-613).
PURPOSE: Report theft or loss of Controlled Substances.
ROUTINE USES: The Controlled Substances Act authorizes the production of special reports required for statistical and analytical purposes. Disclosure of information from this system are made to the following categories of users for the purposes stated:
 A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
 B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
EFFECT: Failure to report theft or loss of controlled substances may result in penalties under Section 402 and 403 of the Controlled Substances Act.

In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The Valid OMB control number for this collection of information is 1117-0001. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM DEA-106 (October 2008) Pg. 2

LIST OF CONTROLLED SUBSTANCES LOST

Trade Name of Substance or Preparation	NDC Number	Name of Controlled Substance in Preparation	Dosage Strength	Dosage Form	Total Quantity Lost or Stolen Express Quantity in Dosage Units, or Milligrams for Liquids
Examples: Desoxyn	00974-3377-01	Mephentermine Hydrochloride	5 mg	Tablets	300
Demerol	00009-1181-30	Meprobamate Hydrochloride	50 mg/ml	Vial	150 ml
Rohibutol A-C	00891-3674-28	Codaine Phosphate	2 mg/ml	Liquid	5675 ml
1. Hydrocodone/Apap 10/500	0591-0590-05	Hydrocodone 10mg	10mg	Tablet	8853
2. Hydrocodone/Apap 10/325	0591-0853-05	Hydrocodone 10mg	10mg	Tablet	1197
3. Norco 10/325	52544-539-01	Hydrocodone 10mg	10mg	Tablet	200
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I certify that the foregoing information is correct to the best of my knowledge and belief.

Sign and Print Name

A. Supervisor

4-27-2011

Date

REPORT OF THEFT OR LOSS OF CONTROLLED SUBSTANCES

Federal regulations require registrants to submit a detailed report of any theft or loss of controlled substances to the Drug Enforcement Administration. This form is filled out consistent with your entries in the fields on the previous pages. You should print this form and save it for your records. This form was submitted through the Internet, please do NOT send a copy to DEA.

OMB APPROVAL
No. 1117-0001

1. Name and Address of Registrant 10250 W CHARLESTON LAS VEGAS, NV 89135		2. Phone No.	Amendment Key / Date Submitted 6V0M2X67DIYE / 01-14-2011 15:51:52
3. DEA Registration Number BA7467536	4. Date of Theft / Loss Dec 21, 2010 Amendment # 0	5. Registrant's Principal Business CHAIN PHARMACY	
6. Registrant's County CLARK	7. Theft Reported to Police? Yes	8. Name and Phone of Police Dept. Las Vegas Metropolitan PD 702-828-3111	
9. Number of Thefts / Losses Registrant Has Experienced in Past 24 Months? 0		10. Type of Theft / Loss Employee Pilferage	
11. Killed / Injured Due to Armed Robbery	12. (Purchase) Value of Controlled Substances \$7,006.00	13. Pharmaceuticals or Merchandise Taken? No	
14. The following applies when Type of Theft / Loss (Box 10) is "Lost In Transit":			
A. Name of Common Carrier	B. Name of Consignee	C. Consignee's DEA Registration Number	
D. Did the Customer Receive the Carton?	E. Was Carton Tampered With?	F. Theft or Loss From This Same Carrier in the Past	
15. What identifying marks, symbols or price codes were on the labels of these containers that would assist in identifying them?			
16. Numbers of Official Controlled Substances Order Forms (DEA-222)			
17. What security measures have been taken to prevent future theft / loss? Only pharmacist's will have the authority to make adjustments to the perpetual inventory.			
18. Filer Name, Title, Phone: Stuart Koszer, Pharmacy Manager (702)838-7548			

The following is a list of the controlled substances that were lost or stolen:

NDC Number	Trade Name	Quantity Lost
00591034905	HYDROCODONE-APAP 5-500 TABLET	277 TABLET
00591054001	HYDROCODONE-APAP 10-500 TABLET	67,569 TABLET
00591085301	HYDROCODONE-APAP 10-325 TABLET	170 TABLET
00603158558	PROMETHAZINE-CODEINE SYRUP	5,868 ml
00781108901	ALPRAZOLAM 2 MG TABLET	754 TABLET
00781220101	TEMAZEPAM 15 MG CAPSULE	351 CAPSULE (HARD, SOFT, ETC.)
00781531801	ZOLPIDEM TARTRATE 10 MG TABLET	182 TABLET

JAN 19 2010

STATEMENT

I, Bradley Bruce, hereby make this statement voluntarily to
to Bradley Bruce on 8/6/10 at 2:20pm S.

I understand that I am making this statement of my own free will without any threat, promise, or coercion.

Address: 1174 Exposition Ct Henderson NV 89002

Phone: 1 DOP: AGE: SSN:

Q= Question by: BRADLEY BRUCE

A= Answer by: Bradley Bruce

Q. What is your current title and length of service at CVS/pharmacy?

A. Pharmacy Sales Associate hired 10-17-09

Q. WHAT WAS DISCUSSED WITH LOSS PREVENTION TODAY?

A. The fact that due to pressure of having to make a person decisions, the taking of pills from this pharmacy.

Q. HAVE YOU STOLEN DRUGS FROM THE PHARMACY?

A. Yes.

Q. WHAT DRUGS HAVE YOU STOLEN FROM THE PHARMACY?

A. Hydrocodone 10/50mg Alprazolam 2mg

Q. WHEN DID YOU BEGIN STEALING DRUGS FROM THE PHARMACY?

A. I'm guessing it was in about like Feb. or early March.

Q. WHEN WAS THE LAST TIME YOU STOLEN DRUGS FROM THE PHARMACY?

A. Like 4-15 days ago I took a bottle of Xanax

Q. IN TOTAL, HOW MANY BOTTLES OF XANAX/ALPRAZOLAM AND HYDROCODONE HAVE YOU STOLEN FROM THE PHARMACY?

A. I'm guessing, and I know this would be a bottle or week maybe two occasionally. I'm guessing I took approximately,

I offer this statement voluntarily, and state that it is true, to the best of my knowledge. I have not been threatened, coerced, or promised leniency by any agent of CVS/pharmacy to compel me to submit this statement.

SIGNED: Bradley Bruce DATE: 8/6/10 TIME: 2:15pm

WITNESS: Bradley Bruce DATE: 8-6-10 TIME: 2:45pm

WITNESS: Bradley Bruce DATE: 8-6-10 TIME: 2:45pm

STATEMENT

12-15 bottles total. I know an exact # of each ^{type} ~~type~~.

Q. How Many Bottles of Drugs Did you Take A month Since February?

A. Previous answer aside, I took at least one bottle a week, on some occasions, took so with 4 weeks/month, my rough estimate is like 36-38 bottles total.

Q. What were you doing with these stolen drugs?

A. ~~was~~ Selling them for \$1.00/pill to a kid my brother knows named ^{Quigley} ~~Quigley~~ or Squigs. I don't know much about him other than that. He had a Cricket phone but I do know his # is no longer working. Said he'd let me know when he get a new one, that was on Sunday.

Q. How much in total did you make by selling the stolen drugs to the above mentioned person?

A. ^{Figuring} the price I said, - it would be on the high end, \$3500 but occasionally I sold a bottle for \$1.50, so I'll just take it on the chin and stick w/ \$3800.

Q. Why were you stealing drugs from CVS/pharmacy?

A. Because I have tons of monetary ^{money} pressure coming from my Mom. My 4 kids & I stay at her & she wants money constantly & is constantly telling me to move out ^{immediately} ~~immediately~~ knowing that I am broke.

I offer this statement voluntarily, and state that it is true, to the best of my knowledge. I have not been threatened, coerced, or promise leniency by any agent of CVS/pharmacy to compel me to submit this statement.

SIGNED: _____ DATE: 8-6-10 TIME: 3:00pm

WITNESS:  DATE: 8-6-10 TIME: 3:00pm

WITNESS:  DATE: 8-6-10 TIME: 3:00pm

STATEMENT

A) Yes I have an addiction I went to rehab in February 2011 and relapsed a month later because I couldn't handle the pain in my legs which is why I started taking drugs in the first place. I have also been weak willed to saying no. My addiction has completely consumed my life.

Q) HOW MANY TABLETS PER DAY ARE YOU CONSUMING?

A) I take about 30 to 40 hydrocodone a day I take took the Singular for my nephew because he lost his Medicaid and I would Provigil maybe once a week if I was exhausted. The suboxone was to see if it would take the withdrawals away so I could stop.

Q) WHAT IS THE TOTAL NUMBER OF HYDROCODONE YOU HAVE TAKEN FROM CVS SINCE SPRING 2010?

A) In the recent months I've been taking the 10-325 hydrocodone around 900 a month for about six months. In February I was in rehab and before that (as from when I started in Spring 2010 to February) the count was much different because my addiction wasn't as bad. I was taking the 10-500 then about ⁴⁰⁰⁻⁵⁰⁰ a month. My guess is about 5,400 tablets of the 10-325 and 4,500 tablets of the 10-500. The Provigil was about 30-40 of the 100 mg and the 200 mg. The Singular 5mg was about 10-15 pills and the ADHD C2 meds were I'm not sure what it was Adderall or Amphetamine Salts and I have no idea what the milligrams were but it wasn't more than 10 pills.

Q) PLEASE EXPLAIN IN DETAIL HOW YOU REMOVED THE STOLEN DRUGS FROM CVS?

A) I had a plastic bag in my pocket and I would empty some of the bottle into the bag then hid it in the bathroom until I went home and I would put it in my shirt or my pants and leave.

Q) WHEN WAS THE LAST TIME YOU HAVE STOLEN DRUGS FROM CVS?

I offer this statement voluntarily, and state that it is true, to the best of my knowledge. I have not been threatened, coerced, or promised leniency by any agent of CVS/pharmacy to compel me to submit this statement.

SIGNED: 1.1. -7

DATE: 10-3-11

TIME: 3:39pm

WITNESS: 

DATE: 10-3-11

TIME: 3:39pm.

WITNESS: 

DATE: 10-3-11

TIME: 3:39pm

STATEMENT

A. Phendimetrazine ER 105 mg every week if that often.

Q. How many based on the 76 Hydrocodone 10/325 in your pocket today and consuming 20 to 25 pills per day would you believe you have stole from CVS/Pharmacy?

A. Hydrocodone 10/325 approx. 11,000 pills

Q. How many Hydrocodone 10/500 have you stolen?

A. Hydrocodone 10/500 pills approx. 500 pills

Q. How many of the Clonazepam 2mg?

A. Clonazepam 2mg about 150 pills

Q. How many Alprazolam 1mg & 2mg have you stolen?

A. Approx. 50-75 pills of Alprazolam 2mg and about 100 of the Alprazolam 1mg pills

Q. How many Phendimetrazine have you stolen?

A. Approx. 30-40 capsules of Phendimetrazine

Q. Why have you been stealing drugs from CVS/Pharmacy?

A. At first I had purchased them, and enjoyed them. Eventually to the point where I began to steal for a high.

Q. Did you know that stealing drugs from your employer CVS/Pharmacy is against Company Policy & the law?

A. Yes

Q. Are you aware of any other CVS employees in this store or any other store that is involved in stealing drugs, merchandise, or cash?

I offer this statement voluntarily, and state that it is true, to the best of my knowledge. I have not been threatened, coerced, or promised leniency by any agent of CVS/pharmacy to compel me to submit this statement.

SIGNED: --- DATE: 10/22/11 TIME: 1:23 pm

WITNESS: [Signature] DATE: 10/22/11 TIME: 1:23 pm

WITNESS: [Signature] DATE: 10/22/11 TIME: 1:23 pm



Nevada State Board of Pharmacy

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

COMPREHENSIVE REVIEW OF REGULATIONS

Pursuant to Governor Sandoval's Executive Order (2011-01) to complete a comprehensive review of the regulations of the State Board of Pharmacy with respect to the protection of the public's health, safety and welfare without discouraging economic growth, we offer the following report:

As a general statement, the Board of Pharmacy feels that the regulations subject to our enforcement has been, is, and always will be a non-static "working" set of regulations that have been constantly and appropriately amended to reflect the ever changing realm and technological advances within our scope. The world of medicine and the utilization of medications therein, are in a constant state of flux and, most often for the better. The Board of Pharmacy takes its regulatory responsibility seriously, and continuously reviews all of its regulations, oftentimes at the request of industry who needs regulatory change to progress their businesses. Many times a balance must be sought between the good and the evil of drug therapy, as is evidenced by our country's alarming epidemic of prescription drug abuse. Regardless of our ever changing environment, the Board of Pharmacy takes pride in being one of the most efficient licensing boards in the nation with respect to swiftly, accurately and safely processing new applications for any of our 17 different licensing categories, including the licensing of new business entities in Nevada (i.e. pharmacies, wholesalers, manufacturers, medical device & gas companies). We are often complemented on our efficiency and willingness to work with new businesses to get them licensed.

As technology has moved forward, the Board of Pharmacy has been responsive, but always with public safety in mind. Accuracy in our field is paramount given the nature of many of our new and potent medications. Having said that, we presently have thirty-three regulations that have been adopted by the Board, approved by the Legislative Committee on Regulations, filed with the Secretary of State, but have not yet been codified by the Legislative Counsel Bureau. Among these approximately 200 pages of regulatory changes, is a 65 page compounding practices section that is the culmination of a five year regulatory effort to modernize the practice standards for the compounding of pharmaceuticals ensuring appropriate patient safety. One of the resulting challenges of regulations not being codified is the creation of confusion among our licensees and the general public in attempting to understand just what standards are in place.

The regulations under enforcement by our Board include three chapters and with the above in mind, a summary of the chapter by chapter review of our regulations is below and a spreadsheet of the regulation-by-regulation review is included.

Chapter 453 – CONTROLLED SUBSTANCES

This chapter (controlled substances) is probably the most active with respect to revision, primarily due to its subject matter. Consequently, it has been continually reviewed and revised as is evidenced by our regulatory preparation for electronic prescribing; the strengthening of Nevada's Prescription Monitoring Program (PMP); methamphetamine abuse and the role that over-the-counter products have played as precursors (pseudoephedrine); and finally, the scheduling of synthetic cannabinoids ("Spice") and "bath salts" or "synthetic cocaine". We will continue to monitor the world of drug abuse and regulate accordingly for the protection of the public and in particular, our youth. Specifically, the problems for which these regulations were established are obvious given the alarming increase in drug abuse in Nevada. Often our regulations parallel federal enactments by the DEA. Impact of these regulations, both good and bad is difficult to judge; i. e. Does scheduling a drug actually decrease abuse of that drug? Does the cost of law enforcement outweigh the cost of diversion to business; the cost of rehab and drug related crime to our communities? Do these regulations and their enforcement help to prevent our youth from experimenting with drugs often leading to addiction? The regulations are clearly written, most often simply listing drugs and chemicals in various schedules.

Chapter 454 – POISONS, DANGEROUS DRUGS, HYPODERMICS AND DEVICES

This chapter regulates the authority to possess and administer or use dangerous drugs and devices which obviously affects other licensing boards and has been statutorily updated as the need has arisen. (i.e. "medical assistants") These regulations are necessary to ensure that properly trained, educated and licensed people are the only ones with the authority to possess and administer dangerous drugs and controlled substances. Costs are recovered through licensing fees and the impact of ensuring safe medication practices is obvious. These regulations are clearly written and establish the necessary parameters for health care professionals with respect to the handling of drugs.

Chapter 457 – CANCER

Although not usually one of our regulatory chapters, the Board of Pharmacy was mandated by the legislature to develop regulations for a "Cancer Drug Donation Program" this past year. That process has been completed, and there are currently two pharmacies that have agreed to participate.

Chapter 639 – PHARMACISTS AND PHARMACY

Chapter 639 is the heart of our regulatory responsibility, and again, is continually updated as health care moves forward. An example of our progressive regulatory activities is the relatively new immunization by pharmacists initiative which has proven quite effective. The impact of the availability of immunizations of all kinds through pharmacies by pharmacists appears to be significant. Nevada being one of the “worst immunized” states in the nation illustrates the importance of our efforts and its impact on public health.

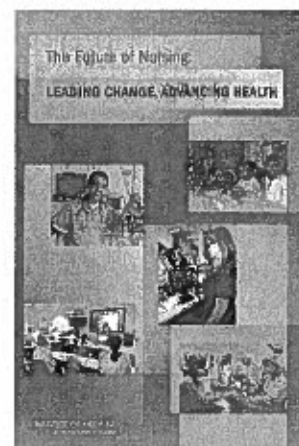
The primary regulatory concern identified by the development of this report is the need for a complete overhaul of our institutional regulations. Present institution regulations do not reflect the modern practice of medicine in today’s hospitals and correctional institutions. Present regulations were implemented over twenty years ago and apply to both hospitals and correctional facilities, which in today’s world, have only one similarity, that being the number of beds. It is anticipated that changes are necessary in all three practice acts and will require a regulatory overhaul that will take several years and a ton of work. We cannot say what the final product will look like however this agency will not compromise the safety of the public, the health of Nevada’s citizens, our public trust, or the respect of the pharmacists and pharmacies that we regulate. We will continue to make regulatory changes in the future to meet the demands of both the Legislature and the public we serve, but feel that the regulatory challenge of updating institutional regulations should be our focus.

Chapter 639 was established to regulate pharmacists and the practice of pharmacy, pharmacy being one of the most regulated of all professions nationwide. The value to the public is obvious, that being safe medication practices, therefore the necessity of these regulations. Drug therapy today is complicated and not without adverse effects and drug interactions. Costs of enforcement are recovered through licensing fees and costs to business are part of providing pharmacy service. The regulations are written clearly and are not addressed in other sections of law.

Blank

The Future of Nursing

Focus on Education



The 2010 Affordable Care Act represents the broadest health care overhaul since the 1965 creation of the Medicare and Medicaid programs. Transforming the health care system to provide safe, quality, patient-centered, accessible, and affordable care will require a comprehensive rethinking of the roles of many health care professionals, nurses chief among them. To realize this vision, nursing education must be fundamentally improved both before and after nurses receive their licenses.

In 2008, the Robert Wood Johnson Foundation (RWJF) and the Institute of Medicine (IOM) launched a two-year initiative to respond to the need to assess and transform the nursing profession. The IOM appointed the Committee on the RWJF Initiative on the Future of Nursing, at the IOM, with the purpose of producing a report that would make recommendations for an action-oriented blueprint for the future of nursing.

As part of its report, *The Future of Nursing: Leading Change, Advancing Health*, the committee considered many challenges that face the nursing education system and some of the solutions that will be required to advance the system. It determined that nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.

The Need for Highly-Educated Nurses

In the 21st century, the health challenges facing the nation have shifted dramatically. The American population is older—Americans 65 and older will be nearly 20 percent of the population by 2030—as well as more diverse with

respect not only to race and ethnicity but also other cultural and socioeconomic factors. In addition to shifts in the nation's demographics, there also have been shifts in that nation's health care needs. Most health care today relates to chronic conditions, such as diabetes, hypertension, arthritis, cardiovascular disease, and mental health conditions, due in part to the nation's aging population and compounded by increasing obesity levels. While chronic conditions account for most of the care needed today, the U.S. health care system was primarily built around treating acute illnesses and injuries, the predominant health challenges of the early 20th century.

The ways in which nurses were educated during the 20th century are no longer adequate for dealing with the realities of health care in the 21st century. As patient needs and care environments have become more complex, nurses need to attain requisite competencies to deliver high-quality care. These competencies include leadership, health policy, system improvement, research and evidence-based practice, and teamwork and collaboration, as well as competency in specific content areas such as community and public health and geriatrics. Nurses also are being called upon to fill expanding roles and to master technological tools and information management systems while collaborating and coordinating care across teams of health professionals. To respond to these increasing demands, the IOM committee calls for nurses to achieve higher levels of education and suggests that they be educated in new ways that better prepare them to meet the needs of the population.

An Improved Education System

Much of nursing education revolves around acute care rather than community settings that include aspects of primary care, public health, and long-term care. Nursing education frequently does not incorporate the intricacies of care coordination and transitions. Nor does it promote the skills

needed to negotiate with the health care team, navigate the regulatory and access stipulations that determine patients' eligibility for enrollment in health and social service programs, or understand how these programs and health policies affect patients and health outcomes. Nursing curricula need to be reexamined, updated, and adaptive enough to change with patients' changing needs and improvements in science and technology, the IOM committee says.

Many nursing schools have dealt with the rapid growth of health research and knowledge by compressing available information into the curriculum and adding layers of content that require more instruction. New approaches and educational models must be developed to respond to burgeoning information in the field. For example, fundamental concepts that can be applied across all settings and in different situations need to be taught, rather than requiring rote memorization. Competencies also must move from task-based proficiencies to higher-level competencies that provide a foundation for care management knowledge and decision-making skills under a variety of clinical situations and care settings. Additionally, emerging new competencies in decision making, quality improvement, systems thinking, and team leadership must become part of every nurse's professional formation.

Entering the Profession

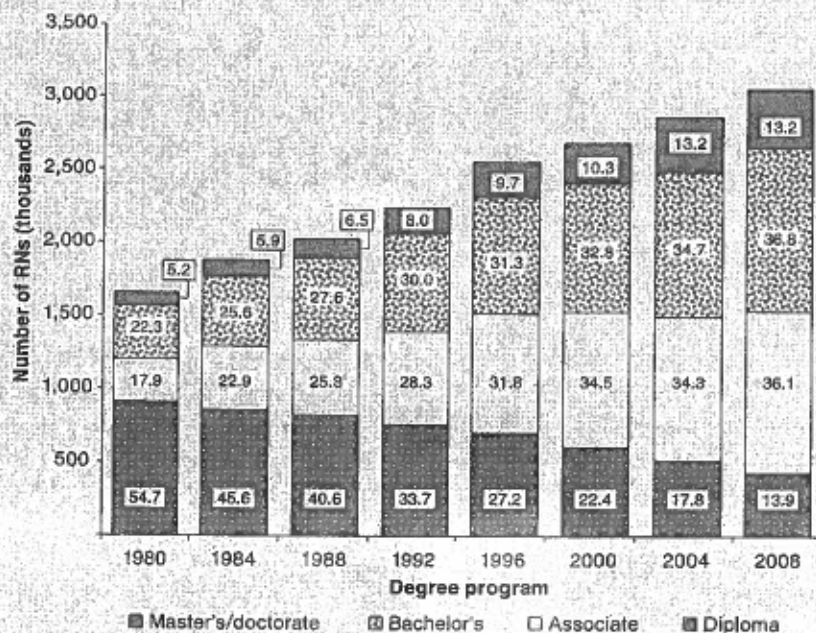
Nursing is unique among the health care professions in the United States in that it has multiple educational pathways leading to an entry-level license to practice. Nursing students are able to pursue three different educational pathways to become registered nurses (RNs): the bachelor's of science in nursing (BSN), the associate's degree in nursing (ADN), and the diploma in nursing. More recently, an accelerated, second-degree bachelor's program for students who possess a baccalaureate degree in another field also has become a popular option. These various pathways provide numer-

ous opportunities for women and men of modest means and diverse backgrounds to access careers in an economically stable field.

The qualifications and level of education required for entry into the nursing profession have been widely debated by nurses, nursing organizations, academics, and a host of other stakeholders for more than 40 years. Although a BSN education is not a panacea for all that is expected of nurses in the future, it does, relative to other educational pathways, introduce students to a wider range of competencies in such arenas as health policy and health care financing, community and public health, leadership, quality improvement, and systems thinking. Care within the hospital continues to grow more complex, with nurses having to make critical decisions associated with care for sicker, frailer patients and having to use more sophisticated, life-saving technology coupled with infor-

mation management systems that require skills in analysis and synthesis. Care outside the hospital is becoming more complex as well. Nurses are being called on to coordinate care among a variety of clinicians and community agencies; to help patients manage chronic illnesses, thereby preventing acute care episodes and disease progression; and to use a variety of technological tools to improve the quality and effectiveness of care. A more educated nursing workforce would be better equipped to meet the demands of an evolving health care system, and this need could be met by increasing the percentage of nurses with a BSN. An increase in the proportion of nurses with a BSN also would create a workforce poised to achieve higher levels of education at the master's and doctoral levels, required for nurses to serve as primary care providers, nurse researchers, and nurse faculty—positions currently in great demand across the

Distribution of the registered nurse population by highest nursing or nursing-related educational preparation, 1980-2008.



SOURCE: Health Resources and Services Administration

profession and within the health care system. The committee recommends that the proportion of nurses with baccalaureate degrees be increased to 80 percent by 2020. While it anticipates that it will take a few years to build the educational capacity needed to achieve this goal, the committee maintains that it is bold, achievable, and necessary to move the nursing workforce to an expanded set of competencies, especially in the domains of community and public health, leadership, systems improvement and change, research, and health policy.

Improving the education system and achieving a more educated workforce—specifically increasing the number of nurses with baccalaureate degrees—can be accomplished through a number of different programs and educational models, including: traditional RN-to-BSN programs; traditional 4-year BSN programs at both universities and some community colleges; educational collaboratives that allow for automatic and seamless transitions from an ADN to a BSN; new providers of nursing education such as proprietary/for-profit schools; simulation and distance learning through online courses; and academic-service partnerships.

In addition to increased numbers of BSN-educated nurses, schools of nursing must build their capacities to prepare more students at the graduate level who can assume roles in advanced practice, leadership, teaching, and research. While 13 percent of nurses hold a graduate degree, fewer than one percent have a doctoral degree. Nurses with doctorates are needed to teach future generations of nurses and to conduct research that becomes the basis for improvements in nursing science and practice. The committee recommends doubling the number of nurses with a doctorate by 2020.

Lifelong Learning

Profound changes in the education of nurses, both before and after they receive their licenses,

are required to develop a more highly-educated workforce. Nursing education should serve as a platform for continued lifelong learning and should include opportunities for seamless transition to higher degree programs. The committee recommends that nurses and nursing students and faculty continue their education and engage in lifelong learning.

Bridge programs and educational pathways between undergraduate and graduate programs—specifically programs such as LPN-to-BSN, ADN-to-BSN, and ADN-to-MSN—are designed to facilitate academic progression to higher levels of education. The ADN-to-MSN program, in particular, is establishing a significant pathway to advanced practice and some faculty positions. Financial support to help build capacity for these programs will be important, including funding for grants and scholarships for nurses wishing to pursue these pathways. For example, diploma programs could be phased out, leaving federal resources that could be reallocated to expand baccalaureate and higher education programs.

Bridge programs and seamless educational pathways also offer opportunities for increasing the overall diversity of the student body and nurse faculty with respect to race and ethnicity, geography, background, and personal experience. Although the composition of the nursing student body is more racially and ethnically diverse than that of the current workforce, diversity continues to be a challenge within the profession. Greater racial and ethnic diversity among all health care providers leads to stronger relationships with patients in non-white communities, which are likely to grow as the U.S. population becomes increasingly diverse. Nursing schools and other relevant groups need to create programs to recruit and retain more individuals from racial and ethnic minorities, as well as men—who make up just seven percent of all RNs—into the nursing profession.

Enough Nurses with the Right Skills

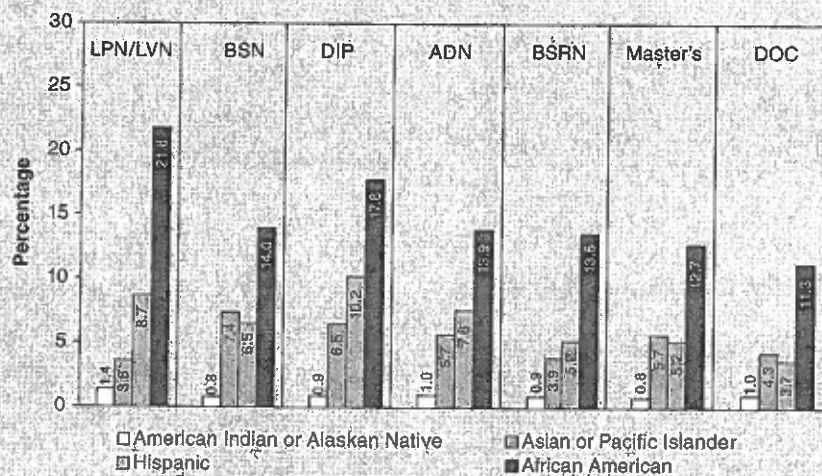
Significant barriers must be overcome if the shortage of nurses is going to be offset and more advanced and expanded nursing roles are going to be filled. Having enough nurses with the right kinds of skills will contribute to the overall safety and quality of a transformed health care system. One such barrier is high turnover rates, which continue to destabilize the nurse workforce in the United States. The costs associated with these turnover rates are significant, particularly in hospitals and nursing homes. The high rates among newly graduated nurses, in particular, highlight the need for a greater focus on managing the transition from school to practice.

Nurse residency programs, recommended by the Joint Commission in 2002, can provide important hands-on experience for newly graduated nurses or those transitioning into a new area of practice. These planned, comprehensive peri-

ods of time during which nursing graduates can acquire the knowledge and skills to deliver safe, quality care that meets defined standards of practice, can help new nurses develop skills in such important areas as organizing work; establishing priorities; and communicating with physicians and other professionals, patients, and families. In addition, transition-to-practice residency programs can help develop leadership and technical skills in order to provide quality care. Residency programs are supported predominantly in hospitals and larger health systems, with a focus on acute care; they also need to be developed and evaluated outside of acute care settings to accommodate the coming shift of care from hospital to community-based settings and the need for nursing expertise in chronic illness management, care of older adults in home settings, and transitional services.

While the evidence is limited because resi-

Percentage of minority students enrolled in nursing programs by race/ethnicity and program type, 2008-2009



NOTE: ADN = associate's degree programs; BSN = bachelor's of science programs; BSRN = RN-to-BSN programs; DIP = diploma nursing programs; DOC = nursing school programs offering doctoral degrees; LPN = licensed practical nursing programs; LVN = licensed vocational nursing programs.

SOURCE: Reprinted with Permission from the National League for Nursing.

dency programs are not widespread, they have been shown to help reduce turnover rates for new graduate RNs, reduce costs, increase stability in staffing levels, and help first-year nurses develop critical competencies in clinical decision making and autonomy in providing patient care. The committee recommends that actions be taken to support nurses' completion of transition-to-practice nurse residency programs after they have completed a prelicensure or advanced degree program or when they are transitioning into new clinical practice areas.

Conclusion

With more than 3 million members, the nursing profession is the largest segment of the nation's health care workforce. Working on the front lines of patient care, nurses have a direct effect on patient care. Their regular, close proximity to patients and scientific understanding of care processes across the continuum of care give them a unique ability to effect wide-reaching changes in the health care system. Nurses must be prepared to meet diverse patients' needs; function as leaders; and advance science that benefits patients and the capacity of health professionals to deliver safe, quality patient-centered care. If new nurses are to succeed in this complex and evolving health care system, nursing education needs to be transformed.

Recommendations

Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020.

Academic nurse leaders across all schools of nursing should work together to increase the proportion of nurses with a baccalaureate degree from 50 to 80 percent by 2020. These leaders should partner with education accrediting bodies, private and public funders, and employers to ensure funding, monitor progress, and increase the diversity of students to create a workforce prepared to meet the demands of diverse populations across the lifespan.

- The Commission on Collegiate Nursing Education, working in collaboration with the National League for Nursing Accrediting Commission, should require all nursing schools to offer defined academic pathways, beyond articulation agreements, that promote seamless access for nurses to higher levels of education.
- Health care organizations should encourage nurses with associate's and diploma degrees to enter baccalaureate nursing programs within 5 years of graduation by offering tuition reimbursement, creating a culture that fosters continuing education, and providing a salary differential and promotion.
- Private and public funders should collaborate, and when possible pool funds, to expand baccalaureate programs to enroll more students by offering scholarships and loan forgiveness, hiring more faculty, expanding clinical instruction through new clinical partnerships, and using technology to augment instruction. These efforts should take into consideration strategies to increase the diversity of the nursing workforce in terms of race/ethnicity, gender, and geographic distribution.
- The U.S. Secretary of Education, other federal agencies including the Health Resources and Services Administration, and state and private funders should expand loans and grants for second-degree nursing students.
- Schools of nursing, in collaboration with other health professional schools, should design and implement early and continuous interprofessional collaboration through joint classroom and clinical training opportunities.
- Academic nurse leaders should partner with health care organizations, leaders from primary and secondary school systems, and other community organizations to recruit and advance diverse nursing students.

Double the number of nurses with a doctorate by 2020.

Schools of nursing, with support from private and public funders, academic administrators and university trustees, and accrediting bodies, should double the number of nurses with a doctorate by 2020 to add to the cadre of nurse faculty and researchers, with attention to increasing diversity.

- The Commission on Collegiate Nursing Education and the National League for Nursing Accrediting Commission should monitor the progress of each accredited nursing school to ensure that at least 10 percent of all baccalaureate graduates matriculate into a master's or doctoral program within 5 years of graduation.
- Private and public funders, including the Health Resources and Services Administration and the Department of Labor, should expand funding for programs offering accelerated graduate degrees for nurses to increase the production of master's and doctoral nurse graduates and to increase the diversity of nurse faculty and researchers.
- Academic administrators and university trustees should create salary and benefit packages that are market competitive to recruit and retain highly qualified academic and clinical nurse faculty.

Ensure that nurses engage in lifelong learning.

Accrediting bodies, schools of nursing, health care organizations, and continuing competency educators from multiple health professions should collaborate to ensure that nurses and nursing students and faculty continue their education and engage in lifelong learning to gain the competencies needed to provide care for diverse populations across the lifespan.

- Faculty should partner with health care organizations to develop and prioritize competencies so curricula can be updated regularly to ensure that graduates at all levels are prepared to meet the current and future health needs of the population.
- The Commission on Collegiate Nursing Education and the National League for Nursing Accrediting Commission should require that all nursing students demonstrate a comprehensive set of clinical performance competencies that encompass the knowledge and skills needed to provide care across settings and the lifespan.

- Academic administrators should require all faculty to participate in continuing professional development and to perform with cutting-edge competence in practice, teaching, and research.
- All health care organizations and schools of nursing should foster a culture of lifelong learning and provide resources for interprofessional continuing competency programs.
- Health care organizations and other organizations that offer continuing competency programs should regularly evaluate their programs for adaptability, flexibility, accessibility, and impact on clinical outcomes and update the programs accordingly.

Implement nurse residency programs.

State boards of nursing, accrediting bodies, the federal government, and health care organizations should support nurses' completion of a transition-to-practice program (nurse residency) after they have completed a prelicensure or advanced practice degree program or when they are transitioning into new clinical practice areas.

The following actions should be taken to implement and support nurse residency programs:

- State boards of nursing, in collaboration with accrediting bodies such as the Joint Commission and the Community Health Accreditation Program, should support nurses' completion of a residency program after they have completed a prelicensure or advanced practice degree program or when they are transitioning into new clinical practice areas.
- The Secretary of Health and Human Services should redirect all graduate medical education funding from diploma nursing programs to support the implementation of nurse residency programs in rural and critical access areas.
- Health care organizations, the Health Resources and Services Administration and Centers for Medicare and Medicaid Services, and philanthropic organizations should fund the development and implementation of nurse residency programs across all practice settings.
- Health care organizations that offer nurse residency programs and foundations should evaluate the effectiveness of the residency programs in improving the retention of nurses, expanding competencies, and improving patient outcomes.



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Nevada Nursing Regional Action Coalition Application

This application is submitted on behalf of the Nevada Alliance for Nursing Excellence (NANE) and the Nevada Health Care Sector Council (NHSC) as co-lead organizations.

Section 1: Contact Information and Background

Contact Information:

Nurse Organization Lead Representative: Jennifer Richards, PhD, RN, CNRN
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Project Director Nevada Health Care Sector Council
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Background of the Co-Lead Partnership (Paragraph-12 sentences)

The Nevada Health Care Sector Council

The Nevada Health Care Sector Council (NHSC), composed of twenty-seven stakeholders representative of Nevada's health care, labor, education, business and governments sectors was established in response to Nevada Legislation (SB239) for the purpose of identifying job training and education programs to best meet regional economic development goals.

The primary focus of the NHSC, over the previous year, has been the administration of a HRSA grant to plan activities leading to health care workforce development strategies at the state and local level to increase the primary care health workforce over a ten year period by 10-25%.

*See (Appendix A) for a list of NHSC members and their affiliations.

The Nevada Alliance for Nursing Excellence

The Nevada Alliance for Nursing Excellence (NANE) aims through its vision to develop “a premiere system for nursing education and practice that provides for expertise and optimal capacity of the nursing workforce to ensure a healthy Nevada”. NANE members include nursing leaders from academic and clinical practice settings throughout Nevada.

*See (Appendix B) for a list of NANE members and their affiliations.

Partnership

Three members of NANE including the Executive Director of the Nevada State Board of Nursing (NSBN), the President of the Nevada Nurses Association (NNA) and the immediate past chair of NANE sit on the NHSC, reporting NANE’s organizational activities and providing expertise to the Nevada Health Care Sector Council.

The partnership of the two organizations, while short lived (one year), has matured rapidly due to the Nevada legislative mandate, of establishing the Council and the need to complete the objectives of the HRSA planning grant by September 30, 2011. With the NHSC established in Nevada law, there is no question that the relationship between the two organizations as well as additional health care stakeholders will continue to grow, benefitting health care in Nevada.

Section II: Action Coalition Goals and Objectives: *(Limit a total of 100 words for this section)*

The major goal of the RAC will be to facilitate the collaboration of professional nursing and business organizations on a shared vision and strategic plan to advance the Campaign’s recommendations.

Short Term: 6-12 months

- Hire Executive Director
- Governance structure
- Geographically, interdisciplinary balanced stakeholders
- Educate stakeholders on IOM recommendations
- Strategic plan based on comprehensive assessment of current environment
- Develop funding infrastructure

Long Term: >12 months

- Implement plan to target identified goals
- Develop business plan, including budget, for strategic plan implementation
- Develop marketing/media plan
- Long-term sustainability plan

Section III: Leadership and Support (Limit each answer to a total of 100 words per question)

1) Describe the nurse and non-nurse leadership's commitment to and understanding of overall Future of Nursing: Campaign for Action goals and objectives. Discuss their respective skills, talents, ability to work with divergent interests and time devotion to the Campaign and Action Coalition activities.

NHSC member Debra Toney, PhD, RN, FAAN was instrumental in providing information to the Council on the Future of Nursing Campaign, encouraging commitment and offering expertise.

As past president, National Black Nurses Association (NBNA), Toney has been involved with the Campaign from the beginning, providing testimony during stakeholders meetings and participating in the Champion Nursing Council and group meetings with the RWJ Executive Nurses Fellow alumni. Toney implemented programs within the NBNA addressing the Campaign, and created a national survey on the topic.

NHSC and NANE represent diverse health care organizations and educational systems and are the major influential health care leaders within Nevada.

2) Describe the nurse/non-nurse leadership's ability to engage a broad range of diverse stakeholders. Give examples of their current activities, or those proposed in their Action Coalition. How deep are the partnerships? Please provide a listing of existing and/or potential stakeholders as an Appendix to this application. Please provide name, information about their credentials, position and affiliations relevant to this effort. Examples of stakeholders include: business leaders, educators, student, health care providers, funders, providers, policy leaders, consumer groups.

See (Appendix C) for a list of current stakeholders

See (Appendix D) for a list of potential stakeholders

The attached extensive list of stakeholders represents legislators, labor, education, business, and health care. Due to Nevada's relatively small population many of these stakeholders have collaborated together previously on healthcare projects, an advantage, toward developing a comprehensive RAC strategic plan. Current activities include extension of nurse residencies throughout the state, leadership training, a legislative effort to remove of scope of practice barriers, and a BSN in 10 initiatives. The goal is to bring all stakeholders under the umbrella of the RAC, uniting to achieve common strategic goals as outlined by the Future of Nursing: Campaign for Action.

3) *Describe the Action Coalition leadership's experience working with the media and/or serving as a communication contact in any previous or current capacity (professionally or as a volunteer)*

As a stakeholder, Workforce Connections will provide the Access Coalition with content creation support and access to the media. Workforce Connections distributes to and maintains personal contact with state, local, and industry specific media outlets and engages the community-at-large in industry and workforce discussion through original content creation and distribution including a semi-weekly blog, a weekly radio show, in-house video documentation capabilities, and active engagement with the community through social media outlets. These efforts are fully accessible to the Action Coalition and will be mobilized to support and increase participation and awareness of their efforts.

4) *Describe and discuss resource availability (potential or real) including : local, state and national funding sources, donation in kind for space, rent, equipment, personnel, etc. and ability to attract funders to this efforts.*

The Department of Employment, Training and Rehabilitation (DETR) agreed to fund a salary and benefits package to hire an Action Coalition Executive Director for one year. Workforce Connections will donate office space, computer, communication equipment and supplies. Meeting space and videoconferencing are available.

Proceeds from professional nursing conferences sponsored by NANE and other nursing stakeholders will be used to support infrastructure. NSBN and NANE are researching the feasibility of adding a field to the nursing license renewal application process, allowing applicants to donate \$5.00 to advance the work of the Action Coalition.

Strategies are being developed to engage a wider cadre of stakeholders.

5) *What structures are in place to carry out the work? Describe the extent of the infrastructures, if any in place, to carry out this work including: existing coalitions and networks, local and state activities, area nursing schools and other supportive institutions and their work focused on the recommendations, businesses and Chambers of Commerce involved in this work.*

The main structure in place is the presence of Nevada Senate Bill 239 that places the Nevada Health Care Sector Council in statute guaranteeing continued work on the advancement of health care workforce in Nevada.

The Nevada Alliance for Nursing Excellence currently meets on a quarterly basis, alternating meetings between northern and southern Nevada. Going forward, NANE will commit the majority of their agenda to furthering the work of the Action Coalition.

The Nevada Health Care Council meets monthly and within its membership has significant access to legislative health care committees, nursing coalitions, Chambers of Commerce and regulatory boards.

Section IV: State Assessment—Readiness and Feasibility (Limit each answer to a total of 100 words per question)

1) Describe the readiness of your state to advance issues related to the Future of Nursing: Campaign for Action recommendations, including access to care/practicing at full scope, education progression and transformation, inter-professional collaboration, diversity and workforce data. What is the current state environment in these areas? What are the opportunities and challenges?

Achievement of access to care/practicing at full scope will be the most challenging recommendation. Legislation recently passed requiring national certification for Advanced Practice Nurses (APRNs). This is the first step to meeting the requirements of the National Council of State Boards of Nursing (NSCBN) Consensus Model for APRN Regulation, Licensure, Accreditation, Certification and Education.

Education progression and transformation are opportunities in Nevada because of infrastructures already in place which include:

- RN-BSN programs throughout the state
- Collaborative DNP program between UNR and UNLV
- PhD program at UNLV
- Nurse residency model in the south
- HRSA funded nurse internship model in the north

2) What are the most significant deterrents to success of your Action Coalition?

Nevada is a largely rural state with two large urban areas (Reno and Las Vegas) located at opposite ends of the state. Long distances between the urban areas require air travel which is expensive and has frequently led to isolationism and the great “north/south/rural divides”. Significant economic disparity exists between the rural and urban communities further hampering communication and leading to geopolitics. In order for the RAC to be successful stakeholders in all areas of the state must be recruited, their opinions valued and funds must be raised to allow for participant travel.

3) Describe your Action Coalition’s ability to address gaps in readiness.

Significant infrastructure is currently in place to begin the work of a RAC. Sustainable funding is being addressed for long term success. Responses by current and potential stakeholders to partner has been overwhelming. Stakeholders recognize that Nevada has attempted to make progress through individual organizational efforts without significant improvement to Nevada’s overall national health care ranking of 47/51. Nevada is prepared and committed to begin the work of raising the level of health care in our state by developing a strategic plan to implement the IOM recommendations.

4) How would you describe the feasibility of attaining your goals and objectives in your state? Are some easier than others?

The short term goals and objectives are attainable. Nurse leaders in regulation, education, and clinical practice have embraced the IOM recommendations and have committed to working together to achieve the stated goals.

Attainment of the long term goals will be more challenging, requiring additional resources, compromise, and legislative support. However the lead organizations, with the incredible support of our stakeholders from northern, southern and rural Nevada, as evidenced by the 40 plus attached letters, of support are evidence that Nevada is ready and willing to address the challenges to nursing that health care reform will bring.

5) What activities has the Action coalition participated in related to the Campaign since the recommendation were released in October 2010, if any?

Recommendation #6-Lifelong learning

- NANE is piloting a Clinical Faculty Academy to assist new faculty in becoming effective clinical instructors
- NNA recently hosted the first annual initiative of the Future of Nursing Professional Progression Awards

Recommendation #4-BSN

- NANE voted to develop a position paper requiring graduates of Associate Degree Nursing Programs to attain their BSN within ten years of initial licensure

Recommendation #3---Nurse Residency

- Nurse residency program has been implemented in southern Nevada and plans for extension of the program to northern and rural Nevada are being pursued by NIN and the NHA.

Recommendation #8 –Data

- UNSOM is leading a collaborative effort to establish minimum data sets for occupations identified by NHSC

6) Has the Action Coalition developed action or implementation plans (not required at this stage)? If so, please briefly describe below and attach as an Appendix to this application.

NHSC and NANE are reaching out to stakeholders, introducing IOM recommendations at professional meetings statewide.

NHSC and NANE have identified the next steps of an action plan but a formalized timeline for implementation is pending participation in the conference discussed below. The Nevada Organization of

Nurse Leaders (NONL) annual conference, scheduled for October 2011, will feature Dr. Linda Burnes Bolton, DRPH, RN, FAAN as a keynote speaker. Dr. Bolton will present an update on the efforts to implement the IOM recommendations and will engage the participants in a discussion of opportunities to lead changes in Nevada to advance health care.

7) *Of your potential Action Coalition partners, which individuals or organization have done work that prepares them for leadership in issues related to the Future of Nursing: Campaign for Action recommendation, including access to care/practicing at full scope, education progression and transformation, inter-professional collaboration, diversity and workforce Data? What are the individuals' backgrounds that prepare them for leadership in their respective areas?*

See (Appendix G) for Curriculum Vitas of Nevada Health Care Leaders listed below:

Leadership

- Debra Toney, PhD, RN, FAAN
Robert Wood Johnson Executive Fellow

Workforce Data

- John Packham, MD
Director of Health Policy Research
University of Nevada School of Medicine (UNSOM)
- William Anderson
Chief Economist
DETR

Access to Care/Practicing at Full Scope

- Debra Scott, MSN
Executive Director
Nevada State Board of Nursing (NSBN)

Education Progression and Transformation

- Carolyn Yucha, PhD, RN
Dean
University of Nevada, Las Vegas, Department of Nursing and Allied Health Sciences
- Patsy Ruchala, DNSC, RN
Director
University of Nevada, Reno- Orvis School of Nursing

- Shirlee Synder, Ed.D., RN
Professor and Dean, School of Nursing
Nevada State College (NSC)

Inter-professional Collaboration

- Maurizio Trevisan, MD, MPH
Chair-Nevada Health Care Sector Council
Nevada System of Higher Education (NSHE)

Section V. Best Practices and Innovations (Limit each answer to a total of 100 words per question).

1) What would the Action Coalition contribute to the overall, national Campaign for Action in terms of best practices in the five key recommendations areas and other innovations?

Education

- Increased capacity in PhD and DNP programs facilitated by a 3-year HRSA grant.
- Health Care 20/20 New Graduate Transition into Practice
- Clinical Faculty Academy

Practice

- Legislative strategies on scope of practice
- Returning RN curriculum

Collaboration

- NHSC utilizes an apolitical model of collaboration providing guidance to the governor.

Data

- Workforce data, barriers to healthcare and education are data sets that may contribute to a national assessment of these variables.

Leadership

- NSBN members have been appointed by the Governor since 1923.
- Debra Scott reappointed as Area I Director/ Board of the National Council of State Boards of Nursing.

2) What is the capacity of the Action Coalition to collect and provide data specific to their progress in achieving their goals? Is there any capacity to analyze data?

Workforce Connections, UNSOM, NSHE and DETR have worked collaboratively in data collection/analysis for the HRSA planning grant and will continue in that role for the RAC.

These organizations have the expertise to undertake this work, and have agreed to collect, analyze and provide any other data necessary to monitor the progress of the RAC in achieving its goals.

Dr. John Packham, UNSOM, Department of Health Policy Research is establishing minimum data sets for specific occupations. Dr. Packham' goal to establish a nursing minimum data has been shared with NANE and NHSC and will facilitate achievement of the RAC's strategic plan.

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NEVADA STATE BOARD OF PHARMACY
OFFICE OF THE GENERAL COUNSEL

Writer's Direct Dial: (775) 850-1440

E-mail Address: ccramer@pharmacy.nv.gov

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MEMORANDUM

DATE: November 22, 2011
TO: Larry L. Pinson, Pharm. D. and the Nevada Board of Pharmacy
FROM: Carolyn J. Cramer 
SUBJECT: Electronic Prescribing Committee Meeting

The Electronic Prescribing Committee (Committee) met this morning. The participants of the meeting were Beth Foster, President of the Nevada State Board of Pharmacy, Kam Gandhi, Board Member Nevada Board of Pharmacy, Russell Smith Board Member Nevada Board of Pharmacy, Cheryl Blomstrom Board Member Nevada Board of Pharmacy, Dan Loose, Walgreens, Michelle Cope, NACDS, Liz MacMenamin, RAN, Joshua J. Hicks, Esq., General Counsel RAN, Kreshimir Rogina, Safeway and myself.

All participants were supportive of electronic prescribing of CII medications after a discussion of the issues as presented in the publically posted agenda. Further direction was given for Board Staff to begin crafting an amendment, to the recently amended NAC 639.7105, to include a field for the practitioners Nevada controlled substance registration number, a date field for the physical examination performed by the practitioner and a data field for indications of use. The Committee will also give further consideration to defining the method by which Board Staff could intervene and stop electronic prescriptions if there is suspected fraud or diversion. Board Staff was directed to have proposed language for consideration at the January 17 and 18, 2012 Board meeting in Las Vegas.



Nevada State Board of Pharmacy

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November 2, 2011

Honorable Brian Sandoval
Capitol Building
101 North Carson Street
Carson City, Nevada 89701

Dear Governor Sandoval,

Pursuant to your executive order establishing a freeze on proposed regulations, this letter serves as a request to move forward with the regulatory change outlined below involving the electronic prescribing of controlled substances in schedule II. We feel that the following proposal meets your criteria for being exempt from the freeze because it affects public health, has been mandated in Senate Bill No. 329 passed this last session by the Nevada Legislature, and would bring state law in line with federal law. The proposed regulatory change being asked to consider is:

Amendment of Nevada Administrative Code 639.7105

Effective June, 2010, the DEA passed an "interim final rule" allowing the electronic prescribing of controlled substances of schedules II through V. Current Nevada regulations allow for the same, with the exception of drugs in schedule II, hence this change. It should be noted that even though the DEA has passed their rule, it has yet to be implemented due to a certification process that has yet to be resolved. This process, when complete, will ensure that electronic prescribing is being accomplished by practitioners who are properly credentialed to do so, and involves a combination of identifiers similar to those used in the banking industry (i.e. an ATM card and a pin number to withdraw money).

The Board of Pharmacy is hopeful that the electronic prescribing of controlled substances will help in the fight against prescription drug abuse in Nevada by eliminating fraudulent paper prescriptions.

Thank you for your consideration.

Sincerely,

A handwritten signature in blue ink, which appears to read "Larry L. Pinson".

Larry L. Pinson, Pharm. D.
Executive Secretary

Good morning all,

When a practitioner loses or surrenders his DEA registration, obviously he may not write new prescriptions for controlled substances and his current controlled substance prescriptions become invalid. These surrenders or revocations often stem from improper prescribing activity. In Nevada, Board of Pharmacy staff generates a fax which is sent to each and every pharmacy in that practitioner's region (north or south) to alert each pharmacy of any such action, and expects those pharmacies to discontinue filling prescriptions for that practitioner. Unfortunately, we are discovering that in case after case, pharmacies are continuing to fill and refill prescriptions for these practitioners, despite their loss of DEA registration.

In an effort to curtail this activity and in lieu of bringing action against individual pharmacies and pharmacists for filling illegal prescriptions, I am asking each of you to provide me with the fax number of someone in your company that can and will ensure that these practitioners are taken out of your database, or somehow flagged, when so notified.

Besides helping your pharmacists and techs by keeping an updated prescriber database, your efforts hopefully will aid in the battle against prescription drug abuse, and we thank you for that. You can email me that contact information and please give me a call if you have any questions.

Thanks you!

Larry

Larry L. Pinson, Pharm. D.
Executive Secretary
Nevada State Board of Pharmacy
(775) 850-1440
(775) 850-1444 (fax)

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NASCSA Breaking News - DEA Regulates "Bath Salts"

Katherine Keough [kathykeough@nascsa.org]

Sent: Tuesday, October 25, 2011 2:50 PM**To:** LARRY L. PINSON

Chemicals in "Bath Salts" Now Under Federal Control and Regulation

The US Drug Enforcement Administration (DEA) on October 21 exercised its emergency scheduling authority to control three synthetic stimulants (Mephedrone, 3,4 methylenedioxypyrovalerone (MDPV) and Methylone) used to make products marketed as "bath salts" and "plant food". Except as authorized by law, this action makes possessing and selling these chemicals, or the products that contain them illegal in the United States.

The Final Order to alert the public to this action was published in the *Federal Register*. These chemicals will be controlled for at least one year, with the possibility of a six month extension. They are designated as Schedule I substances, the most restrictive category under the Controlled Substances Act. Schedule I is reserved for substances with a high potential for abuse, no currently accepted use for treatment in the United States, and a lack of accepted safety for use of the drug under medical supervision.

"This action demonstrates our commitment to keeping our streets safe from these and other new and emerging drugs that have decimated families, ruined lives, and caused havoc in communities across the country," said DEA Administrator Michele M. Leonhart. "These chemicals pose a direct and significant threat, regardless of how they are marketed, and we will aggressively pursue those who attempt their manufacture and sale."

Click [here](#) to see the full press release from DEA.

Forward email

This email was sent to lpinson@pharmacy.nv.gov by kathykeough@nascsa.org | [Update Profile/Email Address](#) | Instant removal with [SafeUnsubscribe™](#) | [Privacy Policy](#).

N.A.S.C.S.A | 72 Brook Street | Quincy | MA | 02170

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Nevada State Board of Pharmacy

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NEVADA STATE BOARD OF PHARMACY

ACTIVITIES REPORT

OCTOBER 12 & 13, 2011 BOARD MEETING HELD IN LAS VEGAS, NEVADA

This report is prepared and presented to keep interested legislators and others abreast of the activities of the Nevada State Board of Pharmacy. Following is a summary of the October, 2011 Board meeting.

Licensing Activity:

- 8 licenses were granted for Out-of-State MDEG (Medical Devices, Equipment and Gases) companies.
- 9 licenses were granted for Out-of-State pharmacies.
- 18 licenses were granted for Out-of-State wholesalers.
- 5 licenses were granted for a Nevada pharmacy (pending inspection).
- 2 licenses were granted for a Nevada MDEG company and 1 tabled.

Disciplinary Action:

- Pharmacist KS was fined \$1000 and mandated continuing education on patient counseling for filling an eye drop prescription with ear drops that were administered. Pharmacy SO was ordered a letter of reprimand.
- Pharmaceutical technicians GH and AR were both revoked for cash and drug theft.
- Pharmacist WG was fined \$1000 and ordered into "Your Success Rx" for misfilling a prescription that was ingested and caused patient discomfort.
- Pharmacist RB and NZ were both granted pharmacist licenses after satisfactory interviews by the Board regarding past criminal and/or administrative actions by other states.
- Dr. DP was ordered to work with Board staff to try and develop a limited controlled substance license in light of past and pending licensing issues in Florida.
- Pharmacist MA was denied reinstatement of his pharmacist's license until entering and successfully completing a drug and alcohol rehab program.
- Two pharmaceutical technicians were granted registration, and three denied after appearing to discuss their respective drug and alcohol convictions.

Other Activity:

- The usual Board business reports were given, including recent and future speaking engagements.
- A presentation was made by Surescripts regarding electronic prescribing.
- The report from the CE Committee was presented with recommendations which were granted.
- Discussions were held on uncoded regulations and electronic prescribing.